O-12. EFFICACY OF TAMOXIFEN (TAM) FOLLOWING ANASTROZOLE (AN) AS FIRST-LINE TREATMENT FOR ADVANCED BREAST CANCER (ABC) IN POSTMENOPAUSAL (PM) PATIENTS (PTS)

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The aromatase inhibitor AN (Arimidex™) has shown efficacy and tolerability advantages compared with TAM for the first-line treatment of PM pts with ABC. The combined analysis of two multicentre randomised, double-blind trials (n = 1021) showed that among pts with hormone-sensitive tumours, AN treatment led to a significant prolongation of time to disease progression (p = 0.022). In order to assess the efficacy [regarding clinical benefit (CB) = CR + PR + SD ≥ 24 weeks and objective response (OR) = CR + PR] of AN or TAM as a second-line therapy following progression with the other, the subsequent unblinded treatment was recorded and evaluated from a questionnaire (>73% [n > 745] return by patients). Additional subgroup analysis was carried out to determine the impact of baseline characteristics, regarding the presence or absence of visceral metastases and hormone-receptor status on CB and OR. Overall and subgroup results are presented in the table. The overall results showed good and similar activity for TAM after AN and vice versa.

Overall population	TAM following AN		AN following TAM	
OR (no./total) (%)	12/137 (9)		7/134 (5)	
CB (no./total) (%)	58/137 (42)		54/134 (40)	
ER and/or PR status	Positive	Unknown/–	Positive	Unknown/–
OR (no./total) (%)	6/84 (7)	6/53 (11)	3/95 (3)	4/39 (10)
CB (no./total) (%)	35/84 (42)	23/53 (43)	39/95 (41)	15/39 (39)
Visceral metastases	Yes	No	Yes	No
OR (no./total) (%)	6/52 (12)	6/85 (7)	3/59 (5)	4/75 (5)
CB (no./total) (%)	22/52 (42)	36/85 (42)	21/59 (36)	33/75 (44)

These data support a previous study showing that AN is effective when given after TAM. Similar findings were seen for pts in all sub groups, but all benefit was greater in pts with ER and/or PR positive tumours and in those pts without visceral metastases.

O-13. THE EFFECT OF ANASTROZOLE (ARIMIDEX™) ON SERUM LIPIDS – A RANDOMIZED COMPARISON OF ANASTROZOLE (AN) vs TAMOXIFEN (TAM) IN POSTMENOPAUSAL WOMEN WITH ADVANCED BREAST CANCER

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Anastrozole is a potent and selective non-steroidal aromatase inhibitor, which reduces estradiol levels in PM women to near undetectable values. A combined analysis of two trials in PM women with ABC has shown AN to have efficacy advantages (time to progression) over TAM in ER+ve patients (Buzdar et al. ASCO 2000 P154a, Abs 609D). The impact of AN and TAM on blood lipids was also monitored during these trials. Blood samples for lipid assessment [total cholesterol (TC), triglycerides, HDL, LDL, apoprotein A, apoprotein B, and lipoprotein a] were taken at baseline, 84, and 108 weeks. Preliminary blood lipid results are shown below. No major differences were seen for the other lipid endpoints.

Blood lipid	Baseline value [mmol/l (n)]		Mean change at 84 weeks (n)		Mean change at 108 weeks (n)	
	AN	TAM	AN	TAM	AN	TAM
TC	5.8 (476)	5.9 (511)	+0.3 (67)	−0.6 (55)	+0.3 (24)	−0.2 (31)
HDL	2.4 (306)	3.7 (304)	−1.0 (38)	−2.2 (36)	−2.1 (17)	−2.2 (23)
LDL	3.7 (306)	3.8 (304)	+0.2 (38)	−0.9 (36)	+0.1 (17)	−0.5 (23)

The effects of TAM were similar to that reported previously, but no major differences from effects of AN were observed. Despite its potent estradiol lowering properties, AN had no clinically detrimental effects upon blood lipids. These data suggest that clinical effects of AN due to any changes in lipid profiles are very unlikely.

O-14. TABLES OF ANTICIPATED BENEFIT FROM ADJUVANT THERAPY FOR THE INDIVIDUAL

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The relative risk (RR) reductions from adjuvant systemic hormonal (HT) and cytotoxic (CT) therapies are well established, by the meta-analysis process of the Early Breast Cancer Trialists Collaborative Group. However in advising the individual, benefit is best expressed as absolute (AB) rather than relative RR.

To estimate AB the RR reduction from therapy is applied to the patient's prognosis without therapy, with age correction for natural life expectancy. The most sensitive and specific predictor of prognosis is the Nottingham Prognostic Index (NPI).

For example for a woman of 45, the AB at 10 years from adjuvant polychemotherapy (PCT), expressed both as number extra alive (or) as women-years (w-y) gained:

NPI group	No PCT 10 yr OS %	PCT 10 yr extra alive %	w-y gained by 10 yrs	
			Total	Average/ women treated
Excel (EPG)	91	1	5	0.05
Good (GPG)	81	3	15	0.1
Mod (MPGI)	71	5	25	0.3
Mod (MPGII)	59	8	40	0.4
Mod (MPGIII)	39	11	55	0.6
Poor (PPG)	18	16	130	1.3

A woman in the PPG receiving PCT stands to gain an average 9 months extra of life (or) doubles her chance of 10 year survival.