FAMILY PRACTICE ONCOLOGY NETWORK

Newsletter

BC Cancer Agency
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RATIONALE FOR EXTENDED ADJUVANT LETROZOLE THERAPY AFTER FIVE YEARS OF TAMOXIFEN IN POSTMENOPAUSAL ESTROGEN RECEPTOR POSITIVE (ER+) WOMEN WITH EARLY STAGE BREAST CANCER.

By Drs. Heather L. McArthur and Hagen F. Kennecke of the BC Cancer Agency

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In This Issue...

Clinical Scenario

A 55 year-old postmenopausal woman with a history of a node positive, ER+ breast presents to your office upon completion of five years of adjuvant tamoxifen and asks whether she should take any more treatment for her breast cancer. What is your recommendation?

Introduction

Hormonal therapy has been an integral component of the adjuvant strategy for women with hormone receptor-positive breast cancer for decades. Although the role for tamoxifen is well established, the adjuvant management of postmenopausal women has recently evolved with the emergence of data in support of aromatase inhibitors (AIs). Multiple randomized control trials among postmenopausal women with early stage breast cancer (i.e. ATAC, IES, NCIC MA17 and others) have confirmed the role of AIs in the adjuvant setting and have offered several potential treatment strategies. An AI may be given upfront, after 2-3 years of tamoxifen or after 5 years of tamoxifen therapy. Here we review the rationale for giving the AI, letrozole, to postmenopausal women with early stage breast cancer who have already completed approximately 5 years of tamoxifen.

The Evidence for Extended Adjuvant Hormonal Therapy with Letrozole

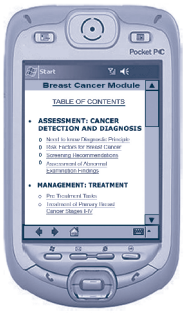
In the Canadian NCIC MA17 study, 5187 women with early stage breast cancer were randomized to either placebo or letrozole upon completion of five years of adjuvant tamoxifen. Although the study was terminated after only 2.4 years of follow-up, there was a 40% relative DFS benefit among women treated with letrozole. In women with node-positive breast cancer there was also a 39% relative reduction in risk of death making this the first adjuvant AI trial to demonstrate a survival benefit. Therefore, although there is a persistent risk of a breast cancer event even after 5 years of tamoxifen, this risk may be reduced with extended letrozole therapy.

Patient Selection for Extended Adjuvant Therapy with Letrozole.

One important question is whether all women with a history of breast cancer treated with 5 years of adjuvant tamoxifen require further therapy. In order to define breast cancer risk among post-menopausal women after 5 years of tamoxifen, Kennecke et al surveyed the BCCA Breast Cancer Outcomes Database which contains demographic, disease and outcome information pertaining to approximately 75% of women diagnosed with breast cancer in British Columbia.

Con't on Pg. 8

CANCER INFORMATION AT POINT OF CARE - FIRST DEMONSTRATION



Cancer Information at Point of Care (CI-POC), a major new resource under development by the Family Practice Oncology Network, came another step closer to reality with the first live demonstration at the BCCA Annual Conference last November. Over 30 physicians participated in the event using personal digital assistants (PDAs) and within minutes were able to find answers to such frequently asked questions as:

- What is the recommended follow-up schedule for mammograms?
- My patient's family member (mother, sister, grandmother, aunt) has breast cancer – should my patient get genetic counselling?
- A 50 year-old well female with core bx L breast showing DCIS, mammogram shows several other suspicious calcifications…is bilateral mastectomy the treatment of choice?
- A 54 year-old woman had axillary lymph node dissection and she seems to be developing lymphedema. How does one manage lymphedema?
- My patient was started on an aromatase inhibitor; she wants to know more about it and so do I. How do the new aromatase inhibitors work, what are the main side effects, how does this inhibitor differ from Tamoxifen and what is the indication for its use?

"This was our first opportunity to test this resource with family doctors," stated Dr. Andrew Murray, project leader and general practitioner in Nelson. "We gained valuable feedback to strengthen the navigation system and were pleased by the enthusiasm these family practitioners showed toward developing a cancer information resource that best meets the needs of family doctors. The aim is for CI-POC to be viewed as communally owned – developed for family doctors by family doctors. Ongoing family physician feedback is essential to continually upgrade the resource and ensure it becomes fully reflective of the realities of frontline family practice. CI-POC is intended to be a 'living document'."

