

Pregnancy After Breast Ca May Be Protective

BY SARA FREEMAN

BARCELONA — If women who have been successfully treated for breast cancer become pregnant, they are not putting their lives at risk, according to a large meta-analysis. Indeed, investigators found evidence that pregnancy in breast cancer survivors may confer a protective effect on overall survival.

“There is a wide perception in the oncology community that women with a history of breast cancer should not get pregnant,” Dr. Hatem A. Azim Jr. said at the European Breast Cancer Conference. “This meta-analysis strongly argues against this notion.”

The meta-analysis included 14 trials, published between 1970 and 2009, that involved more than 19,000 women with a history of breast cancer; 1,417 were pregnant and 18,059 were not pregnant at the time of study. Women who became pregnant after breast cancer treatment had a 42% decreased risk of dying compared with those who did not get pregnant. Tests for publication bias and heterogeneity did not reach statistical significance.

“Our findings clearly show that pregnancy is safe in women with a history of successfully treated breast cancer,” said Dr. Azim of Institut Jules Bordet in Brussels. He described three hypotheses as to why pregnancy might have a protective effect in breast cancer survivors:

- ▶ Women with breast cancer who later became pregnant were more likely to be healthy and less likely to experience recurrences. Dr. Azim noted that data from at least three studies controlled for women who relapsed at the time of pregnancy, and a protective effect of pregnancy was still observed.

- ▶ Hormonal effects could be involved, with some evidence that beyond a certain threshold, estrogen has an inhibitory effect on hormone receptor-positive tumor cells. High prolactin levels have been linked to a lower risk of breast cancer recurrence.

- ▶ There is the concept of alloimmunization, with the possibility that fetal antigens shared by tumor cells stimulate an immune response in the mother.

Further analyses are planned. “The take-home message is that women who want to get pregnant following breast cancer can do so—it’s safe,” Dr. Azim said.

“There are many guidelines but not much guidance,” said Dr. Mike Dixon, clinical director of the Breakthrough Breast Cancer Research Unit in Edinburgh. “The meta-analysis ... does show better survival in women who become pregnant,” he said, but he expressed concern that there was a selection bias in the trials and that further information was necessary.

Dr. Azim and Dr. Dixon reported no relevant conflicts of interest. ■

Coffee May Cut Endometrial Ca Risk

BY HEIDI SPLETE

SAN FRANCISCO — Women who drank more than 2.5 cups of coffee daily had a significantly lower risk of endometrial cancer compared with those who did not drink coffee, according to a study of more than 20,000 postmenopausal women.

Previous studies have shown that coffee has an inverse association with endometrial cancer risk, said Dr. Stefano

Uccella of the Mayo Clinic in Rochester, Minn.

In a poster presented at the annual meeting of the Society of Gynecologic Oncologists, Dr. Uccella and his colleagues reviewed the impact of coffee and other sources of caffeine on endometrial cancer risk among participants in the Iowa Women’s Health Study, which is a large, prospective cohort investigation of postmenopausal women that has been ongoing since

1986. The study population included 23,356 women, 5,218 of whom met criteria for obesity.

The women completed a 126-item food frequency questionnaire at enrollment.

The researchers identified 471 cases of endometrial cancer through 2005, using information from the Iowa SEER (Surveillance Epidemiology and End Results) cancer registry.

Overall, women who consumed

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Humalog is for use in patients with diabetes mellitus for the control of hyperglycemia. Hypoglycemia is the most common adverse effect associated with insulins, including Humalog.

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more than 2.5 cups of coffee daily were significantly less likely to develop endometrial cancer, compared with women who drank no coffee (odds ratio 0.65), after investigators controlled for variables including smoking, diabetes, hypertension, estrogen use, reproductive history, body mass index, body fat distribution, alcohol use, and caloric intake.

Overall caffeine intake greater than 385 mg/day also was significantly associated with a reduced risk of endometrial cancer, compared with a daily caffeine intake of less than 30 mg (OR 0.80).

But no significant associations were found between endometrial cancer risk and the consumption of tea, regular or diet cola, chocolate candy, or chocolate baked goods.

"The association appeared to be related to coffee per se, and not other sources of caffeine," the researchers noted.

When the results were separated by body mass index, the association between coffee and a reduced risk of endometrial cancer remained significant in the subset of obese women (BMI 30 kg/m² or higher) who consumed more than 2.5 cups of coffee daily, compared

with obese women who did not drink coffee (OR 0.57).

The significance of the association between coffee consumption and the risk of endometrial cancer was somewhat attenuated in women with a BMI less than 30 (OR 0.77).

The results support findings from previous studies, and suggest that more research is needed to assess coffee's potential protective effect against endometrial cancer, the researchers wrote.

Dr. Uccella reported having no conflicts of interest.



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■ **Women who drank more than 2.5 cups a day had significantly reduced risk.**

Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the pen.

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