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New cancer drug outperforms tamoxifen

Study: Exemestane better at preventing new breast tumors

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Associated Press

Tamoxifen, the drug credited with slashing breast cancer death rates worldwide, could be eclipsed by a newer medicine that is even more effective at preventing a recurrence of the disease in women whose tumors were caught early and removed.

A large, international study of postmenopausal women with early-stage cancer found that those who took tamoxifen for 2½ years and then switched to exemestane for another 2½ years were one-third less likely to suffer a recurrence than those who took tamoxifen the whole time.

The women switching to exemestane also had less-serious side effects, were 56 percent less likely to get cancer in the other breast, and were half as likely to develop unrelated cancer in other parts of the body.

Lead researcher Dr. R. C. Coombes, professor of cancer medicine at Imperial College School of Medicine in London, predicted doctors will give exemestane to many women at high risk for recurrence, such as those whose breast cancer has spread to lymph nodes.

Exemestane, which went on the market in 1999 for advanced breast cancer, is a hormonal drug sold under the brand Aromasin. It is part of a newer class of breast cancer drugs called aromatase inhibitors.

The findings were published in today's New England Journal of Medicine. The research was funded in part by Pfizer Inc., the maker of Aromasin.

Dr. Jeff Abrams, the National Cancer Institute's associate chief of clinical research, said a recent study on exemestane "cousin" letrozole showed advantages over tamoxifen for the class.

I think with these two studies together, the strategy of switching from tamoxifen to aromatase inhibitors will become standard, said Abrams.

Several recent studies have shown that exemestane and other aromatase inhibitors also work longer, with less toxicity, than tamoxifen in women whose breast cancer had spread to other areas. Exemestane also has been shown to prolong the survival of women with advanced breast cancer after tamoxifen and other drugs fail.

The study, which involved 4,742 postmenopausal women in 37 countries, focused on those with breast cancer in which the hormone estrogen fuels tumor growth — the type responsible for 70 percent of breast cancer. The results do not apply to premenopausal women or those with breast cancer not driven by estrogen.

Early-stage breast cancer is often treated with surgery to remove the tumor, plus radiation. Then, if the cancer cells were found to have spread to the underarm lymph nodes, the patient is given cancer drugs for years.

Women suffering the type of cancer fueled by estrogen are given daily tamoxifen pills for five years to prevent any cancer cells lurking in the body from triggering cancer in another spot.

However, cancer cells grow resistant to tamoxifen in many patients and prolonged use can cause uterine cancer and dangerous blood clots.

In the study, exemestane caused more bone thinning, joint pain and diarrhea than tamoxifen but was less likely to cause blood clots, vaginal bleeding, muscle cramps and other gynecological symptoms. Rates of other side effects, including hot flashes, fatigue, insomnia, headaches and dizziness, were about the same for the two drugs.