



# Drug treatment for breast cancer

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The standard treatment for most patients after primary surgical treatment for operable breast cancer is chemotherapy with a combination of two or three drugs usually containing an anthracycline (adriamycin or epirubicin), and an antioestrogen such as tamoxifen, or an aromatase inhibitor such as anastrozole (Arimidex). The combination of these treatments will reduce the risk of relapse by about 50%.

The results of recent trials have shown that the addition of four courses of chemotherapy with the taxane paclitaxol (Taxol) or docetaxol (Taxotere) will further significantly reduce the risk of relapse, and this is now becoming standard therapy for many patients with operable breast cancer.

At the ASCO Cancer Symposium held in Orlando in May 2005, the results from three clinical trials were presented and published using trastuzumab (Herceptin) for treatment of patients with operable breast cancer. Herceptin is a humanized antibody to the important growth factor HER2 found in abundance in cancer cells in about 20% of women with breast

cancer. It is given as an intravenous infusion every three weeks for one year, starting at the same time or soon after chemotherapy with paclitaxol or docetaxol. The results of all these trials have clearly shown a further reduction of about 50% in the residual risk of relapse after use of chemotherapy. Herceptin is well tolerated, although it is necessary to check for allergies to the treatment when the treatment is first given, and to check that heart function is normal after chemotherapy with adriamycin or epirubicin because of an increase in heart toxicity if heart function is not monitored.

Although chemotherapy, used in the standard 3-weekly cycles, can cause suppression of the bone

marrow and increased risk of infection, this can be prevented by using an injection of a bone marrow growth factor (Neulasta) after each chemotherapy injection. This allows the chemotherapy injections to be given more frequently in a 2-weekly cycle, thereby shortening the treatment time. There is now good clinical evidence that this shortened treatment schedule is, in fact, more effective at reducing the risk of relapse.

These latest treatment schedules have now been clearly shown to be more effective than the previous standard chemotherapy schedules and are all available and now in use at Parkside Oncology Clinic.

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