

Anastrozole Use After Tamoxifen Tx Beneficial

BY DOUG BRUNK
San Diego Bureau

Postmenopausal women with hormone-sensitive early breast cancer who were switched to anastrozole after 2 years of tamoxifen treatment were 40% less likely to experience disease recurrence, compared with those who remained on tamoxifen, according to a combined analysis of two large European studies.

"There are two possible explanations for this finding: tamoxifen resistance might be overcome by a change in treatment; or aromatase inhibitors might simply be a better treatment option, since they reduce peripheral estrogen concentrations to extremely low levels, whereas tamoxifen is a partial agonist," wrote the investigators, who were led by Raimund Jakesz, M.D., of Vienna Medical University, Austria.

He and his associates studied the combined results of the Austrian Breast and Colorectal Cancer Study Group trial and the German Adjuvant Breast Cancer Group trial, which were both randomized, prospective, open-label trials with similar inclusion criteria.

Eligible patients were postmenopausal women with locally radically treated invasive or minimally invasive breast cancer without previous chemotherapy, hormone therapy, or radiotherapy. The cancers were hormone sensitive (Lancet 2005;366:455-62).

Of the 3,224 women who participated in both trials and who had completed at least 2 years of adjuvant oral tamoxifen 20-30 mg daily, 1,618 went on to receive 1 mg of the aromatase inhibitor anastrozole daily while 1,606 continued to receive 20-30 mg of tamoxifen daily for the

remainder of their adjuvant therapy. The primary end point was event-free survival, which was defined as time to relapse at any site or incidence of contralateral breast cancer.

After a median follow-up of 28 months, there were 67 events in women who were switched to anastrozole, compared with 110 in those patients who remained on tamoxifen. This translates into a 40% decrease in the risk of an event for those women who were switched to anastrozole, compared with those who remained on tamoxifen.

Results apply only to those 'who have successfully completed 2-3 years' adjuvant therapy for early breast cancer.'

DR. JAKESZ



"We noted significantly more fractures and significantly fewer thromboses in patients treated with anastrozole than in those who received only tamoxifen," Dr. Jakesz and his associates wrote.

"However, we also noted a nonsignificant tendency toward fewer emboli and endometrial cancers in women on anastrozole."

The researchers also pointed out that the results of their investigation "apply only to those women who have successfully completed 2-3 years' adjuvant therapy for early breast cancer.

They added that the results are not applicable to newly diagnosed patients, and should not be used to support a treatment strategy of starting with tamoxifen with the intention of changing to an aromatase inhibitor after 2 or more years.

"Overall, however, the results of these studies show the efficacy advantages attached to treatment with an aromatase inhibitor . . ."

Dr. Jakesz and his associates concluded that further investigation of aromatase inhibitors is needed in order to more accurately "ascertain the ideal sequence and duration" of therapy. ■

Weight Loss Reduces Breast Ca Risk in BRCA-Positive Women

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

Weight loss of at least 10 pounds will significantly decrease the risk of early-onset breast cancer in women who carry a BRCA mutation, according to results of a large case-control study.

Early-adulthood weight loss is especially important for women with the BRCA1 mutation. Among these women, the weight loss was associated with a 65% reduction in cancer risk, compared with a reference group of BRCA1 carriers, according to Joanne Kotsopoulos, a doctoral student at the University of Toronto, and her research colleagues (Breast Cancer Res. 2005;7:R833-43; doi 10.1186/bcr1293, online at <http://breastcancerresearch.com/content/7/5/R833>).

The investigators examined early-onset breast cancer in 1,073 matched case-control pairs; about 75% had BRCA1 mutations and 25% had BRCA2 mutations.

Weight loss of at least 10 pounds between age 18 and 30 resulted in an overall 34% reduction in the risk of breast

cancer. The risk reduction was greater (63%) for breast cancers diagnosed between ages 30 and 40, but not significant for breast cancer diagnosed after 40 years of age.

Women who had the BRCA1 mutation experienced the greatest risk reduction with weight loss (65%). The risk

reduction was nonsignificant (22%) for those patients with the BRCA2 mutation.

