O-26. The effects of Faslodex and Tamoxifen in premenopausal breast cancer

Young OE, Renshaw L, White S, Macaskill EJ, Thomas J, Dixon JM. *Western General Hospital, Edinburgh*

Aim: The aim of this study was to investigate the effects of pre-operative Faslodex on the breast cancers of premenopausal women and to compare effects with Tamoxifen.

Patients and Methods: 29 patients have been recruited. 16 were randomised to receive 14 days of tamoxifen prior to surgery and 13 were randomised to receive a one-off dose of 750mg of Faslodex (3 × 250mg intramuscular injections) 14 days prior to surgery.

Results: *Oestrogen Receptor (ER) Expression:* Both Faslodex ($p \leq 0.001$) and Tamoxifen ($p = 0.008$) reduced ER expression. The fall in ER was significantly greater with Faslodex ($p = 0.023$).

Progesterone Receptor (PgR) Expression: Faslodex reduced PgR expression significantly ($p = 0.005$) but Tamoxifen had no significant effect ($p = 0.3$).

Proliferation: Both Faslodex and Tamoxifen reduced proliferation significantly. ($p = 0.022$ for Faslodex and $p = 0.017$) for Tamoxifen.

Conclusion: 750mg of Faslodex is effective in premenopausal cancer at down-regulating ER and PgR and reducing proliferation. Further studies in premenopausal women are warranted.

O-27. Influence of hormone replacement therapy (HRT) on Tamoxifen induced menopausal symptoms

Sestak I, Cuzick J. *CRUK Centre for Epidemiology, London*

Tamoxifen's role in prevention is limited because of its side-effect profile. Endometrial cancer and thrombotic events are of most concern, but also non-life threatening side effects such as vasomotor symptoms limit its use for prevention.

During the International Breast Cancer Intervention Study (IBIS-I) approximately 70% of women in the tamoxifen arm reported hot flushes but it is not known if HRT will work in the presence of tamoxifen. Here, we investigate the extent to which HRT reduces vasomotor symptoms in women at high risk of breast cancer taking tamoxifen.

Within the first 6 follow-up months, baseline HRT use did not have a significant effect on the occurrence of hot flushes for tamoxifen patients (60.8% HRT vs. 49.2% no HRT, $p = 0.1$) whereas for placebo patients a difference was seen (22.9% HRT vs. 34.3% no HRT, $p = 0.03$). Not surprisingly, never and ex-users of HRT who took HRT in months 0–6 had more hot flushes in that period than those who didn't regardless of tamoxifen use. By month 12, for those who were still reporting hot flushes on tamoxifen use of HRT didn't show an effect in reducing hot flushes; whereas in the placebo group HRT use lead to significant fewer hot flushes.

Overall, HRT use at entry and HRT use during the trial prevented only women in the placebo group from developing hot flushes. Commencing the use of HRT to reduce vasomotor symptoms did not lead to a reduction in hot flushes for women taking tamoxifen.

O-28. Routes of administration in breast cancer: preliminary findings from a patient survey

Fallowfield L, Atkins L, Morris R, Price M, Langridge C. *CRUK Psychosocial Oncology Group, Brighton*

Aims: Endocrine treatments for breast cancer such as tamoxifen and fulvestrant have broadly similar efficacy and tolerability profiles but have different routes of administration. Perceptions that patients do not like injections may contribute to the efforts made by industry to produce oral compounds wherever possible, but there is little systematic data to support this view. Here, we investigated breast cancer patients' preference for different routes of administration.

Methods: 208 women, at least 2 years post-diagnosis but with stable disease, who had received ≥1 hormonal breast cancer treatment were recruited from UK cancer centres. They were interviewed in their own homes by trained researchers using a semi-structured interview schedule. Patients provided basic socio-demographic information and details of their breast cancer treatments, co-morbidities, concurrent medications, ease of travel to cancer centre, relationship with healthcare professionals, and attitudes toward injections. They then considered various scenarios with two unnamed drugs (an oral daily tablet or a monthly intramuscular injection) and were asked for their preferences and reasons for their choices.

Results: Overall, 78/208 pts (37.5%) reported anxiety about receiving an injection but only 28(13.5%) had ever had a needle phobia. Fifty-one pts (24.5%) said they would prefer an injection over a tablet, 131(63%) would prefer a tablet and 26(12.5%) were undecided. However, 126 pts (61%) said they would prefer an injection if it was associated with fewer hot flushes and 155 pts (74.5%) would prefer an injection even if this was in both buttocks if it offered improved efficacy over a tablet. The main reason given for both injection and tablet preferences was convenience. Interestingly, 22/51 (43%) of those preferring injections said that this was to ensure adherence. Approximately 48% of all patients currently receiving medications admitted to forgetting to take their tablets more than once or twice a week.

Conclusions: It is essential that patients are fully informed about treatment options for breast cancer as their beliefs, attitudes and preferences have implications for adherence.

O-29. Predicting survival after 5 years of Tamoxifen

Asgeirsson KS, Mitchell M, Lee A, Ellis IO, Robertson JFR, Blamey RW, Macmillan RD. *Nottingham City Hospital*

Recent studies suggest that prolonging hormone therapy by switching to an aromatase inhibitor after 5 years of Tamoxifen may be associated with a survival advantage. This study aims to identify women who may benefit from such extended therapy.

Between Jan 1990 and Dec 1999, 563 patients with primary operable breast cancer completed 5 years of Tamoxifen therapy after local treatments. 22 patients also had chemotherapy. 2 patients were lost to follow-up. Multivariate analysis of factors predicting survival once Tamoxifen therapy had been completed was performed.

Overall 5-year survival after completing 5 years of Tamox-