

Endocrine treatment

What is it? How does it work
 and what are common side effects?



Prof. Arlene Chan

Director – Breast Cancer Trial Unit
 Vice-Chair – BCRC WA

Endocrine treatment for breast cancer patients is only recommended to patients whose tumour/s have estrogen receptors' (ER) or progesterone receptors (PR) on the cancer cell surface.

The term "endocrine treatment" covers both (1) Drugs which act by blocking circulating estrogen in the body from helping cancer cells to grow, and (2) ovarian ablation where the ovaries are removed or the ovaries' ability to release estrogen into the blood stream is prevented by an injection of a hormone agent which "switches off" estrogen production.

These drugs are used in pre- and postmenopausal women (and tamoxifen in men) whilst ovarian ablation is suitable only in premenopausal women.

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Endocrine treatments are used for patients with early breast cancer (i.e. breast cancer found in the breast with or without spread to the lymph nodes in the armpit on the same side as the breast cancer), as well as in patients with metastatic breast cancer (i.e. breast cancer cells that have spread into other parts of the body).

In early breast cancer, large clinical trials have been done with tamoxifen (trials included more than 21,000 women), aromatase inhibitors (letrozole, anastrozole and exemestane – trials included more than 41,000 women) and ovarian ablation (trials included nearly 12,000 women).

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Breast Clinical Trials Unit visits ASIC

With the goal of raising awareness and funds for a local charity, Australian Securities and Investments Commission (ASIC) held a morning tea for their staff in support of Breast Cancer Research Centre – WA.

Breast Clinical Trials Unit Manager Linda Smith spoke to ASIC staff about BCRC-WA and the important role of research in breast cancer.

Thank you to all the amazing ASIC staff for attending, donating and making the morning a success.



Linda Smith talks about research trials to ASIC staff

Meet the BCRC staff



Introducing:

Astrid Bauwens

Position:

Investigator Initiated Studies Manager

What does your role involve?

My role is to provide project management support to the non-commercial trials that BCRC-WA has initiated or taken part in. When BCRC-WA designs research projects, alone or in collaboration with international researchers, BCRC-WA is responsible for the organisation and support of the trial, including all of the legal and financial agreements. These trials are run to the same standards as commercial clinical trials.

My responsibilities include managing budgets, setting up insurance, obtaining ethics/regulatory approvals, ensuring a trial is conducted according to the agreed and approved design, and supporting researchers participating in the project with day-to-day challenges/questions... even the best planned projects never run without any issues as all patients are individuals and have a different experience to their treatment. No two days at work are the same.

Tell us about yourself..

With a physio degree and over 10 years working in the pharmaceutical clinical research area, I love the opportunity created by BCRC-WA to be involved in exciting research projects which, based on our isolated geographic location I consider a privilege. I like my work-life balance and combine my job with bringing up my 2 young, energetic boys. In my free time I cook, read blogs (too many if you ask my husband), and enjoy Perth's lovely weather.

The Importance of Clinical Trials

Clinical trials are the best way to provide answers to the many questions surrounding breast cancer.

All of the currently used cancer treatments were first proven to be effective and safe in clinical trials before they became generally available, but clinical trials are not just about trying out new drugs.

In clinical trials we also look at why some medications work for some cancers but not for others, we ask if a medication used as a treatment could also work as prevention, we ask how having cancer and cancer treatments affect a person and their family members in their day to day lives.

To see why some treatments work for some tumours and not for others, we look at markers in the tumour or in the blood.

These markers can often predict how a tumour might grow and which treatments would be most effective for that type of tumour.

Once information is available on how these markers affect the behaviour of a breast cancer, medications can be



formulated to target those markers and deliver a drug straight into the tumour cell.

This will allow us to give patients the treatment which will be most effective for them and also avoid many side effects which can occur with a more “generalised” approach.

This is just one of the many ways that clinical trials add to our understanding of breast cancer and breast cancer treatments.

