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Research on Breast Cancer Reoccurrence

This week, I'm providing my answer to a long-time reader who asked what I thought about taking the estrogen-receptor blocking medication letrozole in light of some side-effects she had. One of the important considerations is how much the medication will help prevent breast cancer reoccurrence. It just so happens that the American Society of Clinical Oncology had their annual meeting last week, and one of the papers presented addressed the issue of long-term use of letrozole (1). Here's what the abstract said.

Researchers recruited close to 2,000 women who previously had early-stage breast cancer; they gave half the women a placebo and the other half letrozole. The women were already an average of six years post treatment and had taken one of a number of post-breast cancer medications, so why continue with the medication? The researchers wanted to see if the medication would help reduce reoccurrence rates up to 10 years post treatment. It turns out that it did: 95% of the women in the letrozole group remained cancer free while 91% in the placebo group remained cancer free after 10 years of follow-up.



The question is whether a 4% difference is worth it. The medication costs money; it has side-effects including hot flashes, loss of libido, and an increase in bone fractures and osteoporosis. We know from the reader that it may increase headaches, most likely hormonal in nature. Is it worth it? I'll give you my thoughts on Saturday.

What are you prepared to do today?

Dr. Chet

Reference: <http://meetinglibrary.asco.org/content/164642-176>

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