

## Anastrozole

### A Viewpoint by Nicole McCarthy

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Anastrozole is one of the new third-generation aromatase inhibitors which have significantly added to our increasingly robust armamentarium of hormonal therapies for breast cancer. In advanced disease in postmenopausal women, anastrozole showed a significant increase in time to progression and a superior toxicity profile compared with tamoxifen. Given these results and the importance of hormonal therapy in the management of early stage breast cancer, anastrozole was brought into clinical trials in the adjuvant setting. Early results from the Arimidex, Tamoxifen Alone or in Combination (ATAC) trial at a median follow-up of 33 months demonstrate that, compared with tamoxifen, anastrozole significantly reduces the relative risk of disease recurrence in estrogen receptor-positive patients by 22% ( $p = 0.005$ ) and reduces the relative risk of developing a secondary breast cancer by 58% ( $p = 0.007$ ). Overall, these results have translated into a 2% disease-free survival advantage at 3 years favouring the anastrozole arm. Anastrozole was also associated with significantly fewer adverse events; importantly, this included a lower incidence of endometrial cancer and thromboembolic events. Based on these results, the US Food and Drug Administration has approved anastrozole for use in the adjuvant setting in postmen-

opausal women with estrogen receptor-positive breast cancer.

However, consensus has not been reached amongst the international oncology community as to how these results should be integrated into clinical practice. It remains to be seen if improvements in disease-free survival will translate into fewer women dying from breast cancer. It is plausible, albeit unlikely, that treatment for 5 years with anastrozole is inferior to that with tamoxifen. Currently, there are no clinical data describing the adverse effect profile (in particular, the potential for accelerated bone loss) associated with the prolonged use of any other third-generation aromatase inhibitors. The American Society of Clinical Oncology has taken a cautionary stance and stated that the results of the ATAC trial should be considered preliminary, and a 5-year course of tamoxifen remains the standard adjuvant hormonal treatment for hormone receptor-positive breast cancer.<sup>[1]</sup> Thus, we eagerly await the further maturation of results from the ATAC trial to potentially solidify a place for anastrozole in the adjuvant treatment algorithm for postmenopausal women with hormone receptor-positive breast cancer. ▲

## Reference

1. Winer EP, Hudis C, Burstein HJ, et al. American Society of Clinical Oncology technology assessment on the use of aromatase inhibitors as adjuvant therapy for women with hormone receptor-positive breast cancer: status report 2002. *J Clin Oncol* 2002 Aug 1; 20 (15): 3313-27