



Letter to the editor: The Pundit Speaks
By Randolph M. Howes, M.D., Ph.D.
February 14, 2010

"Breast Cancer and Chemoprevention"

We have discussed the fact that breast cancer is a widespread and dangerous condition and I have presented the best methods to detect it and to treat it. One of the things we have not discussed is methods to prevent it (chemoprevention) or to prevent recurrence in patients already diagnosed with the disease.

One such method of prevention is with the use of tamoxifen (Nolvadex). Dr. Jay Brooks, chairman of hematology/oncology at Ochsner Health System in Baton Rouge, La., has stated that, "The drug is actually a very fine drug for breast cancer prevention, but it has gotten a bad rap. I don't think we have changed the paradigm of the fact that we can predict which women are at increased risk for this disease and we can do something to lower their risk short of prophylactic mastectomy, but I don't think the medical profession has been able to communicate well enough to women so that they can understand that taking medicine can lower their risk of cancer."

Actually, studies show that only a tiny fraction of women at high risk of developing breast cancer take tamoxifen to prevent the disease. Since 1998, experts have known that tamoxifen can cut the risk of developing breast cancer by almost 50 percent.

V. Craig Jordan, considered the "father" of tamoxifen therapy, said, "There has been so much negative publicity about tamoxifen. No good information is being provided. That doesn't help." In fact, tamoxifen is FDA approved to prevent breast cancer recurrences and to prevent tumors in women who have not yet been diagnosed with the disease. Yet, in 2005, a large U.S. national survey of women 40 to 79 years, found that only 0.08 percent took tamoxifen to prevent breast cancer and this was probably mostly women at high risk.

The reason for such low tamoxifen use may be that physicians do not feel that the benefits outweigh the risks or that they may not have studied the detailed benefits of the drug. Worries about side effects are a major reason why high-risk women are unwilling to take tamoxifen. Side effects can include hot flashes, endometrial cancer and blood clots. A newer related drug, raloxifene (Evista) is an alternative for those concerned about increased risk of endometrial cancer, even though the risk is very low.

In the America that I love, the final decision is based on the individual woman and her physician. Chemoprevention is a personal choice between the patient and the doctor and it is based on many, many factors. It would, indeed, be sad for a patient, who could greatly benefit from tamoxifen, to miss such an opportunity but comfort and confidence in the treatment is essential, as is the patient/physician bond.

Randolph M. Howes, M.D., Ph.D.
Surgeon/Scientist/Patient Advocate
27439 Highway 441, Kentwood, LA 70444
985-229-6955-Home / 985-229-3760 – Fax
rhowsmd@hughes.net www.iwillfindthecure.org