CV Risk Exceeds Breast Ca Recurrence in Some

BY SHERRY BOSCHERT

SAN FRANCISCO — The estimated 10-year risk for developing cardiovascular disease was at least as great as the risk of having a breast cancer recurrence in 78% of 242 postmenopausal women who were treated with an aromatase inhibitor for early-stage, hormone receptor–positive breast cancer.

Clinicians should consider the effects of various breast cancer therapies on other potential health problems, such as cardiovascular disease, when choosing cancer treatment, Dr. Aditya Bhardwa said at a breast cancer symposium sponsored by the American Society of Clinical Oncology, where he presented the finding.

With more women surviving breast cancer, these considerations take on growing importance, said Dr. Bhardwa of Johns Hopkins University, Baltimore. In 2009, an estimated 182,460 U.S. women will be diagnosed with breast cancers, with 42% of new breast cancers in women older than 65 years.

Cardiovascular disease is the leading cause of death in U.S. women. One previous study found an association between aromatase inhibitor therapy and cardiovascular risk, but other studies have reported no such association, he noted.

Dr. Bhardwa and his colleagues analyzed data on a subset of women from a randomized study that was designed primarily to compare two aromatase inhibitors—exemestane (Aromasin) and letrozole (Femara)—in 2 years of treatment either as first-line breast cancer therapy or after 4-5 years of tamoxifen therapy. All women were postmenopausal and had stage 0-III HR-positive breast cancer.

The investigators used the modified Framingham study at age 50 to estimate the risk of developing a serious cardiovascular disease event over the next 10 years. The scoring tool was used to calculate each woman’s “heart age” at baseline, a composite end point representing multiple risk factors in addition to biological age.

The cardiovascular disease risk was equal to the cancer recurrence risk in 43% of patients and higher than the cancer risk in 35%, with the other 22% having lower risk for cardiovascular disease than for cancer.

Several factors identified women who were more likely to be at greater risk for cardiovascular disease than for breast cancer recurrence, Dr. Bhardwa said. The likelihood of greater cardiovascular risk was 16 times higher in women with a “heart age” greater than 65 years, compared with those under 55 years. It was six times higher in those with breast tumors sized less than 2 cm, compared with larger tumors, and five times higher in patients with stage I breast disease, compared with those at stage II or III.

The factors with a powerful association with cardiovascular disease included previous cardiovascular disease, which is the leading cause of death in U.S. women. One previous study found an association between aromatase inhibitor therapy and cardiovascular risk, but other studies have reported no such association, he noted.