



## **New Cancer Prevention Drug**

A recent study found that the estrogen blocking drug Aromasin, which is the trade name for Exemestane, reduces the risk of breast cancer by 65% in high risk women. This is great news for women with strong family histories of breast cancer or high risk biopsies. Prior to this study the choices for risk reduction in high risk women was either Tamoxifen or Evista both of which lowered the risk of breast cancer by 50%. Both drugs are associated with a small increased risk of blood clots and stroke as well as an increased risk of uterine cancer. Evista seems to have a lower incidence of these complications as compared to Tamoxifen, and may be less likely to cause menopausal symptoms. One of the benefits of both is to protect patients from osteoporosis.

Aromasin may prove to be the drug of choice for high risk women who are menopausal and have an intact uterus or who are already suffering from menopausal symptoms. It also has advantages in women with a history of clotting or stroke since it does not increase blood clotting.

There are two major clinical problems associated with Aromasin. Many patients who take Aromasin experience joint pains and stiffness. This can be a major side effect that leads to the discontinuation of the drug in some patients. However, these symptoms are easily managed in the majority of patients. Also, Aromasin can cause bone loss, but this problem can be easily managed with drugs such as Fosamax, Actonel, and others which protect against osteoporosis.

One of the important unanswered questions about all of the estrogen blocking drugs is whether they reduce breast cancer mortality. The answer seems rather obvious that they would, but the current data is insufficient to prove this important point. The concern is that they are most effective in preventing or delaying the onset of the most favorable subset of breast cancers, i.e. those that are estrogen dependent. These cancers are associated with a more favorable prognosis than estrogen negative cancers, which are not responsive to estrogen blocking drugs.

Who should consider taking the drug? Some would argue that any women older than 60 years of age should consider taking the drug. These proponents argue that the drug is safe and that now that it is off patent, it is more reasonably priced. The decision to take any of the three preventive drugs requires a clear understanding of relative risk and relative benefit. Women who are at risk should have a discussion with their physician or seek the advice from breast care specialists who will take the time to review options. The good news is that we can now give high risk women one more option for breast cancer risk reduction.