The development of CI-POC is in response to one of the top needs identified through the Family Practice Oncology Network's initial survey of family practitioners. "Respondents noted that they found the existing online Cancer Management Guidelines too cumbersome and time-consuming to use and that what they need to improve their performance and patient outcomes is easy access to authoritative clinical cancer information."

Breast cancer is the first module to be covered through CI-POC and will be available to all BC family practitioners online and through PDA this summer. CD-ROM and print versions will follow later. The content is being developed with the assistance of a family physician focus group and under the supervision of the BCCA Tumour Groups. The information will cover the spectrum of care including prevention, screening, early diagnosis, investigations, staging, treatment, follow-up, and management of complications.

Family Physicians test and navigate the Breast Module Guidelines on a PDA

Similarly developed modules on palliative care symptom control, colorectal and prostate cancer will also become available at the same time. These will be followed in the coming months by more modules covering the remaining cancer types.

"Physicians will have the flexibility to access this information in the format that is most convenient for them," added Dr. Murray, "be it through a personal computer, downloaded to a Palm Pilot or Pocket PC or in hard copy. We will be updating the information on an ongoing basis and incorporating user feedback at every opportunity. Condensed versions will be available for PDA and print editions with more comprehensive information available online and through CD-ROM. The online/downloadable versions of CI-POC feature special software to encourage feedback from frontline users and ensure the system's responsiveness to input from users."

The unique "decision support" software (named CliniPearls) to support the online and PDA versions of CI-POC is being developed by Dr. Michal Fedeles and a team of researchers at the University of British Columbia's Continuing Professional Development and Knowledge Translation Division.

"During the first year CI-POC becomes available we will be working hard to build it into a highly useable resource based on feedback from physicians, oncologists, patients and other members of the healthcare team," noted Dr. Murray. "Ultimately, we intend to have an optimally useful information tool."

Details on CI-POC's upcoming launch will be widely publicized. For more information in the meantime please contact Dr. Andrew Murray at amurray.medinfo@telus.net or the Family Practice Oncology Network at 604.707.6367.

Visit our website www.bccancer.bc.ca/hpi/cme/fpon

BCCA'S CANCER PREVENTION PROGRAM – A COMMUNITY APPROACH

BCCA's Cancer Prevention team: (back row left to right) Dr. David McLean, Dr. Carla Simon, Pamela Bottomley, Terryl Bertagnolli, Monika Swic, Kim Jensen, Cindy Rehberg, Brett O'Reilly, Kathy Pym, (front row) Andrea Winckers, Patricia Summers, Terri Stewart, and Andrea Fagan.

Over 50 percent of cancers are preventable and the BCCA's Cancer Prevention Program is dedicated to ensuring that communities throughout BC understand the risks and the most effective evidence-based measures against them.

"A direct, community-based approach is the best way to help people learn about cancer prevention," states Dr. Carla Simon, Business Affairs Coordinator for BCCA's Cancer Prevention team. "We have established prevention programs with daycares and schools throughout the province, initiated a program to help patients stop smoking before surgery, and developed continuing medical education courses for health care professionals. We also recently established a network of Community Prevention Coordinator consultants within all regions of BC to proactively engage in community initiatives and develop a cancer prevention strategy that best meets each community's specific circumstances and needs," she adds.

All of these efforts are geared to addressing the five primary preventable risk factors for cancer:

- Tobacco use – smoking and the use of tobacco products should be avoided.
- Body weight – a healthy body weight should be achieved and maintained.

Diet – a proper diet includes plenty of vegetables, fruits and other plant-based foods.
Physical activity – 30 minutes of moderate activity should be undertaken most days of the week.
Sun – UV radiation and sunburn should be avoided especially during childhood.

Part of the BCCA's plan to help people reduce their risk of cancer and lead healthy, fulfilling lives includes two prevention programs launched in 2004:

- The Sun Safe Program encourages daycares and preschools to proactively protect children and educate them about the dangers of sun exposure, and
- The Healthy Living Schools Program recognizes schools (K-12, public and private) that teach about the risk factors and offer healthy choices for student nutrition.

