Anastrozole Use After Tamoxifen Tx Beneficial

BY DOUG BRUNK
San Diego Bureau

P ostmenopausal women with hor-
monesensitive early breast cancer who were switched to anastrozole after 2 years of tamoxifen treatment were 40% less likely to experience disease re-
currence, compared with those who re-
mained on tamoxifen, according to a com-
bined analysis of two large European studies.

“There are two possible explanations for this finding; tamoxifen resistance might be overcome by a change in treat-
ment; or aromatase inhibitors might simply be a better treatment option, since they reduce peripheral estrogen concentrations to extremely low lev-
els, whereas tamox-
ifen is a partial agonist,” wrote the inves-
tigators, who were led by Raimund Jakesz, M.D., of Vienna Medical University, Aus-
tria.

He and his associates studied the com-
bined results of the Austrian Breast and Colorectal Cancer Study Group trial and the German Adjuvant Breast Cancer Group trial, which were both randomized, prospective, open-label trials with similar inclusion criteria. Eligible patients were postmenopausal women with locally radically treated in-
vasive or minimally invasive breast cancer without previous chemotherapy, hor-
mone therapy, or radiotherapy. The can-
ers were hormone sensitive (Lancet 2005;366:455-62).

Of the 3,224 women who participated in both trials and who had completed at least 2 years of adjuvant oral tamoxifen 20-30 mg daily, 1,618 went on to receive at least 2 years of adjuvant oral tamoxifen while 1,606 continued to re-
ceive 1 mg of the aromatase inhibitor anastro-
zo.

Results apply only to those who have successfully completed 2-3 years’ adjuvant therapy for early breast cancer.”

“Many of these women treated with anastrozole than in those who received only tamoxifen,” Dr. Jakesz and his associates wrote.

“We noted significant differences in disease free and overall survival, compared with a refer-
ence group of women treated with tamoxifen.”

The researchers also pointed out that the results of their investigation “apply only to those women who have successfully completed 2-3 years’ adjuvant ther-
apy for early breast cancer.

They added that the results are not appli-
cable to newly diagnosed patients, and should not be used to support a treat-
ment strategy of starting with tamoxifen with the intention of changing to an aromatase inhibitor after 2 or more years.

“Overall, however, the results of these studies show the efficacy advantages at-
tached to treatment with an aromatase in-
hibitor,” Dr. Jakesz and his associates concluded that further investigation of aromatase inhibitors is needed in order to more ac-
curve the ideal sequence and duration of therapy.

Weight Loss Reduces Breast Ca Risk in BRCA-Positive Women

A weight loss of at least 10 pounds will significantly decrease the risk of early-
onset breast cancer in women who carry a BRCA1 mutation, according to re-
sults of a large case-control study.

Early-onset childhood weight loss is especially impor-
tant for women with the BRCA1 mutation. Among these women, the weight loss was associated with a 67% reduction in cancer risk, compared with a refer-
ence group of BRCA1 carriers, according to Joanne Koropolous, a doctoral student at the University of Toronto, and her research col-

The investigators examined early-onset breast cancer in 1,073 matched case-
control pairs; about 75% had BRCA1 mutations and 25% had BRCA2 muta-
tions.

Weight loss of at least 10 pounds be-
tween age 18 and 30 resulted in an over-
all 34% reduction in the risk of breast cancer. The risk reduction was greater (63%) for breast cancers diagnosed be-
tween ages 10 and 46, but not significant for breast cancer diagnosed after 40 years of age.

Women who had the BRCA1 muta-
tion experienced the greatest risk re-
duction with weight loss (65%). The risk reduction was nonsignifi-
cant (22%) for those pa-
tients with the BRCA2 mutation.

Weight gain of more than 10 pounds also canceled out any protective ef-
fect of parity.

Gaining more than 10 pounds and having two full-term pregnancies increased the risk of a woman having early-
onset breast cancer by 44%, compared with those who gained minimal weight and who had at least two preg-
nancies.

About 40% of the women who lost 10 pounds or more had a body mass index of 25 kg/m² or higher at 18 years old. “This suggests that recommendations regarding weight loss should be targeted toward those women who are consid-
ered to be overweight,” the authors wrote.

Ductal Lavage Useful in Cases of Lobular Neoplasia

BY DIANA MAHONEY
New England Bureau

BOSTON — Ductal lavage is techni-
cally feasible in patients diagnosed with lobular neoplasia, reported Marie Ward, M.D.

The minimally invasive procedure yields a sufficient amount of ductal epithelial cells for a determination of atyp-
ia and therefore can help further stratify patients who are at risk for developing breast cancer, Dr. Ward said in a poster presenta-
tion at a breast cancer confer-
ence sponsored by Harvard Medical School.

Lobular neoplasia, or lobular carci-
noma in situ, refers to the entire spectrum of atypical epithelial proliferations in the milk-producing lobules of the breast. The condition is not consid-
ered a cancer per se; however, women who are diagnosed with it are at a higher risk of developing breast cancer lat-
er in life.

While ductal lavage is indicated in women at high risk for breast cancer, its use in women with lobular neoplasia specifically has never been examined, Dr. Ward noted.

To investigate whether the ductal lavage technique could extract enough cellular material to be useful in the di-
agnosis and management of lobular neoplasia and to determine the inci-
dence of abnormallavage findings in pa-
tients with the condition, Dr. Ward and her colleagues at the Columbia Univer-
sity Comprehensive Breast Center in New York conducted a feasibility pilot study.

Using an outcomes database called the Ductal Lavage Outcomes Tracking Sys-
tem, the investigators identified 31 women with lobular neoplasia who un-
derwent ductal lavage. The database showed that the procedure retrieved suf-
cient cellular material in all except 2 of the 31 women, whose average age was 52.5 years.

Of the 29 women from whom suffi-
cient cellular material was collected, 19 had benign cytology findings. The re-
searchers said 3 of the women had evi-
dence of mild atypia. Moderate atypia was not noted for any of the women, and the findings were unreported or in-
complete for seven of the women. Dr. Ward noted.

The results of the pilot study suggest that “ductal lavage may assist in risk stratification of this high-risk group, which in turn can enable doctors and patients to make more accurate decisions regarding risk-reduction strategies,” said Dr. Ward.

Note: Based on a nationwide survey of about 1,000 women in June 2002 and June 2005. Source: Society for Women’s Health Research