SECOND LINE OF METASTATIC BREAST CANCER HORMONE THERAPY RESISTANT TO NON STEROID INHIBITOR

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Abstract

Aromatase inhibitors are standard treatment for steroid dependent breast cancer. The aim of the paper was to present the efficacy of steroid aromatase inhibitor (exemestane) usesd in the treatment of breast cancer patients with disease progression to non steroid aromatase inhibitors, such as Letrozole and Anastrozole.

Keyword: (Breast cancer, steroid inhibitor, resistant)

1.INTRODUCTION

Aromatase inhibitors are standard treatment for steroid dependent breast cancer. The aim of the paper was to present the efficacy of steroid aromatase inhibitor (exemestane) usesd in the treatment of breast cancer patients with disease progression to non steroid aromatase inhibitors, such as Letrozole and Anastrozole

2. METHODS

We included 68 patients that received steroid aromatase inihibitors after disease progression to non steroid aromatase inhibitors. All patients were treated at our institute during the period from June 2008 to June 2014.

Average age of the patients was 59 years (range : 40- 78 years)
With ECOG status 0–2
Disease involment of one organ was registered in 70,5% patients sand two or more organ was found in 29,4% patients
Metastatic disease in all patients was treated with non steroid aromatase inhibitors: 41,1% patients received Letrozole and 58,8% were given Anasrozole

3.RESULTS

In addition to the spectacular effect on outcomes and time to progression, both in bone and elsewhere, improving bone health is an important aspect of giving patients the best possible treatment. We would now recommend everolimus, in addition to exemestane, for all post-menopausal women with hormone-resistant advanced cancer until further progression of their cancer.
Out of 68 treated patients 11,7% had complete response 20,5% responded with partial response Stability was found in 35,2% patients and tumour control rate (TCR) in 67, 6% patients. Better TCR was achieved in patients with non visceral metastases, but the difference did not reached statistical significance.
Side effects were mild (grade 1 and 2) expressed mostly as menopausal discomforts, musculoskeletal pain and gastrointestinal distress.

4. DICUSSION

Exemestane, its use after 2 or 3 years of Tam, more effective than single Tam for 5 years in status adjuvant and is considered a treatment of choice
for the metastatic stage. Compared to Tam, aromatase-inhibitors have
a different toxicity profile with a lower risk of developing endometrial cancer and events thromboembolism. However, the long-term effects bone, cardiovascular diseases and Alzheimer's disease are closely monitored
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5.CONCLUSION

Although a small number of patients was studied, the achieved RR and TCR responses Are indicative for the application of steroid aromatase inhibitors in the treatment of metastatic breast cancer after failure of non steroidal aromatase inhibitors Toxic effects were mild

We did not observed any difference in the patients group previously treated with Letrozole and Anasrtozole

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