



# Ob.Gyn. News


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**“This is the first time in cancer we’ve found a biomarker that predicts response to preventive treatment,” Dr. Jack Cuzick said. Dr. Kathie Dalessandri (left) also spoke at the press conference.**

## Lower Breast Density Flags Drug Response

BY BRUCE JANCIN  
Denver Bureau

SAN ANTONIO — A reduction in mammographic breast density after 12-18 months of tamoxifen use—prescribed for primary prevention of breast cancer—is an excellent early predictor of subsequent treatment efficacy, according to a new report from the landmark International Breast Intervention Study I (IBIS-I).

Women who showed at least a 10% decrease in breast density by visual assessment on routine mammography 12-18 months into their 5-year course of tamoxifen had a 63% reduction in breast cancers compared with placebo through 8 years of follow-up in IBIS-I, Jack Cuzick, Ph.D., reported at the San Antonio Breast Cancer Symposium.

“This is the first time in cancer we’ve found a biomarker that predicts response to preventive treatment. ... The point is, if your preventive intervention doesn’t work, there’s no point in press-

ing on for 5 years,” explained Dr. Cuzick, chairman of the IBIS-I steering committee and head of the Cancer Research UK Centre for Epidemiology, Mathematics, and Statistics, London.

Scientific program cochair Dr. Powel H. Brown, who was not involved in IBIS-I, said the discovery that a reduction in breast density predicts benefit for preventive tamoxifen is “a major finding” that has the potential to be practice changing.

Many healthy women at high risk for breast cancer are reluctant to take tamoxifen because of concerns about toxicity. The new IBIS-I findings have the potential to increase adoption of tamoxifen therapy in eligible women because after just 12-18 months they’ll have a very good indication of whether it’s working for them. If their mammograms do not show a reduction in density, their physicians can take them off the drug so they can avoid its toxicities. If the breast density has decreased by

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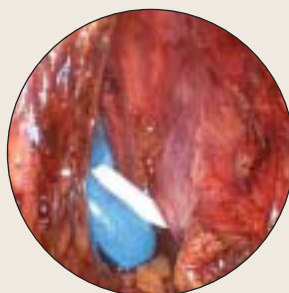
Treating premenopausal breast cancer patients with zoledronic acid can enhance their odds of survival.

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An experimental tamoxifen gel has performed well as topical therapy.

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Dr. Charles E. Miller and Dr. Robert M. Rogers discuss the use of mesh in vaginal prolapse repair.

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Many Americans are using alternative therapies for chronic pain.

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## Major STD Rates Highest in Women And Minorities

Decade’s trend continues, CDC reports.

BY JEFF EVANS  
Senior Writer

The rates of three major sexually transmitted diseases in the United States in 2007 continued to follow a nearly decade-long climb that has disproportionately affected minorities and women, according to a report from the Centers for Disease Control and Prevention.

These trends in infection rates of chlamydia, gonorrhea, and syphilis are “not new, but the fact that they are continuing at such a dramatic level is really the major area of concern,” said Dr. John M. Douglas Jr., director

of the division of STD prevention at the CDC. All three STDs have long-standing federally funded control programs.

The report was compiled from surveillance data obtained from case reports from state and local STD programs, which included Regional Infertility Prevention Projects, the National Job Training Program, the Corrections STD Prevalence Monitoring Project, the Indian Health Service, and the Men Who Have Sex With Men (MSM) Prevalence Monitoring Project; the Gonococcal Isolate Surveillance Project; and national surveys implemented by the CDC. See **STD Rates** page 5

## HT May Protect Against Colorectal Cancer

BY MICHELE G. SULLIVAN  
Mid-Atlantic Bureau

A 15-year observational study of almost 57,000 women has added more fuel to the hormone therapy fire, suggesting that postmenopausal hormone regimens can confer a significant and lasting reduction in the risk of colorectal cancer.

