Testosterone Fails to Rev Cancer Survivors' Libido

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Contributing Writer

ATLANTA — Transdermal testosterone was no better than placebo for improving libido in female cancer survivors after 4 weeks, according to results of a randomized, blinded, crossover study presented at the annual meeting of the American Society of Clinical Oncology.

In the 131 women who completed the study, testosterone and placebo provided similar significant improvements in libido.

The North Central Cancer Treatment Group's N02C3 study randomized 150 women to receive 10 mg/day transdermal testosterone in Vanicream (Pharmaceutical Specialties, Inc.) or placebo (vehicle alone) for 4 weeks, followed by a crossover to the opposite treatment arm for 4 weeks.

All of the women were postmenopausal with no active disease, and all had reported decreased sexual desire. Those with comorbidities that might confound results were excluded. The women were an average of 52 years old; 31% were receiving aromatase inhibitors during the study, and 47% were receiving tamoxifen. Most (72%) had at least one intact ovary, 80% had received prior chemotherapy, and only 7% had received pelvic radiotherapy.

Efficacy was measured using the Changes in Sexual Functioning Questionnaire (CSFQ) after each 4-week period. The average CSFQ score was 5.5 with testosterone and 4.4 with placebo after the first period and 8.8 and 8.1, respectively, after the second period.

"These results might seem very surprising, given the plethora of evidence that shows that transdermal testosterone is effective," said study author Debra L. Barton, Ph.D., of the Mayo Clinic College of Medicine, Rochester, Minn., in her presentation. She suggested the exclusion of women on supplemental estradiol in this trial and the relatively short study duration might account for these differences. ■

Low-Dose Estrogens Cool Hot Flashes

WASHINGTON — A 0.45-mg daily dose of synthetic conjugated estrogens, A improves moderate to severe menopausal vasomotor symptoms, compared with placebo, according to data presented at the annual meeting of the American College of Obstetricians and Gynecologists.

The results indicate that postmenopausal women who start estrogen therapy at a low dose may be able to gain the efficacy of higher-dose treatments with minimal side effects, Dr. James A. Simon of George Washington University in Washington and Dr. Sam S. Miller of the SAM Clinical Research Center in San Antonio wrote in a poster presented at the meeting.

At week 12 of therapy, nearly 38% of patients taking synthetic conjugated estrogens, A (SCE-A) reported no moderate to severe vasomotor symptoms, compared with 8% of patients taking placebo, according to the researchers. In addition, the 0.45-mg daily dose of SCE-A reduced the mean weekly frequency of moderate to severe vasomotor symptoms by 68 from a baseline of 96 at 12 weeks, compared with a 43 mean drop among placebo patients from the same baseline score.

The multicenter, double-blind trial included postmenopausal women, with or without a uterus, who had experienced at least 60 moderate to severe vasomotor symptoms per week. A total of 104 patients were randomized to receive either the 0.45-mg dose of SCE-A or placebo daily for 12 weeks. About 91% of patients taking SCE-A and 67% of patients taking placebo completed the full 12 weeks of the study.

The research was supported by Duramed Research Inc. of Bala Cynwyd, Pa., which markets SCE-A under the trade name Cenestin.

The patients recruited for the study were healthy women aged 30-80 years who had experienced spontaneous amenorrhea for 12 months before screening or had a bilateral oophorectomy, with or without hysterectomy, at least 6 weeks before screening. Patients taking SCE-A had a greater reduction in frequency of symptoms starting at week 2 and reaching statistical significance from week 3 on. The drug also resulted in greater reduction in severity of symptoms at week 2, reaching statistical significance from week 5 on.

—Mary Ellen Schneider