For Immediate Release

Postmenopausal Women Treated for Ductal Carcinoma In Situ (DCIS) Breast Cancer Gain Significant Benefit From Treatment With Anastrozole Compared With Tamoxifen (ASCO Abstract No: LBA500)

Chicago, Ill., June 1, 2015—Primary results of NSABP B-35, a phase III randomized, double-blind clinical trial conducted by the National Surgical Adjuvant Breast and Bowel Project (NSABP), now conducting research as NRG Oncology, show that anastrozole, as compared with tamoxifen, provides a significant improvement in the time that postmenopausal patients with estrogen receptor-positive ductal carcinoma in situ (DCIS) remain breast cancer-free (the period from randomization to any breast cancer recurrence). At a mean follow-up time of 8.6 years, this result was seen in women primarily younger than age 60 years. The NSABP B-35 trial principal investigator, Richard Margolese, MD, a professor in the departments of surgery and oncology at McGill University in Montreal, Quebec, reported the primary study results today at the 2015 American Society of Clinical Oncology Annual Meeting in Chicago during the morning’s breast cancer session.

“Although tamoxifen therapy has been effective in patients with DCIS, some women receiving this drug still experience relapse or suffer side effects,” says Margolese. “This led us to search for more effective and less toxic agents to control the stimulation and growth of precancerous and cancerous cells in the breast. The long-term follow-up of NSABP B-35 provides solid evidence of anastrozole’s superior cancer control, especially in women younger than 60 years.” Anastrozole, an aromatase inhibitor, works by reducing the amount of circulating estrogen. Tamoxifen, a selective estrogen receptor modulator, works by blocking the action of estrogen receptors.

“Based on prior research in patients with invasive breast cancer, inhibiting estrogen synthesis with aromatase inhibitors appeared to be a logical step in the treatment of patients with DCIS,” says Eleftherios (Terry) P. Mamounas, MD, MPH, chair of the NRG Oncology Breast Cancer Committee and a surgeon at the University of Florida Health Cancer Center in Orlando, Florida. “The long-term results of this study give select postmenopausal patients with DCIS and their cancer physicians an important new breast cancer treatment option.”

The NSABP B-35 trial enrolled more than 3,100 postmenopausal women with estrogen receptor-positive or progesterone receptor-positive DCIS from January 2003 to June 2006. The study participants had undergone a lumpectomy with no evidence of residual disease and were randomized to receive either tamoxifen or anastrozole for 5 years.
At the mean 8.6-year follow-up, there were 198 breast cancer recurrences: 114 in the tamoxifen group and 84 in the anastrozole group. The benefit of anastrozole compared with tamoxifen was not evident until later in the study and was seen only in women younger than 60 years. For women older than 60 years, anastrozole and tamoxifen were similarly effective.

According to the American Cancer Society, about 60,000 cases of DCIS are diagnosed in the United States each year, accounting for about 1 out of every 5 new breast cancer cases.

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NRG Oncology conducts practice-changing, multi-institutional clinical and translational research to improve the lives of patients with cancer. Founded in 2012, NRG Oncology is a Pennsylvania-based nonprofit corporation that integrates the research strengths of the National Adjuvant Breast and Bowel Project, the Radiation Therapy Oncology Group, and the Gynecologic Oncology Group. The research organization seeks to carry out clinical trials with emphases on gender-specific malignancies, including gynecologic, breast, and prostate cancers, and on localized or locally advanced cancers of all types. NRG Oncology’s extensive research organization comprises multidisciplinary investigators, including medical oncologists, radiation oncologists, surgeons, physicists, pathologists, and statisticians, and encompasses more than 1300 research sites located world-wide with predominance in the United States and Canada. NRG Oncology is supported primarily through grants from the National Cancer Institute (NCI) and is one of five research groups in the NCI’s National Clinical Trials Network.