

Exemestane: an alternative treatment option in early breast cancer

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Foreword

Until recently, tamoxifen remained the gold standard of the adjuvant endocrine therapy for early breast cancer in postmenopausal women. Indeed, the Early Breast Cancer Trialists' Collaborative Group analysis showed the administration of tamoxifen for 5 years provides an absolute reduction in 15-year recurrence and breast cancer mortality of 12 and 9%, respectively, in women with oestrogen receptor-positive (ER +) breast cancer [1]. In recent years, three third-generation aromatase inhibitors: anastrozole, letrozole and exemestane, have been shown to be superior to tamoxifen for first-line treatment of metastatic breast cancer. As a consequence, a series of large randomized studies have been performed to compare these compounds with tamoxifen in the adjuvant setting. These studies evaluated various therapeutic strategies including the replacement of tamoxifen by an aromatase inhibitor (Arimidex, Tamoxifen Alone or in Combination-ATAC study, Breast Intergroup 1-98 study), [2,3] the application of aromatase inhibitor after completion of 5 years of tamoxifen (MA-17, B-33) [4] or a 'switching' approach – administration of tamoxifen for 2–3 years followed by an aromatase inhibitor, for a total of 5 years [Intergroup Exemestane Study (IES), and Italian Tamoxifen Anastrozole Trial] [5,6]. Irrespective of the strategy, these trials have consistently demonstrated the benefit of the regimens using aromatase inhibitors compared with standard therapy of tamoxifen alone for 5 years. Although in most of these studies the benefit was confined to disease-free survival, IES was the first double-blind trial to also show improved overall survival. Importantly, the switching strategy has been found to be relatively safe and nontoxic. Not surprisingly, therefore, during the recent 2007 St Gallen meeting, the panel of breast cancer experts expressed a clear preference for a switch from tamoxifen to an aromatase inhibitor after 2–3 years of tamoxifen [7].

The SWITCH Forum: 'Enhancing Life's Expectations' was held in St. Gallen, Switzerland on 16 March 2007.

This meeting brought together key opinion leaders with the aim of presenting the latest data on exemestane and discussing the therapeutic options beyond tamoxifen in postmenopausal women with early breast cancer. This Supplement to the journal of *Anti-Cancer Drugs* presents highlights from this meeting. The IES, coupled with the results from the National Surgical Breast and Bowel Project B-33 study, demonstrates that exemestane is a credible alternative therapeutic option in the extended adjuvant setting. It is hoped that these data will reinforce the position of this compound as the new standard after initial tamoxifen therapy.

Conflicts of interest: Jacek Jassem lectured at the Pfizer symposium and received an honorarium.

References

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