No Effect of Soy on Breast Proliferation in Small Study

**BY BRUCE JANCIN**

DENVER BUREAU

SAN ANTONIO — Consumption of soy isoflavones by postmenopausal breast cancer survivors doesn't appear to stimulate or inhibit proliferative activity in the contralateral breast, according to a small pilot study.

This is a reassuring, albeit still preliminary, observation. The great majority of breast cancer patients are post-menopausal. They are discouraged from using hormone therapy to manage their menopausal symptoms, which can be quite severe. Soy supplements, which are rich in phytoestrogens, are growing in quite severe. Soy supplements, which are rich in phytoestrogens, are growing in popularity as a nonpharmacologic alternative.

Dr. Palomares and her coinvestigators noted a breast cancer symposium sponsored by the Cancer Therapy and Research Center.

Before preclinical work had shown conflicting stimulatory and inhibitory effects of soy isoflavones on breast tissue, Dr. Palomares and her coinvestigators launched the University of Washington/Seattle Cancer Care Alli-ANCE Phytostrogen Trial. Participants were ran- domized to 100 mg/day of isoflavone tablets or placebo. Ultrasound-guided core biopsies of the contralateral breast were taken at baseline and after 6 and 12 months of therapy, explained Dr. Palomares of City of Hope National Medical Center in Duarte, Calif.

She reported on 23 postmenopausal disease-free women previously diagnosed with breast cancer who have com- pleted the year-long randomized trial.

The primary study end point was change in Ki-67 index, a widely used mea- sure of epithelial proliferation. Ki-67 lev- els were elevated in both treatment and control groups at baseline, which was to be expected in light of the known elevated risk of contralateral breast cancer in women with a history of breast cancer. The Ki-67 index dropped steadily throughout the 12 months of follow-up, indicative of a decline in breast epithelial proliferation. The decline was greater in soy-isoflavone-treated women, although not significantly so.

Hyperplasia was present in the con- tralateral breast tissue samples of 10 patients at baseline and 5 patients after a year. The treatment groups were too small to show significant differences in se- rial histology. There was a trend toward decreased estrogen receptor expression over time in both the soy isoflavone- and placebo-treated groups, but no signifi- cant differences between the two study arms.

Night Sweats More Common in Women With Infertility History

**BY KATE JOHNSON**

MONTREAL BUREAU

PHILADELPHIA — Women with a self-reported history of infertility are more likely than fertile women to experience night sweats, which they reach the perimenopause, according to Brandon J. Bankowski, M.D.

“This is a unique observation,” he said at the annual meeting of the American Soci- ety for Reproductive Medicine.

“Women who experience these menopausal symptoms may have had something going on throughout their lives that manifested itself as infertility earlier on and then as night sweats later,” he told this newspaper.

Dr. Bankowski and his associates re- cruited 415 women between the ages of 40 and 54 years of age with an intact uterus, ovaries, and at least three menstrual periods in the last year. The women provided one blood sample for the measurement of their estradiol (E2) and estrone (E1) levels. They also completed an extensive questionnaire re- garding personal demographics; parity; and reproductive history, including a spe- cific question about their self-reported his- tory of an inability to conceive within 1 year of trying.

Slightly more than one-quarter of the women (27%) reported a history of infer- tility, and these women had no other signif- icant differences in baseline character- istics, compared with controls.

When study participants were asked about 10 different menopausal symptoms, the only significant difference between the women with infertility and controls was in their reporting of night sweats, said Dr. Bankowski, a fellow in reproductive medicine at Johns Hopkins University, Bal- timore.

Infertile patients were more likely to re- port night sweats in every frequency cate- gory. For example, 26% of the infertile women reported one episode of night sweats per night, compared with none of the controls. Almost 14% of the infertile women reported two episodes per night, compared with 4% of controls. Almost 5% of infertile women reported three episodes indicated they had more than four episodes per night. Blood tests on all the women re- vealed no differences in hormonal levels be- tween the cases and controls.

“It’s possible there’s a common under- lying mechanism that’s creating both the infertility and the night sweats. This is im- portant with regard to prevention and treatment,” he said.

