

risedronate use with anastrozole

Data presented at the San Antonio Breast Cancer Symposium from the IBIS-2 Bone Sub Study show that using the bisphosphonate risedronate can protect women from the loss in bone mineral density (BMD) associated with anastrozole.

One-year results from the IBIS-2 Bone Sub Study, which was designed to examine the effects of anastrozole on BMD and look at whether the extra risk of developing osteoporosis can be reduced or even eliminated, show that women on 35 mg weekly risedronate had increased BMD. And this increase is despite the fact that the women started the trial with low BMD and therefore being at higher risk of osteoporosis.

At present the only women taking anastrozole for preventive purposes, are those taking part in the IBIS-2 trial. The drug works by blocking oestrogen production and thus reducing the tumours'

chances of growing, but another effect of a reduced level of oestrogen is a reduction in BMD.

Dr Shalini Singh, who leads the bone sub study, said: 'Research into the effect that anastrozole has on women's bones and the extent to which a bisphosphonate can help counter this continues. These preliminary, one year data are encouraging though and we look forward to the three year results to see if this effect is maintained.'

Professor Jack Cuzick, IBIS-2 co-chairman, said: 'Although these are still very early results, they are reassuring for women participating in the IBIS-2 trial and also for those who may be taking anastrozole as part of their treatment for breast cancer. We still need more eligible women to come forward and take part in this study, which aims to provide them and future generations with valuable information

on how to help prevent and control breast cancer.

IBIS-2 (International Breast cancer Intervention Study II) is a ten-year study involving 10,000 healthy women who are at an increased risk of breast cancer. The study is being coordinated by Cancer Research UK and sponsored by Queen Mary, University of London. The trial is taking place in 21 countries, including Australia, India, Chile, Germany and Italy. The IBIS-2 Prevention part of the study aims to recruit 6,000 post-menopausal women who are at increased risk of developing breast cancer.

IBIS-2 DCIS will recruit 4,000 post-menopausal women who have been diagnosed with and had surgery to remove DCIS. This part of the trial is designed to determine which of the two drugs – anastrozole or tamoxifen – can best prevent new cancers, both in the breast affected by DCIS and in the opposite breast. ■

¹ patients received treatment for 16 weeks immediately prior to surgery.

Results showed that at four weeks fulvestrant 500 mg significantly reduced Ki67 by more than 78.8% and that fulvestrant 250 mg reduced it by 47.3% ($p < 0.0001$). There were also significant differences in the expression of down-graded oestrogen receptors between the two doses, in favour of the 500 mg dose ($p < 0.003$). Both doses were well tolerated and consistent with the known toxicity profile of fulvestrant.

One particularly noteworthy observation was the finding that blood markers of bone formation and reabsorption were stable, even on the higher dose of fulvestrant. This suggests a real advantage over aromatase inhibitors.

'The study offers the hope that by increasing the dose of fulvestrant more tumours may be able to respond and the duration of control might be extended. It has implications for use in the metastatic and adjuvant settings', commented Professor John Robertson from the University of Nottingham. ■