

Study examines breast cancer drug

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Between ferrying her two sons to hockey practice and her shifts at Winchester District and Memorial Hospital, Lauraine MacDonell doesn't have time to be sick.

"I'm on a bit of a reprieve right now. I've been a good girl!" said the 49-year-old MacDonell, who was diagnosed with infiltrating ductal cancer - cancer of the breast's milk ducts - in October 2001.

Today both MacDonell and Queen's University epidemiologist Harriet Richardson will be appearing at the Ramada Inn to talk about the possibility of drugs called aromatase inhibitors - in particular, one known as exemestane - to significantly reduce the rates of breast cancer in post-menopausal women.

Aromatase inhibitors work by stopping a post-menopausal woman's production of estrogen - one of the known factors in increasing the risk of developing breast cancer.

As project co-ordinator for the **National Cancer Institute of Canada's Clinical Trials Group**, Richardson is working on a five-year study on exemestane, which will examine its effects on about 4,500 at-risk women from Canada, Spain, and the U.S.

"Up until now, there have been very few risk factors that have been identified for breast cancer that are easily modifiable," said Richardson, explaining that other factors such as genetics and family history are nearly impossible to impact.

The world's best selling breast cancer treatment, tamoxifen, has also been shown to decrease the risk of breast cancer in post-menopausal women, said Richardson.

However, patients who use tamoxifen for long periods have been known to develop endometrial cancer and blood clots, while the most significant side effects of exemestane echo harmless menopausal symptoms like hot flashes, she said.

Richardson hopes her research into exemestane will also show higher rates of prevention than the 50 per cent reduction rate shown by tamoxifen.

"We're actually hoping that it will show more than a 60 per cent (reduction) in breast cancer," she said.

After her diagnosis and chemotherapy, MacDonell was on tamoxifen for almost five years before going off the medication this past May.

Though now free of cancer, MacDonell's oncologist has suggested she begin taking an aromatase inhibitor called letrozole - or Femara, as it's known commercially - in the new year.

"They want to make sure I'm deprived from as much estrogen as possible," said MacDonell. "If you can't give the cancer cells the food or environment they need to produce more cancer cells, they're going to die."

Cancer prevention has become one of the top priorities for the Canadian Cancer Society, which provided the grants for the exemestane study, said Richardson.

While diet, exercise, and medication are factors that any one person can control, Richardson added that cancer rates also need to be looked at in a greater social context.

"We sort of need to think on a global level," said Richardson. "We can think about industry, (about) what causes cancer, and just taking those agents out of the environment."

So far, at least 1,500 women have been recruited for the study, said Richardson. Post-menopausal women interested in finding out if they meet the study's eligibility requirements can visit www.excelstudy.com for more information.