‘Hormonal Vaccine’ May Prevent Breast Cancer

BY BRUCE JANCIN

SAN ANTONIO — Truly large-scale prevention of breast cancer will require the development of a “hormonal vaccine” for young women that mimics the effects of repeated childbearing and breastfeeding, according to a prominent expert in cancer epidemiology.

“It’s not research that many people are doing. It’s not cutting edge. It won’t get the Nobel Prize it wishes to find,” she continued.

And that observation led Dr. Beral to what she stressed was the most important point of her plenary lecture: Few women in developed countries are at low risk of breast cancer.

“One in 10 women in developed countries will get breast cancer by age 80. The reason that 1 in 10 does and the other 9 don’t is largely chance. The people who get it are just unlucky, and the ones that don’t are lucky. There is, of course, some variation due to genes and other things, but the predominant factor is luck,” she said.

The Oxford-based Collaborative Group on Hormonal Factors in Breast Cancer, which meets every 5 years to analyze pooled data from roughly 100 epidemiologic studies conducted worldwide, has shown that a woman’s breast cancer risk drops by about 10% for each live birth. Only term births count: Miscarriages and induced abortions have no impact on risk. It takes about 10 years for the preventive effect to appear, and then it persists for life.

What is it about term pregnancies and lengthy breastfeeding that confers delayed but subsequently lifelong protection against breast cancer? It’s not just the elevation in estrogen and progesterone. The Collaborative Group and others have shown that oral contraceptives and hormone therapy are associated with increased breast cancer risk during their use and soon after, but a few years later the increased risk is gone.

“It’s not just estrogens and progestins that change during pregnancy. We have to be looking for something beyond,” Dr. Beral said.

Dr. Beral indicated that she has no relevant financial relationships.

Stellate Ganglion Block Effective for Severe Hot Flashes

BY BRUCE JANCIN

SAN ANTONIO — Stellate ganglion block may be an option for severe, treatment-refractory hot flashes and sleep disturbances in breast cancer patients.

In a prospective study, stellate ganglion block procedures led to significant improvements in 17 of 24 breast cancer patients with severe hot flashes despite pharmacotherapy with venlafaxine (Effexor) and/or clonidine, Dr. Patrick Neven reported at the San Antonio Breast Cancer Symposium.

The ganglion block is performed as an outpatient procedure and takes about 5 minutes. An anesthetist uses fluoroscopic guidance to inject 10 cc of anesthetic at the anterolateral aspect of the C-6 vertebral.

Benefits endured 12 or more weeks in 12 of the 17 responders. A single right-sided stellate ganglion block was effective in five patients. Following a second block placed on the opposite side, 5 of 10 patients had responses. Benefits also were seen in two of three patients who got a third block 2-3 months after the first, according to Dr. Neven of the University of Leuven (Belgium).

Stellate ganglion block was associated with no side effects other than the temporary Horner syndrome, which merely indicates the block has been successful. Horner syndrome involves pupillary changes, a droopy eyelid, and a one-sided decrease in facial sweating, typically lasting for about 20 minutes. The syndrome is “scary,” according to Dr. Neven, but patients are informed about it in advance.

Stellate ganglion blocks have been used for at least 6 decades to treat a variety of pain conditions, including chronic regional pain syndrome, migraine, and angiina. The notion of using the procedure to treat severe hot flashes in postmenopausal women and in breast cancer patients is credited to Dr. Eugene G. Lipov, director of pain research at North-west Community Hospital, Arlington Heights, Ill. In his 13-patient pilot study, the mean number of hot flashes per week plummeted from 27 at baseline to about 5 weeks after follow-up out to 6 weeks, some women have their hot flashes and others don’t,” commented Dr. Lipov, professor of oncology at the Mayo Clinic, Rochester, Minn.

A parallel improvement in sleep disturbances was seen. “Sleep problems in patients with hot flashes are often due to night sweats. Get rid of the hot flashes and the patients often sleep better,” he said.

Stellate ganglion block “might well work” for severe hot flashes, according to Dr. Lipov, but he’ll reserve judgment pending the results of an ongoing randomized, double-blind clinical trial involving placebo injections of saline.

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