Cancer Facts

Over the next 30 years, an estimated 2.7 million Canadians will die, and over 38 million potential life years will be lost as a result of cancer. At least 50 percent of cancer occurrences are due to preventable factors.

In 2006, the estimated number of new cases diagnosed with cancer in BC is 18,941. In the same time period 8,571 British Columbians will die from the disease.

Over 750 daycares and preschools and 550 schools are now certified through these programs and ongoing recruitment efforts are underway.

The Stop Smoking Before Surgery program, launched in 2005, educates smokers about the higher risks they face when undergoing surgery and encourages them to quit or at least stop smoking eight weeks prior to surgery to normalize their risks (see story on page 5 for more details).

Family physicians also have a unique opportunity to respond to teachable moments with appropriate brief intervention – shown to result in a measurable difference in patient outcomes. A series of online continuing medical education courses aims to increase health professionals' knowledge in targeted prevention measures including clinical tobacco intervention recognition, and skin cancer prevention and early diagnosis.

"Thanks to the generous support of the BC Cancer Foundation and the Rotary Clubs of the Interior, the BCCA's Prevention Program has created a 'prevention climate' through dialogue and partnership with target communities," adds Dr. Simon. "This brings cancer prevention to the grass roots level using a team approach to help residents make better lifestyle choices."

The BC Cancer Foundation is now funding the expansion of the Prevention Program to include three Community Prevention Coordinator consultants (CPC's) working in the Interior, three on Vancouver Island, two in Northern BC, and one in the Lower Mainland, in addition to the four staff members based at the Vancouver Cancer Centre. The CPCs' role is to create supportive environments for cancer prevention through a combination of community action and public education.

"We hope that by demonstrating continued success, the prevention program can attract more support and expand its reach," notes Dr. Simon.

For more information about this program, or to find out who is the CPC in your region, please contact the BCCA Cancer Prevention Program at www.bccancer.bc.ca/PPI/Prevention/default.htm or call Kathy Pym at 604.877.6000 x 2545.

CliniPearls: Pearls of Knowledge for Better Care
A story of the evolving PDA software behind CI-POC

By Michal Fedeles, M.Sc., Ph.D., UBC Faculty of Medicine, Continuing Professional Development and Knowledge Translation
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In recent months, family doctors in British Columbia have become increasingly familiar with the Family Practice Oncology Network's major initiative to make cancer management guidelines easier to access at the point of care. Clinical Information at the Point of Care (CI-POC) was unveiled at the 2005 Annual Cancer Conference, presenting physicians with an opportunity to try first hand the emerging Personal Digital Assistant (PDA) and web software that delivers the specially formatted clinical content.

In this exciting initiative, the Family Practice Oncology Network invited the team at the UBC Faculty of Medicine, Division of Continuing Professional Development and Knowledge Translation (UBC CPD-KT), to help assess the needs of family doctors in BC with respect to access to cancer management information and to examine how information and communication technologies could facilitate this process. The needs assessment study conducted in 2004-2005 showed that one of family physicians' most pressing needs is having effective electronic tools for easy access to up-to-date information at the point of care.

In response to those needs, a UBC CPD-KT team led by Dr. Michal Fedeles has designed and is currently developing CliniPearls, a software system that will allow physicians to download specially formatted reference information – clinical 'pearls' – into their PDAs. The concise format of these 'pearls' will give doctors rapid access to answers to clinical questions. The software will also allow them to annotate the cancer management information with their own comments. What is important, the downloaded content modules will be kept up-to-date, thanks to automated synchronization with latest guideline content maintained online by teams of experts under the guidance of BCCA Tumour Group chairs.

Built on UBC CPD-KT's recent R&D work, CliniPearls is this team's latest point-of-care tool causing some stir in BC's technology friendly physician community. To help make this software widely available, the Family Practice Oncology Network and UBC CPD-KT are jointly developing innovative training opportunities that will help all physicians make better use of new electronic decision support tools like CliniPearls – whether or not they have already adopted PDAs in their practice.

