More Research Is Needed on Aromatase Inhibitors in PCOS

BY MARY ELLEN SCHNEIDER
New York Bureau

Philadelphia — The jury is still out on whether aromatase inhibitors could offer an alternative to clomiphene in the treatment of infertility associated with polycystic ovary syndrome, based on results in two small clinical trials.

Aromatase inhibitors are on the horizon, Dr. Andrea D. Coviello said at Endocrinology in the News, sponsored by Boston University, Internal Medicine News, and Family Practice News. Although they have been approved for use in breast cancer, they are still experimental for ovulation induction. Instead of blocking the receptors centrally in the hypothalamus and the pituitary, aromatase inhibitors completely block estradiol production. Like clomiphene, aromatase inhibitor drugs are used during the follicular phase, she said.

The rationale for moving to aromatase inhibitors is that this class of drugs is thought to have fewer antiestrogenic side effects, including a lower risk of ovarian hyperstimulation syndrome and a lower risk of multiple gestation. But there are also significant concerns about fetal development problems in the babies conceived by women who were using aromatase inhibitors, excluding potential development problems in the babies conceived by women who were using aromatase inhibitors completely block estradiol production. Like clomiphene, aromatase inhibitor drugs are used during the follicular phase, she said.

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Dr. Coviello stated she had no financial conflicts of interest to disclose. Internal Medicine News Group, a division of Elsevier.

Aromatase Inhibitors in PCOS

BY BRUCE JANCIN
Denver Bureau

Chicago — The high cardiac event rate in women with long QT syndrome drops dramatically after menopause, according to a registry analysis. This finding suggests that estrogen is a major contributor to arrhythmic events in women with long QT syndrome (LQTS).

Dr. Samantha Meltzer-Brody of the department of obstetrics and gynecology, Loyola University Medical Center, conducted the registry analysis. If this indeed proves to be the case, the clinical implications could be profound. Planned future observational studies will look at LQTS patients who are on antiestrogen therapy—tamoxifen or aromatase inhibitors—for prevention of breast cancer. If their cardiac event rate turns out to be substantially lower than expected, it could open the door to a whole new form of cardiovascular preventive therapy in the extremely high-risk population of women with heritable LQTS, added Mr. Mathew, a fourth-year medical student at the University of Rochester (N.Y.).

“The potential impact of those therapies on women with long QT syndrome is astounding if estrogens are actually implicated in their cardiac event risk,” he observed.

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