Debate

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Abstract not received.

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Speaker against: Are we ready to use tamoxifen to prevent breast cancer in daily practice?

T.J. Powles[1]. [1]*Royal Marsden Hospital, Breast Unit, Sutton, United Kingdom*

The results of the NSABP P-1 chemoprevention trial using tamoxifen versus placebo in over 13,000 healthy women defined at risk of breast cancer on the Gail model, shows a nearly 50% reduction in the early incidence of breast cancer. However, this amounted to only 86 less breast cancers and the beneficial effect was confined entirely to ER positive tumours. Furthermore, most of these tumours were small and it is not clear from these results whether it would have been easier to have treated the 86 extra ER positive cancers in the control arm rather than 6,600 healthy women for 4 years in the tamoxifen arm. Furthermore, two smaller trials carried out in Europe showed no beneficial effect for tamoxifen given to healthy women. In the Royal Marsden trial which was started in 1986 nearly 2500 healthy high risk women were randomised to receive tamoxifen 20 mgs/day or placebo. There was no difference seen in the incidence of breast cancer out to 8 years. Over 70 breast cancers have now developed and approximately 60% of these patients are likely to be careers of high risk genes such as BRCA1. It is therefore possible that these patients might be resistant to the beneficial effects of tamoxifen chemoprevention which could account for the negative results. There are significant toxicity problems associated with tamoxifen, particularly thromboembolism, loss of bone mineral density in premenopausal women, endometrial cancer risk, benign uterine problems, ovarian hyperstimulation, genotoxicity, vasomotor symptoms, vaginal discharge and menstrual irregularities. The unanswered questions at the present time are: (1) Does tamoxifen reduce the mortality of breast cancer and thereby give clinical benefit? (2) Is chemoprevention better than cure? (3) Which women gain benefit?

These uncertainties discourage the use of tamoxifen for clinical use in chemoprevention in healthy women and encourage the continued accrual to the multicentre IBIS placebo controlled tamoxifen chemoprevention trial.