New developments on the breast cancer front: One step forward, one step back

By ACSH Staff — July 9, 2013

The American Society of Clinical Oncology took a major step towards making progress in preventing breast cancer and updated their 2009 guidelines. The updates include recommendations that tamoxifen and raloxifene (Evista) should be discussed as options to reduce risk of invasive, ER-positive breast cancer in pre- and post-menopausal women at higher than usual risk of the disease, instead of simply may be discussed. Support for these stronger guidelines comes from strong evidence-based research, published since 2009, yet only 1 percent of women who may benefit from chemoprevention measures are taking these drugs.

The biggest change, however, is that now the society is recommending that physicians also discuss the use of the aromatase inhibitor exemestane (Aromasin) as an option to prevent breast cancer in postmenopausal women. This new recommendation is based on a clinical trial that found that over a three-year period, exemestane reduced the overall risk of breast cancer and ER-positive breast cancer by up to 70 percent, compared to a placebo.

This is nothing new, says ACSH’s Dr. Elizabeth Whelan. We’ve been talking about using aromatase inhibitors as a method of chemoprevention for years. But this is a very important recommendation for high-risk women.

Dr. Stuart Lippman of the University of California, San Diego, chair of the ASCO panel, says though that the most important element is the discussion of risk and benefits between the doctor and patients. (Dr. Lippmann is the co-author of ACSH’s 2000 publication, Chemoprevention of Breast Cancer, published about a decade before the topic became popular among breast cancer experts).

And in a move that seems to be a step in the wrong direction, Britain’s National Institute for Health and Care Excellence (NICE panel) has decided not to recommend Afinitor (everolimus) for patients who are part of the National Health Service in England. This drug will now only be available to patients through the Cancer Drugs Fund, which may cease to exist in 2014. This is very disturbing given that this drug is the first new licensed therapeutic approach in 15 years that has the potential to extend the life of some of the over 30,000 women in the UK who have been diagnosed with hormone responsive advanced breast cancer. Using everolimus in addition to exemestane resulted in about 11 months of progression-free survival versus only 4.1 months with exemestane alone.

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