As Dr. Andrew Murray, lead physician in the CI-POC initiative, explains elsewhere in this issue, BC's doctors will soon be able to download several cancer modules into their CliniPearls software. The first ones to become available this summer are breast cancer, palliative care symptom control, and colorectal and prostate cancer.

Future plans include evaluating the impact of CliniPearls on the ease with which physicians make evidence-based clinical decisions, as well as examining the effect of the use of this tool on patient health outcomes. Further information on this new point-of-care decision support tool is available at www.CliniPearls.ca.

BC Oral Cancer Prevention Program

By Dr. Michele Williams

The British Columbia Oral Cancer Prevention Program (BC OCPP) consists of a multidisciplinary team of clinicians and researchers who are dedicated to the prevention of oral cancer development through improvements in detection, diagnosis and treatment. This team is attracting international attention for its success in developing new techniques used in the detection of oral precancer and cancer.

As reported in the September 2005 issue of *Cancer Research*, a BCOCPP study found that lesions absorbing toluidine blue dye were six times more likely to become squamous cell carcinomas than those that did not absorb the dye. More recently the team received a $2.5 million grant from the National Institute of Dental Craniofacial Research to pioneer new technologies that detect oral cancer. Changes in the mouth, for example, that are undetectable by the naked eye become visible with the help of the VELScope, a fluorescence technology developed at the BC Cancer Agency. The blue light directed by this hand-held, portable device may help to identify early oral mucosal changes and define the borders of a cancerous lesion that are otherwise invisible under white light.

Further, BC OCPP members are collaborating with community partners to develop province-wide guidelines for on the identification of high risk oral mucosal lesions, use of screening tools, diagnostic techniques, patient management strategies and referral pathways for evaluation and care. For more information please contact Dr. Michele Williams at miwillia@bccancer.bc.ca.

SCREENING MAMMOGRAMS – NOW EVEN MORE ACCESSIBLE

Volunteer, Linda Wu (left), and technologist, Sheila Hall, at a recent screening mammography mobile visit to Bentall Centre in downtown Vancouver.

The Screening Mammography Program of BC, part of the BCCA, recently extended its mobile screening mammography service to the Lower Mainland and Fraser Valley. This extension brings the program closer to where women work and spend free time, making access to screening mammograms as convenient as possible.

The Screening Mammography Mobile Program visits approximately 100 other communities throughout BC at least once a year including those in the Interior, Kootenay/Boundary, South Okanagan, Vancouver Island, Queen Charlottes, Sea-to-Sky Corridor and Northern BC regions. Women aged 40-79 can book free appointments for the mobile service or any of the year-round screening mammography centres by calling 1-888-GO-HAVE-1.

Medical experts at the BCCA recommend women aged 40-79 have a screening mammogram at least every two years noting that mammograms can often find cancer before it can be felt by a woman or her doctor. The World Health Organization has identified a 70 percent participation rate as the rate that will effectively reduce breast cancer deaths in a population. BC's overall participation rate is 47 percent.

Women do not require a doctor's referral for a screening mammogram, however studies indicate that women are more likely to have a screening mammogram if their family doctor recommends this exam. The eligibility requirements for screening mammography are as follows:

- A BC female resident ages 40 – 79 (women outside of this age group are accepted with a doctor's referral)
- Have no breast changes (new lumps, thickening or discharge)
- Can provide the name of a doctor or clinic to receive the results
- Have not had a mammogram within 12 months
- Have not had breast cancer
- Do not have breast implants
- Are not pregnant or breast feeding

All diagnostic appointments require a doctor's referral. Women who do NOT meet the screening mammography eligibility criteria and who exhibit any of the following indications should receive mammograms through a diagnostic facility:

- Women with signs and symptoms suggestive of breast cancer
- Women who have been diagnosed with breast cancer
- Search for unkown primary malignancy
- Women with breast implants
- First postoperative mammogram following a benign biopsy
- Work up of patient with abnormal screening mammogram

For more information please visit www.bccancer.bc.ca/breastscreening or call Pamela Hoeppner at 604.707.5927.

VCH's Stop Smoking Before Surgery Program

The Vancouver Coastal Health Authority's (VCHA) Stop Smoking Before Surgery Program is a pilot project which began in 2004. It was developed in partnership with Health Canada, the BC Cancer Agency and Providence Health Care.

