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Contact the editor:

[heme-onceditor@imedoptions.com](mailto:heme-onceditor@imedoptions.com)

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Welcome back, Mr. May

## NEWS REPORT

### Tamoxifen alternatives show promise in early breast cancer treatment



By Thomas S. May

**December 8, 2004** — Tamoxifen has been widely used as first-line treatment for hormone-sensitive early breast cancer, but several alternative hormone therapies have emerged in recent years. A number of studies presented at this year's San Antonio Breast Cancer Symposium indicate that tamoxifen may soon lose its status as the treatment of choice for this type of cancer.

One of the studies pooled data from the Austrian Breast and Colorectal Cancer Study Group's ABCSG 8 trial and the German Adjuvant Breast Cancer Group's ARNO 95 trial.<sup>[1]</sup> These trials were similar in design, and both were conducted to assess whether switching to anastrozole after 2 years of tamoxifen treatment is more effective than continuing tamoxifen for the remaining 3 years of adjuvant therapy.

The 2 trials enrolled over 3000 women (mean age, 63 years), half of whom were randomized to anastrozole after 24 months of tamoxifen, while the remaining subjects continued to take tamoxifen. A total of 27% of patients were node-positive, and 100% were hormone receptor-positive (ie, estrogen receptor-positive, progesterone receptor-positive, or both).

After a median follow-up of 26 months, 67 events (locoregional recurrence, contralateral breast cancer, or distant recurrences) occurred among patients switched to anastrozole, compared with 110 events in the tamoxifen group. The hazard ratio for event-free survival (EFS) with anastrozole vs tamoxifen was 0.59 ( $P = .0009$ ).

Therefore, the researchers concluded that switching from tamoxifen to anastrozole is superior to continuing on tamoxifen, and they suggested that postmenopausal women currently on adjuvant tamoxifen should be switched to anastrozole after 2 years of treatment.

In another study,<sup>[2]</sup> more than 4700 postmenopausal women with early breast cancer were enrolled in a randomized trial designed to assess the comparative efficacy and safety of another tamoxifen alternative, exemestane. In the Intergroup Exemestane Study, subjects were assigned either to exemestane after 2 or 3 years of tamoxifen therapy, or to a full 5 years of tamoxifen.

The study results indicated that switching to exemestane resulted in an improvement in disease-free survival of almost 30% (HR, 0.73;  $P = .0001$ ). Furthermore, switching to exemestane significantly reduced the risk of contralateral breast cancer ( $P = .04$ ), as well as the incidence of ipsilateral breast cancer recurrence ( $P = .0001$ ).

Patients in the exemestane arm also appeared to be at reduced risk of death,

although the difference between groups was not statistically significant. There were 152 deaths due to any causes among patients in the exemestane arm, compared with 187 deaths in the tamoxifen arm (HR, 0.83;  $P = .08$ ).

Use of exemestane was associated with an increased incidence of musculoskeletal side effects, but a reduced risk of adverse gynecologic and thromboembolic sequelae. Death rates due to cardiac disease were comparable between the 2 groups.

In summary, results from a number of recently completed clinical trials indicate that breast cancer patients receiving tamoxifen therapy can be safely switched to other hormone therapies, with less toxicity and potential improvements in clinical outcome.

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#### Reference

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