

High-Risk, Early Breast Cancer: Carryover Effect of Oral Endocrine Therapy

The carryover effect

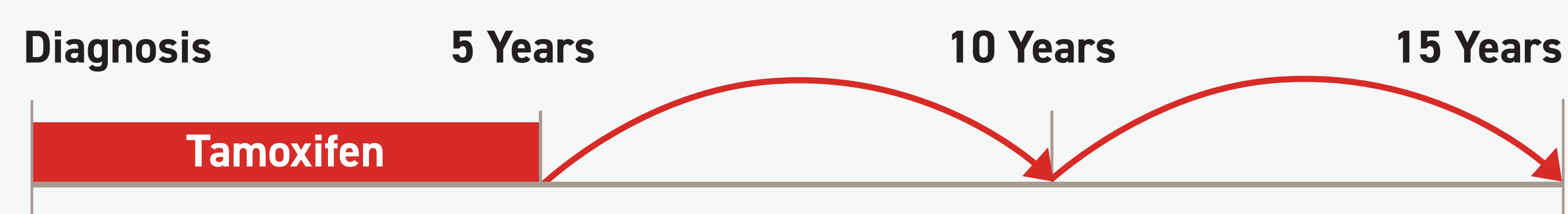


Adjuvant endocrine therapy (ET), such as tamoxifen and aromatase inhibitors (AIs), is the current standard of care for patients with hormone receptor-positive (HR+) early breast cancer (EBC)¹⁻³

Carryover effect is the term used to describe the long-lasting benefit of ETs in reducing the risk of recurrence after stopping the initial treatment^{4,5}

Carryover effect of tamoxifen in patients with ER+ EBC

A carryover effect was first used to describe the persistent benefit of adjuvant tamoxifen in reducing recurrence risk and mortality beyond 5 years of treatment in patients with estrogen receptor-positive (ER+) EBC^{4,5}



5 years of adjuvant tamoxifen⁶:

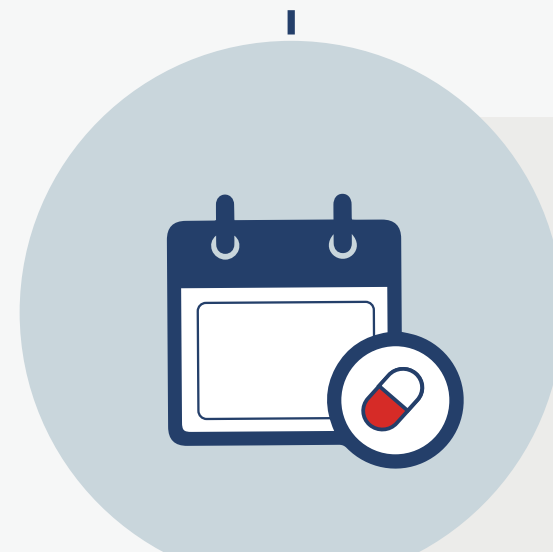
- **Significantly lowered** disease recurrence throughout the first 15 years (recurrence ratio [RR], 0.61; standard error [SE], 0.03)
- Reduced mortality by **30%** throughout the first 15 years (RR, 0.70; SE, 0.05)

ET extending beyond 5 years produces a further reduction in recurrence and mortality⁷



Extending adjuvant tamoxifen to 10 years⁷:

- Continued to lower disease recurrence (RR, 0.90; 95% confidence interval [CI], 0.79-1.02) and mortality (RR, 0.97; 95% CI, 0.79-1.18) during years 5-9
- Reduced the risk of recurrence (RR, 0.75; CI, 0.62-0.90) and mortality (RR, 0.71; 95% CI, 0.58-0.88) after year 10



Recommended therapy duration:

A minimum of 5 years of ET is recommended for women with stage I-III ER+ EBC. Up to 10 years of extended therapy is recommended for women with higher-risk, node-positive disease^{3,8}

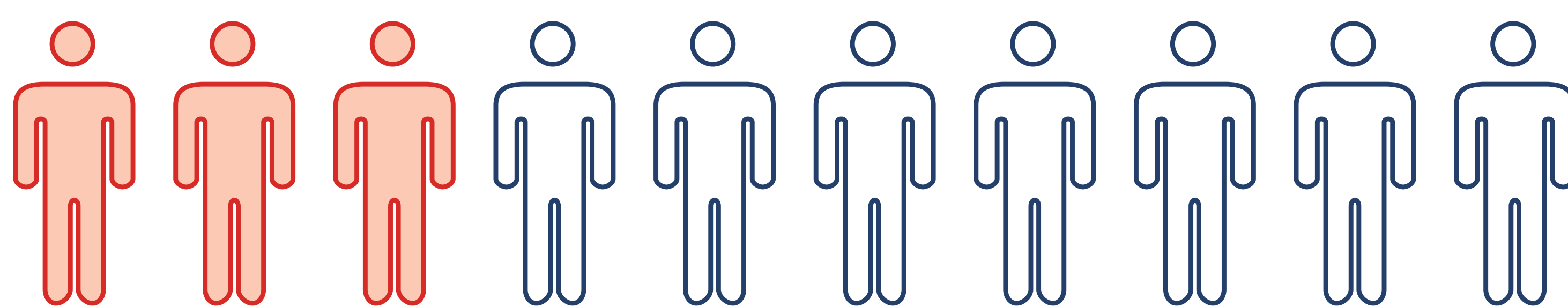
AIs also have a carryover effect⁹

In patients with ER+ disease, **5 years** of adjuvant AI when compared with no ET:

- Lowered disease recurrence by **two-thirds** during treatment and by **one-third** during years 5-9 following treatment
- Reduced breast cancer mortality by **40%** throughout the first 10 years

Persistence of recurrence risk

Although ET reduces the risk of recurrence for patients with ER+ EBC, patients continue to have a risk of developing recurrent disease throughout the next 20 years after stopping ET¹⁰



3 in 10 patients with high-risk disease will experience recurrence within 5 years, often with distant metastases; that is a 3X higher risk of recurrence or death compared to patients without high-risk disease¹¹

As healthcare providers, it is important to understand the carryover effect of ET for patients with HR+ EBC and how treatment duration, ET adherence, and choice of therapy may influence these effects. Developing an individualized treatment plan for each patient can help to optimize patient care and reduce risk of disease recurrence



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