The program has evolved since its inception to become the Vancouver Cessation Program. It now accepts members of the general public with priority given to surgical patients. The program has been successful in addressing the cessation needs of surgical patients as well as the general public through its behavioural intervention groups and information resources.

Due to the great need for smoking cessation services in Vancouver Coastal Health communities, the program will continue past the project's end date of March 2006. It is common knowledge that quitting smoking can improve one's health quickly and significantly.

It has been proven that quitting smoking 6-8 weeks prior to surgery decreases the rate of pre and post operative complications (52% in smokers versus 18% in cessation group) in addition to decreasing length of stay (13 days versus 11 days). Please encourage your patients and other known smokers to participate in this effective program.

For more information about our program (i.e. for resources and small group counselling sessions) please call 604-675-3800.

CONSIDER THE PRECEPTOR PROGRAM

The most recent group to complete the two-week Preceptor introductory module at the BCCA include family practitioners: Dr. Michel Dunne (Nanaimo), Dr. Mary Wall (Midway), Dr. Jaco Fourie (Terrace), Dr. Stephanie Sholomenko (Vernon), Dr. Gordon Hutchinson (Williams Lake), Dr. Helen Garson (Campbell River) and Gail Compton, Administrative Coordinator for FPON. (Missing: Dr. Leah Norgrove from Saanichton).

The BCCA's Preceptor Program, developed by the Family Practice Oncology Network in 2003, is gaining momentum as an excellent and convenient means to enhance cancer care in the community. With the support of the University of British Columbia's Enhanced Skills Program, the Preceptor Program provides an educational opportunity for family physicians to strengthen their oncology skills and provide the best care possible for cancer patients.

Dr. Judith Pike, GPO at the Vancouver Cancer Centre, supervises the clinical training and states that thirteen physicians have completed this eight-week program to date from a wide range of communities throughout the province and 13 more physicians are currently enrolled. The aim is to have at least one family physician with oncology expertise in every BC community with 15,000 people.

The Preceptor Program is designed in a modular format to provide maximum flexibility for participants. The two-week introductory module is offered twice yearly at the BCCA (February and September) in Vancouver and features medical and radiation oncology, surgery, cancer screening, oncological emergencies, diagnostic imaging and hands-on experience in educational rounds and clinics.

The remaining modules are then completed at any of the BCCA's four cancer centres located in Kelowna, Surrey, Vancouver and Victoria and can include such subjects as breast cancer, lung cancer, gastrointestinal cancer, genitourinary cancer, lymphoma/leukemia, gynecological oncology, palliative care, pediatric oncology, dermatological cancer and cancer of the central nervous system. Instruction is also provided in chemotherapy, radiation therapy, risk factors, genetics, prevention, screening, early diagnosis, staging, treatment modalities and management of side effects, follow-up and surveillance procedures, alternative treatments, future advances and methods to remain current and teach others. Participants can complete these modules consecutively or over a six-month period with the focus being that they tailor their learning to acquire skills specific to their community's needs.

Participants who complete the Preceptor Program are eligible to receive Royal College of Canada credits. Accommodation and travel expenses are covered and a stipend provided by the UBC Enhanced Skills Program.

For more information please contact Gail Compton at gcompton@bccancer.bc.ca or visit www.bccancer.bc.ca/HPI/CME/FPON/Precep

PRECEPTOR INSIGHT

Port Alberni GP Dr. Wendy Johnsen, gained expertise through the Preceptor Program to help in her role as palliative care physician for the community.

Dr. Wendy Johnsen is one of 20 general practitioners serving the Vancouver Island community of Port Alberni and surrounding area (approximate population 35,000). She runs a practice with her husband and, together with the other local GPs and a few specialists, they share responsibility for the 52 bed West Coast General Hospital, including its emergency department and maternity ward. Dr. Johnsen completed the BCCA's eight week Preceptor Program in December 2005 including the two-week introductory module at the BCCA in Vancouver, three days at BC Children's Hospital and the remainder at the BCCA's Victoria Cancer Centre co-located with Royal Jubilee Hospital:

"I was really impressed by the advances in cancer management including the new drugs being used and to see how well people get treated. Those of us who have to send patients from outlying areas often don't have the opportunity to see what's going on first-hand and to learn about the improvements. The BCCA has great people working there. I was also amazed by the number of volunteers involved and the important role that they play."