Although all regimens were associated with at least some decreased risk, the strongest was a 48% risk reduction among past users of estrogen plus progestin, Jill R. Johnson and her

colleagues wrote. “Despite the recent decrease in use of all menopausal hormones, these results suggest an important protective effect of all hormone formulations, especially estrogen plus progestin, for the many women who continue to need and use menopausal hormone therapy,” wrote Ms. Johnson of the University of Minnesota, Minneapolis (Cancer Epidemiol. Biomarkers Prev. 2009;18:196-203).

But Dr. JoAnn E. Manson, a principal investigator on the landmark Women’s Health Initiative, Jill R. Johnson and her

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# HT May Cut Colorectal Cancer

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tiative study, had a much more cautious outlook. "Although the results are intriguing, it would be premature to recommend HT for the prevention of colorectal cancer," Dr. Manson, the Elizabeth F. Brigham Professor of Women's Health at Harvard Medical School, Boston, said in an interview. "In fact, I would advise against this, because long-duration HT confers a poor trade-off in terms of cancer risk. A long dura-

tion of treatment, especially [with] the combination estrogen plus progestin, substantially increases breast cancer risk and may even increase the risk of lung cancer. Thus, any benefits for colorectal cancer would be more than offset by increased risks of breast and other cancers." WHI found a 37% decreased risk of colorectal cancer among women who take combination HT, but no risk reduction in the estrogen-only arm.

The new study by Ms. Johnson used data extracted from the Breast Cancer Detection Demonstration Project, a screening initiative conducted from 1979 to 1998. The study cohort consisted of 56,733 postmenopausal women (mean age, 56 years at baseline). The 960 women who developed colorectal cancer were identified based on self-report, cancer registries, and the National Death Index.

Overall, the use of any HT regimen conferred a nonsignificant 9% decrease in the risk of colorectal cancer, compared with women who never took HT. But some significant results emerged

when the risk rates were stratified by HT regimen.

There was a significant 17% decreased risk of colorectal cancer among women who had ever used unopposed estrogen, compared with never-users. The risk of cancer decreased with longer HT use: Women who reported at least 10 years of unopposed estrogen therapy had a significant 26% decreased risk.

The overall 22% risk reduction that was found among users of estrogen plus progestin was nonsignificant, but there was a significant 36% reduced risk associated with sequential estrogen plus progestin regimens, and a significant 25% reduced risk associated with continuous combination regimens.

Women who had used combination HT for 2-5 years had the most pronounced risk reduction (48%). The effect seemed to persist after HT discontinuation: Women who stopped their combination HT at least 5 years earlier still had a 45% decreased risk of colorectal cancer.

The authors suggested that estrogen and progesterone block bile acids, which may spur the development of colon can-

**'It would be premature to recommend HT. ... Any benefits for colorectal cancer would be more than offset by increased risks of breast and other cancers.'**

cer. HT also decreases some insulinlike growth factors that have been implicated in colon cancer, they noted.

Although Dr. Manson agreed that these are valid hypotheses, she questioned the possibility of any lingering protective effect of HT. "The reduction in colorectal cancer that was observed with combination estrogen plus progestin in the Women's Health Initiative dissipated quickly after treatment discontinuation, in contrast to the present study. Thus, it seems unlikely that past use of HT will confer any lasting benefits for colorectal cancer prevention, although this subject warrants further study," she noted.

Ms. Johnson and her colleagues suggested that their study, with its younger women and longer follow-up, could find associations that WHI was not able to discern. "It's tempting to focus primarily on the WHI results because they originate in a randomized trial, but it is important to note that WHI was designed as a prevention study in older women." For example, they wrote, most of the women in WHI were older than 60 years and had never used HT before being randomized.

The authors suggested that WHI's null finding for colorectal cancer prevention and estrogen-only HT could be due to the study's short duration (5 years), "making it impossible to observe the effects of long-term use in the way we could in [the 15-year Breast Cancer Detection Demonstration Project]."

Neither Ms. Johnson nor any of her colleagues reported any financial disclosures with regard to the study. ■

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