

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

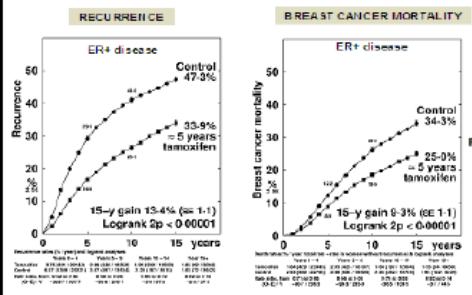
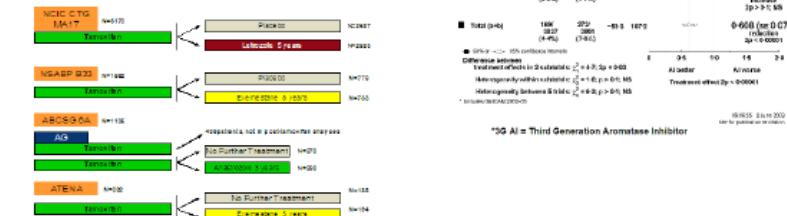


Figure 2: Four Trials of Extended AI therapy after Tamoxifen included in this meta-analysis



Methods

- EBCTCG meta-analysis of 4 randomized trials: NCIC CTG MA171; NSABP B-332; ABCSG VIA3; ATENA4
- Primary analysis: outcome by allocation in ER+ disease
- Endpoints: first BC recurrence (all, local only, contralateral only, first distant), death with and without recurrence, any death.
- Endpoints: first BC recurrence (all, local only, contralateral only, first distant), death with and without recurrence, any death.

1. Goss P et al. N Engl J Med. 2005;349:1793. 2. J Natl Cancer Inst. 2005;97:1262.
3. Mamounas E et al. J Clin Oncol. 2008; 26:1965-71.
4. Jakesz R et al. J Natl Cancer Inst. 2007;99:1845-53.
5. Markopoulos C et al. Breast Cancer Res. 2009;11(3):1-9.
6. EBCTCG methods (Lancet 2005;365:1687-1717) except that death from unknown cause without recurrence is now taken as non-BC death

Figure 3: Recurrence

5-7 yr tam, then (3G AI vs. Not)
RECURRENCE
ER+

Year code and study name:
(x) Tamoxifen

(■) 3G AI

(■) Tamoxifen + aromatase inhibitor

(■) Tamoxifen + tamoxifen

(■) Total (n=4)

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Figure 4: Mortality with recurrence

5-7 yr tam, then (3G AI vs. Not)
MORTALITY WITH RECURRENCE
ER+

Year code and study name:
(x) Tamoxifen

(■) 3G AI

(■) Tamoxifen + aromatase inhibitor

(■) Tamoxifen + tamoxifen

(■) Total (n=4)

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% ($p < 0.00001$), 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

5-7 yr tam, then (3G AI vs. Not)
MORTALITY WITHOUT RECURRENCE
ER+

Year code and study name:
(x) Tamoxifen

(■) 3G AI

(■) Tamoxifen + aromatase inhibitor

(■) Tamoxifen + tamoxifen

(■) Total (n=4)

Figure 6: Any death

5-7 yr tam, then (3G AI vs. Not)
ANY DEATH
ER+

Year code and study name:
(x) Tamoxifen

(■) 3G AI

(■) Tamoxifen + aromatase inhibitor

(■) Tamoxifen + tamoxifen

(■) Total (n=4)

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

*Includes ATENA05-001

**Includes ATENA05-002

***Includes ATENA05-003

****Includes ATENA05-004

*****Includes ATENA05-005

*****Includes ATENA05-006

*****Includes ATENA05-007

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