

Hormone therapy has a bigger impact than chemotherapy on quality of life in women with breast cancer

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Analysis of the CANTO cohort published in the journal *Annals of Oncology* will upset received wisdom on the effects that hormone

therapy and chemotherapy have on the quality of life in women with breast cancer. Contrary to the commonly held view, two years after diagnosis, hormone therapy, a highly effective breast cancer treatment, worsens quality of life to a greater extent and for a longer time, especially in menopausal patients. The deleterious effects of chemotherapy are more transient. Given that current international guidelines recommend the prescription of hormone therapy for five to 10 years, it is important to offer treatment to women who develop severe symptoms due to hormone antagonist medication and to identify those who might benefit from less prolonged or intensive treatment strategies.

This work was directed by Dr. Inès Vaz-Luis, specialist [breast cancer](#) oncologist and researcher at Gustave Roussy in the Predictive Biomarkers and Novel Therapeutic Strategies in Oncology Laboratory (Inserm/Université Paris-Sud/Gustave Roussy).

"This analysis of the CANTO cohort shows for the first time that anti-hormonal treatments do not have lesser effects than chemotherapy on women's quality of life. Quite the contrary, as the diminution in quality of life noted at diagnosis is still present two years later, whereas the impact of chemotherapy is more temporary," explained Dr. Vaz-Luis.

In this study, the researchers measured quality of life in 4,262 patients with localised breast cancer (stage I to III) at the time of diagnosis and at one and two years thereafter. Primary treatment for these patients was surgical and, for some of them, administration of chemotherapy and/or radiotherapy. About 75 to 80 percent of them then took [hormone](#) therapy for at least five years. Quality of life was measured using a tool assessing general quality of life in patients with all types of cancer (EORTC QLQ-C30) combined with a tool more specifically designed for use in breast cancer (QLQ-BR23).

For the population studied as a whole, there was an overall deterioration

in the quality of life at two years from diagnosis. This deterioration was greater in patients who had received hormone therapy, especially after menopause. By contrast, chemotherapy had a bigger effect on quality of life in non-menopausal patients, especially in terms of worsening of cognitive functions.

"It is important in the future that we are able to predict which women are going to develop [severe symptoms](#) with anti-hormonal treatment so that we can support them," added Dr. Vaz-Luis. While it has been shown that hormone therapy provides a real benefit in reducing the relapse rate of hormone-dependent cancers that represent 75 percent of all breast cancers, the deterioration in [quality of life](#) may also have a negative effect on patient adherence to treatment. It is therefore important to offer them symptomatic treatment, in particular for menopausal symptoms, musculoskeletal pain, depression, severe fatigue and cognitive dysfunction, and to combine this with supportive measures such as physical exercise and cognitive behaviour [therapy](#).

"It will also be important in the future to differentiate prior to treatment patients who are at high risk of relapse from those at [lower risk](#) in order to tailor hormone treatment. This may be done to avoid escalation of anti-hormonal treatment in certain patients," concluded Dr. Vaz-Luis, emphasising that "[hormone therapy](#) is extremely effective in treating breast [cancer](#), resulting in a reduction by approximately 50 percent in the risk of relapse, and that the finding of adverse effects does not in any way put into question the excellent risk/benefit ratio of this treatment."

More information: A R Ferreira et al, Differential impact of endocrine therapy and chemotherapy on quality of life of breast cancer survivors: a prospective patient-reported outcomes analysis, *Annals of Oncology* (2019). [DOI: 10.1093/annonc/mdz298](https://doi.org/10.1093/annonc/mdz298)

Provided by Comprehensive Cancer Centre Gustave Roussy

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