

Thursday, 18 March 2004

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SYMPOSIUM

Breast cancer – what follows?

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INVITED

The management of postmenopausal problemsL. Holmberg. *University Hospital, Regional Oncologic Center, Uppsala, Sweden*

Management of postmenopausal problems in breast cancer patients has become increasingly important since the event of – and widened indications for – adjuvant systemic therapies. These therapies may induce early menopause, increase the intensity and frequency of climacteric symptoms and lower natural estrogenic activity to a very low level. The intricate interaction between breast cancer treatments, hormones, biology of remaining breast cancer cells and postmenopausal problems further underlines the importance of that breast cancer specialists engage themselves in this problem area.

A "hot debate running on little data" (quoted from JNCI's news page) has been ongoing about the safety of hormonal replacement therapy (HRT) in breast cancer survivors. Observational studies have indicated safety – or even a beneficial effect – of HRT given to women with a previous breast cancer. However, in the observational studies confounding by indication is a threat to validity and several randomised studies started in the late 1990ies to address this question. As an alternative to HRT, acupuncture and antidepressants have been studied as treatments of climacteric symptoms. For treatment of osteoporosis there are several well-tested alternatives to HRT. Randomised studies in HRT given to women without breast cancer show that there is no hope to find positive effects on cardiovascular events that could outweigh an eventual harmful effect of HRT on breast cancer prognosis.

For long-term effects of tamoxifen a complicated pattern of both positive and negative effects on postmenopausal problems now emerges, tamoxifen being both an estrogen antagonist and agonist. However, the long-term consequences of aromatase inhibitors on postmenopausal problems are less well known.

Despite much public attention, there are few well-designed broad studies about patient's experiences and perceived needs in relation to postmenopausal problems after treatment for a breast cancer. Studies in this field probably need to be done in several different socio-cultural settings.

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Pro-active approaches (phytoestrogens, anti-oxidants & physical activities ...) – is there any evidence supporting a protective effect?B. Gerber. *Frauenklinik – LMU München, München, Germany*

More than 50% of breast cancer survivors admit to use some kind of complementary and alternative medical treatments (CAM). Family and friends generally support the decision to use CAM, although CAM is predominantly prescribed by physicians. CAM is used more frequently in younger, well educated, and married professionals. According to CAM users, the objectives for these treatments are manifold: enhancement of the immune system (91%), reduction of treatment associated toxicities (61%), improvement of cancer-related symptoms (34%) and even a direct antineoplastic effect (42%). An array of different CAM is offered to patients. In Europe most frequently mistletoe, vitamins/minerals, herbal medicines, green tea, special foods, and homeopathic preparations (e.g. di Bella, Ukrain) are used. Most of these formulations are unknown or unpopular in Asia and North America. The primary basis of CAM rests on empirical observations and case studies, as well as theoretical physiologic effects. In some cases, laboratory or clinical data additionally support these treatment modalities. However, until today, we have no data from randomized placebo-controlled trials, demonstrating an improvement of disease free or overall survival in breast cancer patients by CAM. This is particularly true for mistletoe, vitamins or antioxidants. Exercise training had beneficial effects on cardiopulmonary function and QOL in postmenopausal breast cancer survivors, but did not have any impact on survival data. Furthermore there are no valid data confirming an improvement of quality of life (QOL) with CAM. Reported improvements of QOL due to CAM could be the result of healthy life-style behaviors (e.g. daily exercise, increased daily fruit & vegetable intake, stopping of risk factors) in selected breast cancer survivors. On the other hand, CAM may reduce the efficacy of conventional anticancer therapy (e.g. Vitamin E could inhibit apoptosis in tumor cell lines, lectine-induced cytokeratins can stimulate tumor growth, viscum album-extracts are potentially capable to repair DNA-damages caused by toxic

substances) Use of CAM could result in delay in seeking medical advice for breast cancer. CAM use is more convenient than changing the lifestyle and is common among breast cancer survivors, who frequently discuss different options of CAM with their physicians. Therefore, the knowledge of CAM therapies is helpful for physicians in counselling patients to make informed choices.

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INVITED

Women's view on follow-upI. Kössler. *Swedish Association of Breast Cancer Societies – BRO, Box 1386, Sundbyberg, Sweden*

Follow-up after primary treatment for breast cancer is a routine procedure based on three assumptions, the first and most important being that early detection is valuable from a prognostic point of view. The second assumption is that patients get a sense of psychological security and satisfaction from being followed up, and the third that the routine check-ups aim at collecting data and are necessary for quality assurance. Much of the research examining current systems of follow-up care cast doubt on the effectiveness of the medical model and the use of routine investigations. Thus the regular frequent follow-up visits with routine diagnostic evaluation have not been considered appropriate and cost-effective because of the socio-economic burden.

To identify the expectations and experiences of women receiving follow-up after treatment for breast cancer a questionnaire was sent out to 1200 members of three different local breast cancer organizations within the Swedish Breast Cancer Association. The three local organizations represented different regions, one big town with suburbs, one smaller town with surrounding countryside and one a sparsely populated area in the very north of Sweden. The same questionnaire was distributed to the participants in a discussion forum on the internet. More than 600 questionnaires were filled in and returned to the Swedish Breast Cancer Association. The majority of the woman preferred to go to a breast centre for the follow-up visits. On the other hand they indicated that the follow-up examinations were hurried, investigations were not reassuring and some reported a lack of continuity with different oncologists at each visit. Many women felt there was no opportunity to ask questions, express emotional concerns or talk about their social situation.

It is important that the follow-ups are changed to better meet patient's ongoing needs.

In Sweden and some other countries there are studies carried out to compare nurse-led with conventional medical follow-up visits. The growing number of women being diagnosed with breast cancer in combination with improved treatment increases the socio-economic burden of the disease. It is possible that advanced nursing intervention can result in increased patient satisfaction for women treated for breast cancer and in decreased cost for care. Before a transfer from the conventional medical routine follow-up visits to nurse-led check-up visits we call for more studies and trials in this field to provide evidence-based information.

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How to make the best use of limited resources

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INVITED

How does Egypt cope?

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The Cairo Breast Screening Trial (CBST) was designed to evaluate the role of clinical breast examination (CBE) as a primary screening modality in the context of primary care. Although mammography is established as