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## **Breast cancer: Can regional anaesthesia can help stop it returning?**

Having a regional anaesthetic as well as, or instead of, a general anaesthetic for breast cancer surgery might mean the cancer is less likely to return, according to researchers taking part in a global study.

Regional anaesthesia, which numbs only the part of the body being operated on, is the theme for this year's **National Anaesthesia Day**, which falls on **Monday October 17**. The day is organised by the Australian and New Zealand College of Anaesthetists and marks the first time ether anaesthetic was demonstrated in Boston, Massachusetts, 170 years ago.

Many patients are awake for surgery under regional anaesthesia and are able to talk to their anaesthetist and other theatre staff. Or they can have general anaesthesia as well, leaving them unconscious and unaware.

Anaesthetic Fellow Dr Liz Maxwell of Auckland City Hospital is the New Zealand site investigator for an international study, headed by Dr Daniel Sessler at the Cleveland Clinic in the US, into whether having regional anaesthesia during breast cancer surgery means the cancer is less likely to recur.

"A couple of trials from 10 years ago, which were small retrospective studies, suggested there might be a difference for both breast cancer patients and prostate cancer patients," Dr Maxwell says. "But those studies were not large enough to draw conclusions from.

"If it turns out that we could make a difference with a 15-20 minute procedure at a single point in the woman's pathway through treatment, that would be huge."

A regional anaesthetic involves an injection into the nerve bundles that control a particular area of the body; for example, for hand and arm surgery, the injection is into a nerve bundle in the shoulder. Many mothers having caesarean sections have a regional anaesthetic injected into the spine.

Researchers are recruiting NZ women who will have either lumpectomies or mastectomies, and would welcome the participation of Australian hospitals and patients as well. "It has to be primary breast cancer, and it can't have spread past the armpit," Dr Maxwell says.

The women will be followed up every six months for seven years in terms of physical and mental health, vitality, their social and emotional well-being, and pain. Dr Maxwell says, “There is evidence that some women who have had breast cancer surgery develop chronic pain. A lot of them are just brave and think, ‘I will put up with it.’ But we want to know how they are doing.”

The Regional Anaesthesia Breast Cancer Recurrence Study (BCAR) is also running at the Cleveland Clinic, USA; the University of Dusseldorf, Germany; Mater Misericordiae, Ireland; Peking Union Medical College Hospital, China; and Tan Tock Seng Hospital, Singapore.

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