



Letter to the editor: The Pundit Speaks
By Randolph M. Howes, M.D., Ph.D.
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"Toxic Effects of Chemotherapy in Breast Cancer"

Today, breast cancer is the most common malignant tumor affecting women. Chemotherapy has been shown to have a significant impact on reducing the risk for breast cancer recurrence and overall mortality. Yet, there is insufficient information regarding the long-term sequelae of most chemotherapeutic agents. Also, the fact that adjuvant chemotherapy is often given to patients who might not really need it urges us to consider the whole spectrum of chemotherapy risks versus benefits to maximize benefit without compromising quality of life. Anthracycline-based regimens with doxorubicin or epirubicin have been widely used and carry a significant risk for cardiac toxicity, which is dose dependent and the incidence of congestive heart failure (CHF) reaches 5% for doxorubicin and epirubicin. Population-based studies have clearly shown that breast cancer survivors remain at an increased risk of developing a secondary non-breast cancer (SNBC), estimated that 1 in every 20 patients will develop an SNBC in 10 years, which corresponds to a 22% increase in the relative risk. Still, the absolute risk remains low. The risk of leukemia is likely to be very low if the cumulative doses of anthracyclines and cyclophosphamide are not exceeded. The incidence of cognitive impairment (mental abilities) secondary to chemotherapy remains unclear, but it is estimated to be in the range of 20%–30% of all treated patients but study design is controversial. About 6% of patients in the developed world and 25% of patients in the developing world are diagnosed with breast cancer below the age of 40 years. These young women have poorer survival and a higher risk for recurrence compared with older women. In some, chemotherapy can induce menopause. Yet, a considerable number of women who were previously treated with adjuvant chemotherapy manage to get pregnant afterward. Evidence clearly suggests that pregnancy can be safe and usually does not adversely affect breast cancer outcome. There is no evidence that chemotherapy affects the quality of breast milk in women with a history of successfully treated breast cancer. There is compelling evidence that breast cancer has a significant impact on a women's sexuality, both physically and psychologically. Current evidence suggests that sexuality is often not addressed with breast cancer patients and, even when discussed, it is done at an unsatisfactory level.

In the America that I love, many final decisions are based on the individual woman and her physician and comfort and confidence in the treatment is essential, as is the patient/physician bond. Proper and early counseling is needed to address these issues adequately. More effort should be invested in delivering these agents to the right patient populations. Our role as physicians is not only to treat the cancer but also to improve the quality of life of our patients.

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