

## **Fulvestrant**

### **A Viewpoint by Roger W. Blamey**

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Introduction of the peripheral anti-estrogen antagonist tamoxifen into clinical practice in the 1970s represented a huge advance in the treatment of breast cancer. This agent rapidly became the first-line treatment for advanced disease and proved to be the most successful agent in adjuvant systemic therapy, with excellent tolerability. Fulvestrant is a new peripheral anti-oestrogen with higher affinity than tamoxifen for the estrogen receptor (ER) and offers exciting prospects for this reason.

Thus far, fulvestrant has been efficacious in patients resistant to or relapsing on tamoxifen ther-

apy. In clinical trials, it has demonstrated similar clinical effects for second-line endocrine therapy to those of the aromatase inhibitor anastrozole.

At present, fulvestrant is therefore an option for second-line endocrine therapy after tamoxifen. However, as an agent with similar action, but greater biological and clinical power, it has the potential to replace tamoxifen as first-line therapy for advanced disease for ER-positive tumours.

Since treatments efficacious in advanced disease have always proved to have adjuvant effect, fulvestrant may well replace tamoxifen in that setting. Unlike long term tamoxifen, long term fulvestrant has no stimulatory effect on the endometrium; this consideration will be advantageous if hormonal prevention of breast cancer in women at high risk becomes a recognised intervention. ▲