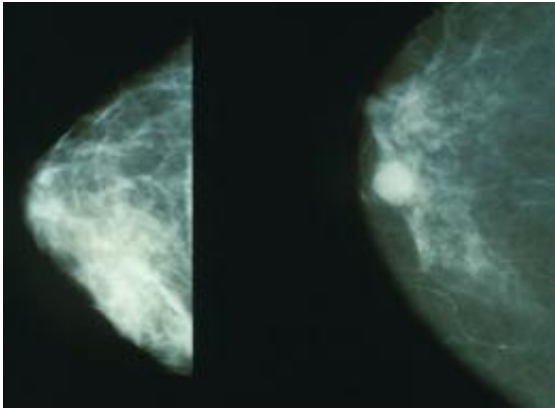


New drug to prevent breast cancer recurrence shows promise

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Mammograms showing a normal breast (left) and a cancerous breast (right).
Credit: Wikipedia.

A new treatment option is more effective than tamoxifen at preventing a return of breast cancer in young women, according to the results of two international trials released Sunday.

The findings show that exemestane, given along with treatment to suppress the function of the ovaries, reduced the risk of breast cancer's return by 34 percent, and cut the risk of a subsequent invasive cancer by 28 percent.

Exemestane is an aromatase inhibitor that until now has largely been used in older women who have reached menopause, since it requires

women to have a low level of estrogen in order to work.

Tamoxifen, meanwhile, is commonly prescribed to women who have had breast cancer as a way to prevent its return.

"For years, tamoxifen has been the standard hormone therapy for preventing [breast cancer](#) recurrence in young women with hormone sensitive disease," said lead study author Olivia Pagani, clinical director of the breast unit at the Oncology Institute of Southern Switzerland.

"Our findings indicate that exemestane is better than tamoxifen, when given with ovarian function suppression, but longer follow up of these [young women](#) will be important to assess survival, and any long-term side effects and fertility."

The results presented at the American Society of Clinical Oncology conference were the joint analysis of two trials, including a total of 4,690 women, average age 43, who were randomized to receive either tamoxifen plus ovarian suppression therapy or exemestane plus ovarian suppression therapy.

The cancer-free survival in the [exemestane](#) group was 91.1 percent, compared to 87.3 percent in the [tamoxifen](#) group.

"Tamoxifen has been a gold standard for decades and has significant benefits," said ASCO president Clifford Hudis.

"Now, with ovarian suppression, aromatase inhibitors are an option offering further reduction in the risk of recurrence."

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