

Hormonal treatment of breast cancer

Mamta T. Choksi, MD, of Florida Cancer Institute notes that one of the biggest challenges oncologists face in the treatment of breast cancer is preventing recurrence.

“For many years, breast cancer patients were routinely treated with tamoxifen for five years following surgery to prevent recurrence in women with early stage breast cancer,” says Dr. Choksi. “This is because many breast cancers grow when the hormone estrogen bonds to the cancer cells.”

Tamoxifen interrupts the ability of estrogen to form this bond, reducing the incidence of cancer growth. Despite the clear benefits of adjuvant tamoxifen therapy many patients still developed both local and distant recurrent disease.

In addition, the side effects of tamoxifen therapy have been associated with an increased risk for blood clots, cerebrovascular events, and endometrial cancer.

Harnessing hormones

Now, reports Dr. Choksi, researchers have found that *aromatase inhibitors* (AIs) can also be excellent adjuvant therapies for postmenopausal females,

and they work without increasing the risks associated with tamoxifen. Side effects of AIs are similar to symptoms experienced by women going through menopause, and some women may develop an increased risk for osteoporotic fractures.

AIs work by reducing the

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amount of estrogen in the body, thereby limiting the number of opportunities the hormone has to bond with cancer cells. AIs do not block the production of estrogen in the ovaries, but they do prevent other tissues from producing this hormone. This is why they are so useful in treating postmenopausal women.

The American Society of Clinical Oncology Technology Assessment panel recently recommended that adjuvant treatment for early breast cancer in postmenopausal women should include an AI, and the FDA has approved their use as first- and

second-line treatments in fighting hormone-receptor positive metastatic breast cancer.

Good results

A large international study, the Breast International Group I-98, was a clinical trial conducted between 1998 and 2003. Researchers at 27 institutions around the world followed 8,010 women who had completed surgery for early-stage, estrogen-receptor positive breast cancer with no evidence of metastasis. They received five years of tamoxifen and then five years of either letrozole or placebo.

After a median follow-up of two years, women who received the AI letrozole were 19% less likely to experience recurrent disease than women who received tamoxifen alone. The ATAC (arimedex, tamoxifen, alone or in combination) trial involving over 9,000 postmenopausal women showed significantly prolonged disease-free survival and time to recurrence and reduced the incidence of contralateral breast cancer compared with tamoxifen.

“Tamoxifen is still an excellent adjuvant treatment for premenopausal women with hormone receptor positive early stage breast cancer,” reminds Dr. Choksi, “but recent studies indicate that among postmenopausal patients, the treatment of choice is now the use of aromatase inhibitors.” **FHCN**—Billie S. Noakes



Mamta T. Choksi is board certified in internal medicine, hematology, and medical oncology. She was awarded her medical degree from N. H. L. Municipal Medical College, Ahmedabad, Gujarat, India, and completed her internship and residency at Mt. Sinai School of Medicine, Mt. Sinai Services at Queen’s Hospital Center, Jamaica, NY. She is fellowship trained in hematology-oncology through the Department of Medicine, Winthrop University Hospital, Mineola, NY. Dr. Choksi has been published in Leukemia & Lymphoma, the Mayo Clinic Journal, Hospital Physician, and Mt. Sinai Journal of Medicine. She is a member of the American College of Physicians, American Society of Clinical Oncology, and American Society of Hematology.

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