"I decided to take the Preceptor Program as I had reached the point in my career when I was ready to branch into a more specific area. Our palliative care coordinator of community home care nursing saw the need for a palliative care physician with oncology expertise and encouraged me to take on this role. The program provided great insight in this capacity and I am now accepting more patients for palliative consults."

"I highly recommend the Preceptor Program even if one is not going to focus on this area. The knowledge you gain applies directly to caring for cancer patients in general practice. This is certainly an advantage in smaller rural areas where you don't have specialists to refer to and you have to deal with the situation."

Contact Dr. Wendy Johnsen at wendyjohnsen@yahoo.ca

The Weekend to End Breast Cancer™

JOIN THE MEDICAL CREW

The Weekend to End Breast Cancer is a journey of 60 kilometers taken with one goal in mind: to bring us one step closer to the end of breast cancer. Thousands of men and women will take to Vancouver streets to celebrate victories won, honour lives lost and make their courageous contribution to record-breaking fundraising and consciousness-raising efforts.

The third annual Weekend will take place August 18-20, 2006 and organizers are now seeking volunteers to join the Specialty Medical Team consisting of physicians, RNs, LPNs, Nurse Practitioners, EMTs, Paramedics, and other health care professionals. This team will perform basic first aid, blister treatment, sports medicine and in some instances basic and advanced life support duties.

Over the past two years, the Weekend to End Breast Cancer has raised over $12 million for the BC Cancer Foundation. Monies raised are invested into critical research and enhancing leading-edge breast cancer detection and treatment throughout the province. A new research program headed by world-renowned scientist, Dr. Sam Aparicio, and the purchase of a new digital mammography machine are some of the direct results of the Weekend to End Breast Cancer.

This is a wonderful opportunity to join the growing community of the Weekend to End Breast Cancer and contribute your valuable skills and abilities to ensure the event's success. If you or your colleagues are interested in receiving more information, please contact Sarah Coates, scoates@endcancer.ca

MESSAGE FROM THE CHAIR OF THE FAMILY PRACTICE ONCOLOGY NETWORK

Dr. Philip White, Chair of the Family Practice Oncology Council and Family Physician in Kelowna

Over the past few years there has been increasing recognition that family practice is the cornerstone of good medical care no matter the jurisdiction or country in which one practices. This increased realization has come at the same time that the number of family practitioners is declining. Now a significant number of individuals have no regular family practitioner to turn to for continuity of care.

The realization that family practice is on the decline has spurred a movement to enhance family practice in many ways. These include giving practitioners more support financially and a variety of initiatives to better manage that large part of our work which comes under the banner of chronic disease management. The latest agreement between the BCMA and the government, which is yet to be ratified, also recognizes the role of family practice and its importance, and again offers more support for those family practitioners who are prepared to take on the extra load of caring for complex patients with chronic diseases.

All of this of course fits beautifully with the work of the Family Practice Oncology Network where enhancement of the family practice role in the care of complex cancer patients is one of our primary objectives. Additional support will be given to family practitioners in many ways. Some of these are: Continuing Medical Education, the Preceptorship Program, website and, of course, Dr. Andrew Murray's great initiative, CI-POC or Cancer Information at Point of Care directed at primary care practitioners.

All of this along with another initiative, which I will speak briefly on in a moment, adds extra support to the primary care practitioner, particularly those living in more isolated areas. This will ultimately result in much better care for all of our cancer patients as well as "flattening" of that care so that those who are in remote and more rural areas can expect to achieve the same standards of care and quality of care as those closer to the urban centers.

Finally, I would like to mention an initiative going forward to the General Practice Services Committee (GPSC). This takes the form of a business plan for some of the more common cancers to be viewed as a chronic disease with care integrated into a chronic disease model and enhanced payments made accordingly.

The future is certainly looking very bright for family practice if all of these initiatives are approved and followed through. The Family Practice Oncology Network is pleased to be a fundamental part of the renewal of family practice as a whole.

