

ATENA

Aromatase Inhibitors (AIs) vs Not after ~ 5 years tamoxifen in Post-menopausal Breast Cancer (BC): meta-analysis of the randomized trials
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Background

- Recurrence rates and deaths from breast cancer after completing 5 years of tamoxifen pose an unmet medical need
- 5 years Adjuvant Tamoxifen (Tam) substantially reduces recurrence and mortality in ER+ breast cancer (Figure 1)
- After ~5 years tamoxifen, 4 trials have studied 3-5 years of an AI vs Not (ie, no late adjuvant therapy) (Figure 2)

Figure 1: ~5 years Tamoxifen vs not: ER+ only

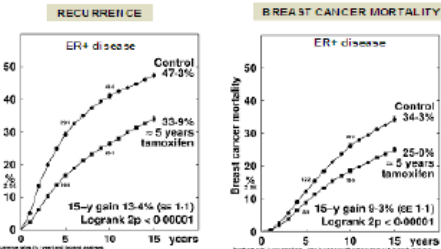


Figure 3: Recurrence

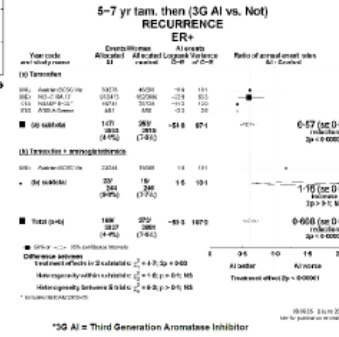
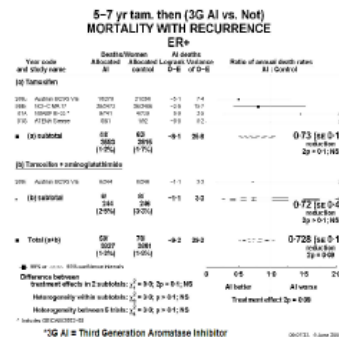


Figure 4: Mortality with recurrence



Results

Late AI vs Not after ~5 years tamoxifen, then random allocation (3583 Late AI, 3615 Not): results during median 2.5 years after allocation

Any recurrence: 147 AI vs 253 Not (4.1% vs 7.0%), absolute reduction 2.9% (2p < 0.0001), proportional reduction 43% SE 8

Recurrence & death: 44 AI vs 62 Not (1.2% vs 1.7%), absolute reduction 0.5% (NS) proportional reduction 27% SE 17

Any death: 97 AI vs 118 Not (2.7% vs 3.3%), absolute reduction 0.6% (NS)

Figure 5: Mortality without recurrence

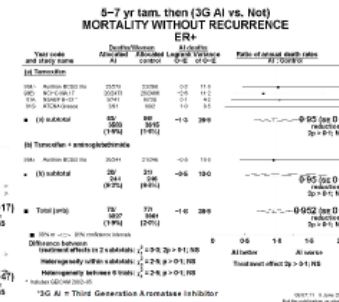


Figure 6: Any death

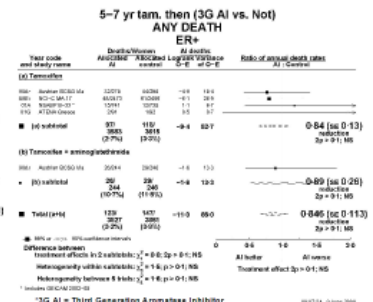


Figure 2: Four Trials of Extended AI therapy after Tamoxifen included in this meta-analysis



Conclusions among women with ER+ disease who have completed 5 years of tamoxifen

- Switching to an AI at year 5 of tamoxifen instead of stopping treatment substantially reduces later recurrence rate
- A trend towards reduced BC mortality is also seen
- Trials of even longer duration of adjuvant AIs after tamoxifen are in progress