PERGAMON

European Journal of Cancer 36 (2000) 1585–1586

European Journal of Cancer

www.ejconline.com

Letter

Re: Tamoxifen for the prevention of breast cancer. *Eur J Cancer* **36** 2000, 142–150. Relationship of trial design to value of data for patient?

H. Thornton *

'Saionara', 31 Regent Street, Rowhedge, Colchester, Essex CO5 7EA, UK

Papers exploring current controversies concerning tamoxifen for the prevention of breast cancer [1] provide an opportunity to consider the effects of trial design and methodology on the value of data obtained for the presumed beneficiary — 'the patient'. For example, determination of eligibility criteria (here resulting in categorisation of large sectors of the public as "at increased risk" [1], creating a huge potential market for an out-of-licence drug and its lucrative next-generation selective oestrogen receptor modulators (SERMS) for prevention) and stopping rules, need careful consideration by a design team balanced to include well-informed potential patient beneficiaries as well as clinician/trialists and those who stand to gain commercially.

Rather than being the passive recipient of "encouragement to participate" from clinician/trialists that Bernard Fisher advocates [1], some lay people prefer a more constructive and active involvement [2] to ensure that the ultimate beneficiary is indubitably 'the patient'. Many women prefer not to "be given the opportunity to reduce their risk of developing invasive breast cancer by taking tamoxifen" but to engage in informed debate around these controversies. They might ensure that study designs, including stopping rules, favoured production of evidence about the long-term benefits of tamoxifen, the overall health benefits including mortality from breast cancer and other causes, etc. [3] rather than just quickly providing the necessary evidence, by invoking the built-in predetermined stopping rules, to allow the drug to be marketed for breast cancer prevention against premature data, thereby also establishing precedents.

Womens' risks should be 'relative', not just with regard to probabilities against particular variables in breast cancer (Gail model), but relative also to higher risks from cardio/vascular diseases and other conditions, some adversely affected by tamoxifen. Women would be better served by seeking evidence through long-term comparisons concerning a broad variety of health outcomes as suggested by Kathy Pritchard [4].

Why have opportunities been proposed but not seized [4] for obtaining evidence which better serve aging women in real life multiple-issue situations to make broad-ranging informed choices and decisions with their physicians: about taking hormone replacement therapy (HRT); about options to combat osteoporosis; about dementia; about cardio/vascular health [5]? Could it be that other motivations within science and industry to selectively seek evidence have held sway? This balance of power needs redressing by the inclusion of well-informed lay people both on trial design groups and data monitoring committees so that the true purpose of producing reliable evidence which is relevant and useful to patients, with defined outcomes that matter to them, is not lost sight of.

Provision of patient information leaflets with lay input which adequately outline the need to adhere to a well-thought out research proposal in order to reap the full benefit would likely ensure compliance by fostering a sense of joint purpose whilst also beginning to combat the loss of trust in those trialists who seem to be seeking to serve science and commerce rather than women. Trialists and participants in the European Prevention Trials have not lost their nerve: perhaps a measure of their confidence in a more convergent and sensitive motivation?

References

1. Fisher B. Current controversies in cancer. Tamoxifen for the prevention of breast cancer: pro. *Eur J Cancer* 2000, **36**, 142–150.

* Tel.: +44-(0)1206-728178; fax: +44-(0)1206-728911.
E-mail address: hazelcagct@aol.com (H. Thornton).

PII: S0959-8049(00)00129-5

2. Thornton H. Today's patient: passive or involved? *Lancet 2000* 1999, **354**, siv48.
3. Powles TJ. Current controversies in cancer. Tamoxifen for the prevention of breast cancer: contra. *Eur J Cancer* 2000, **36**, 142–150.
4. Pritchard KI. Current controversies in cancer. Tamoxifen for the prevention of breast cancer: arbiter. *Eur J Cancer* 2000, **36**, 142–150.
5. Clinical Synthesis Panel on Hormone Replacement Therapy. Report. *Lancet* 1999, **354**, 152–155.