Contact Dr. White at drwhitemd@shaw.ca

BREAST CANCER INFORMATION KITS

If you have a patient recently diagnosed with breast cancer please recommend they obtain a free Breast Cancer Information Kit from their surgeon's office or by calling the Cancer Information Service at 1.888.939.3333.

This Kit is recommended by the BCCA and provides valuable tools to assist your patient in accessing current and credible information and services.

EXTENDED ADJUVANT LETROZOLE THERAPY

Con't from Pg. 1

Ten-year outcomes were determined for the 1086 BC women aged 45 years or older diagnosed with early stage breast cancer between 1989 and 1994 who were treated with adequate local therapy, plus or minus chemotherapy. Patients with positive nodes and, to a lesser degree, increasing tumor size and higher tumor grade (grade 2 or 3), had a higher risk of breast cancer relapse and breast cancer death.

When Should Letrozole Therapy Be Started and How Long Should Therapy Last?

According to the BCCA BRAJLET protocol, postmenopausal women with moderate or high risk of recurrence who have completed 4.5-6 years of adjuvant tamoxifen within the past 12 months are offered an additional 3 years of adjuvant letrozole (2.5mg po qd). However, physicians should be aware that with the re-randomization of patients in the letrozole arm of MA17, the recommended duration of therapy will be subject to further revision as the re-randomization data emerges. For patients who have completed adjuvant tamoxifen more than 12 months ago, no further adjuvant letrozole is currently recommended. Any requests for therapy outside of these treatment guidelines may be made on a case-by-case basis through the undesignated request process or by contacting the treating oncologist.

Table 1. Low, moderate and high risk groups of women after 5 years of adjuvant tamoxifen and recommended extended adjuvant therapy (www.headcan.com).

Breast Cancer Risk Category	Profile	Recommmendation
Low (<5%)	T1 or 2 N0* Grade 1	Letrozole therapy likely not indicated
Moderate (5-15%)	T1 or 2 N0* Grade 2/3	Consider for letrozole therapy**
High (>15%)	T any N1/N2*	Consider for letrozole therapy**

**T1: < 2cm tumour, T2: 2-5 cm tumour, N0: 0 nodes positive, N1: 1-3 nodes positive, N2: 4-9 nodes positive.15*
***Consider 5 year life expectancy and comorbidities, including osteoporosis risk, in individual risk-benefit assessment*

Based on this data, patients who have completed 5 years of tamoxifen can be stratified into low, moderate and high risk categories (Table 1). In low risk patients with small, node negative (T1N0), low grade tumors, extended adjuvant therapy is likely of limited benefit due to the low risk of recurrence. In high risk node-positive patients, extended therapy should be considered if patients have a reasonable 5-year life expectancy.

In node-positive patients, the estimated 40% improvement in DFS and the 39% improvement in OS associated with letrozole therapy, as outlined in the MA17 study, will often outweigh the potential treatment-related toxicity for most patients. Similarly, moderate risk (high grade, node-negative) patients should also be considered for extended letrozole therapy.

Conclusion

Many postmenopausal women with early stage ER+ breast cancer who have completed 5 years of standard adjuvant tamoxifen have a significant risk of late breast cancer events and mortality. Nodal status and, to a lesser degree, tumor size and grade, can help identify these late relapsers and potential candidates for extended adjuvant therapy with letrozole.

Upcoming Events

August 18 – 20
BC Cancer Foundation's Weekend to End Breast Cancer.
Join the Specialty Medical Team or take part in this 60 km major fundraising event.
Visit www.endcancer.ca

November 23 – 25
BC Cancer Agency Annual Cancer Conference
Westin Bayshore Hotel, Vancouver.
The FPON Continuing Medical Education Day will take place Saturday, November 25.
Contact Gail Compton at 604.707.6367 for more details.

Pocket PC/Windows Mobile Workshop for Physicians
This half day small-group workshop is intended to help physicians master the personal digital assistant (Pocket PC or Windows Mobile).

Contact UBC Continuing Professional Development - Knowledge Translation at 604.822.4263 or email digmed@cpdkt.ubc.ca

For More Information

To learn more about the Family Practice Oncolgy Network or become involved please contact:
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