Dr. Bankowski said they hope next to follow infertile patients prospectively to see if they develop more night sweats than fertile controls.

Investigational DMPA-SC Treats Endometriosis Pain, Curbs BMD Loss

**BY ROBERT FINN**

SAN FRANCISCO BUREAU

SAN FRANCISCO — An investi- gational form of depot medroxy- progesterone acetate is as effective as leuprolide for the treatment of endometriosis-associated pelvic pain, but it’s significantly safer and better tolerated, Anthony A. Luciano, M.D., said at the annual meeting of the American Association of Gynecologic Laparoscopists.

The new formulation, called DMPA-SC (depot medroxyprogesterone acetate–subcutaneous), result- ed in significantly smaller losses in bone mineral densi- ty (BMD) and significantly fewer menopausal symp- toms than did leuprolide.

The new formulation resulted in fewer menopausal symptoms than did leuprolide.

**DR. LUCIANO**

During the study, 274 women aged 18-49 years who had diagnoses of endometriosis-associated pelvic pain received 6 months of treatment with either DMPA-SC (104 mg every 3 months) or leuprolide (11.25 mg IM every 3 months). They were followed for an additional 12 months after completing treatment.

Patients rated their pain in five categories: dysmenorrhea, dys- menorrhea, pelvic pain, pelvic ten- derness, and induration. Investiga- tors used the Kupperman Index—a composite score involving 11 menopausal symptoms—to assess hypoestrogenism.

Both groups showed some BMD declines at the end of treatment, but the mean losses were signifi- cantly less for women taking DM- PA-SC than for women taking leupro- lide in both the femur (0.3% vs. 1.65%) and the spine (1.1% vs. 3.95%).

Those who’d been taking DMPA- SC saw their BMD return to pre-treatment levels 12 months after discontinuing treatment, whereas those who had been taking leuprolide showed continued BMD losses: 1.3% in the femur and 1.7% in the spine.

Women taking leuprolide had sig- nificant increases in Kupperman In- dex scores; those taking DMPA-SC showed no increase. Between the second and sixth month of treat- ment, women who’d been taking leuprolide experienced an average of two to three hot flashes per day. Women on DMPA-SC had almost no hot flash- es. A significantly higher percentage of leuprolide patients had estradiol levels lower than 41 pg/mL (77% vs. 33%).

Adverse events were seen more often in the DMPA-SC group: occurrence site reactions (6.9% vs. 0%) and in- termenstrual bleeding (3.4% vs. 0.7%).

OC May Protect Against The Development of Rheumatoid Factor

**BY TIMOTHY F. KIRN**

SACRAMENTO BUREAU

SAN ANTONIO — Oral contraceptive use appears to be inversely associated with being rheumatoid fac- tor positive, Kevin D. Deane, M.D., said in a poster presentation at the annual meeting of the American College of Rheumatology.

In his study, 90% of 256 women who had used oral contraceptive at some time and 10% were positive for rheumatoid factor. The odds ratio of a woman be- ing positive for rheumatoid factor if she had used oral contraceptives was 0.18.

The women were moth- ers of children selected as part of an investigation into the heritability of type 1 di- abetes. They were chosen for the study because of the likelihood of their having the HLA-DR4 allele, which is associated with both dia- betes and rheumatoid arthritis.

Among the other factors examined were breast-feeding; use of nicotine, coffee, alcohol; and age. None of these fac- tors had as strong an asso- ciation—either positively or negatively—as the use of oral contraception, said Dr. Deane of the University of Colorado, Denver.

The results “are signifi- cant statistically,” Dr. Deane said in an interview.

He noted that higher en- dogenous estrogen levels have been shown to correlate somewhat with a lower incidence of rheumatoid arthritis, and that a decrease in estrogen levels could predis- pose a woman to vulnera- bility.

Although Dr. Deane ad- mitted that his findings are merely an intriguing obser- vation, he added that if pa- tients have another reason to take an OC, it’s not un- reasonable to tell them about the potential for arthritis prevention as an added benefit.

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