Weight gain of more than 10 pounds also canceled out any protective effect of parity.

Gaining more than 10 pounds and having two full-term pregnancies was found to increase the risk of a woman having early-onset breast cancer by 44%, compared with those who gained minimal

weight and who had at least two pregnancies.

About 40% of the women who lost 10 pounds or more had a body mass index of 25 kg/m² or higher at 18 years old. "This suggests that recommendations regarding weight loss should be targeted toward those women who are considered to be overweight," the authors wrote. ■

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Ductal Lavage Useful in Cases of Lobular Neoplasia

BY DIANA MAHONEY
New England Bureau

BOSTON — Ductal lavage is technically feasible in patients diagnosed with lobular neoplasia, reported Marie Ward, M.D.

The minimally invasive procedure yields a sufficient amount of ductal epithelial cells for a determination of atypia and therefore can help further stratify patients who are at risk for developing breast cancer, Dr. Ward said in a poster presentation at a breast cancer conference sponsored by Harvard Medical School.

Lobular neoplasia, or lobular carcinoma in situ, refers to the entire spectrum of atypical epithelial proliferations in the milk-producing lobules of the breast. The condition is not considered a cancer per se; however, women who are diagnosed with it are at a higher risk of developing breast cancer later in life.

While ductal lavage is indicated in women at high risk for breast cancer, its use in women with lobular neoplasia specifically has never been examined, Dr. Ward said.

To investigate whether the ductal lavage technique could extract enough cellular material to be useful in the di-

agnosis and management of lobular neoplasia and to determine the incidence of abnormal lavage findings in patients with the condition, Dr. Ward and her colleagues at the Columbia University Comprehensive Breast Center in New York conducted a feasibility pilot study.

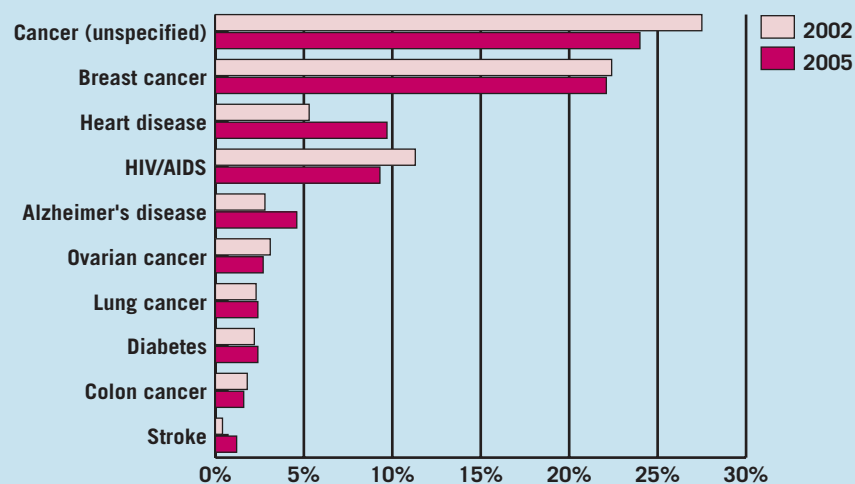
Using an outcomes database called the Ductal Lavage Outcomes Tracking System, the investigators identified 31 women with lobular neoplasia who underwent ductal lavage. The database showed that the procedure retrieved sufficient cellular material in all except 2 of the 31 women, whose average age was 52.5 years.

Of the 29 women from whom sufficient cellular material was collected, 19 had benign cytology findings. The researchers said 3 of the women had evidence of mild atypia. Moderate atypia was not noted for any of the women, and the findings were unreported or incomplete for seven of the women, Dr. Ward noted.

The results of the pilot study suggest that "ductal lavage may assist in risk stratification of this high-risk group, which in turn can enable clinicians and patients to make more accurate decisions regarding risk-reduction strategies," said Dr. Ward. ■

DATA WATCH

Diseases Women Fear Most



Note: Based on a nationwide survey of about 1,000 women in June 2002 and June 2005.
Source: Society for Women's Health Research