Linda Smith (RN)
BCRC-WA
Breast Cancer Trial Unit

Mind-Bender



If I walked without an umbrella or a raincoat or a hat across a treeless plain for an hour, how did I avoid getting wet?

Answer: It wasn't raining.



A special recognition to **Hudsons Coffee** who have generously donated catering and coffees at our PYNKS meetings as well as other various BCRC-WA functions.

Endocrine treatment

*continued from cover

In all trials, the drugs were given with the intent of killing microscopic cancer cells that may have escaped the breast at the time of the initial diagnosis.

In those patients where this was successful, it would prevent breast cancer returning some time later in that patient's life.

The results of these trials clearly show that taking these drugs either as a single drug (tamoxifen or an aromatase inhibitor), tamoxifen for some years then followed by one of the aromatase inhibitors for some years, or ovarian ablation alone could statistically reduce the chance of breast cancer returning in a significant proportion of patients who took the drugs.

In metastatic breast cancer patients, many trials have shown that tamoxifen, aromatase inhibitors and ovarian ablation (the latter usually done in conjunction with taking tamoxifen or an aromatase inhibitor as well), can shrink breast cancer deposits in the body and extend the survival of these patients.

Given the explanation of how endocrine treatments work and the fact that there are normal cells in the body which also have ER and PR on their cell surface, it is not surprising that many of the side effects experienced with endocrine treatments are due to the blockage of estrogen reaching the normal cells in the body.

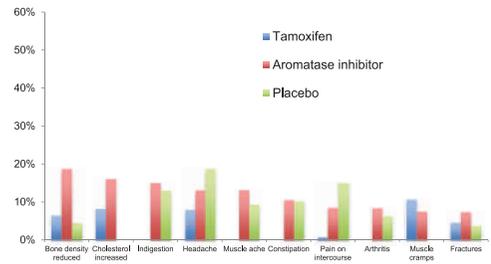
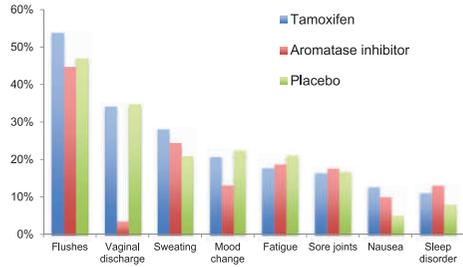
Normal cells which have ER and PR on their surface include, skin, brain, blood vessels, gynaecological organs (vagina and uterus), hair and other tissues.

Interestingly, despite the knowledge that endocrine treatment can block estrogen having an effect on normal tissues, not all women experience the same frequency or severity of the side effects.

The types of side effects seen in the trials of the drugs mentioned above are shown in the charts to the right. I have shown the commonest side effects (occurring in >10% of patients) in the trials, and have grouped them together from the largest trials into 3 groups. The percentages are an average of what was experienced by patients taking tamoxifen, an aromatase inhibitor or a placebo.

In four of the trials, patients were given a placebo tablet, a pill with no drug in it, to allow that particular trial to test whether the real drug was better than not taking the drug at all. This approach is sometimes used in cancer trials to scientifically prove whether a drug is effective or not.

In the next newsletter, some of the treatments which have been shown to be effective in reducing these side effects will be discussed.



Life is a series of
thousands of
tiny miracles.
Notice them.



RENEW

RETURN TO NORMAL AND WELLNESS

An individualised exercise program
designed especially for you.

- ✓ Exercise effectively and safely
- ✓ Aid in reducing cancer treatment related side-effects
- ✓ Improve cardiovascular fitness
- ✓ Facilitate your recovery and return to wellness

Optimise your recovery through exercise

Article by Sarah Ang, Physiotherapist

Currently, the management of breast cancer includes surgery, chemotherapy, radiotherapy and endocrine treatment.

Despite the established benefits of these interventions, each of the treatments present a unique set of post-treatment challenges.

These include: activity limitation, fatigue, weight gain, joint stiffness, pain and bone health challenges. These treatment side effects can be managed effectively with exercise intervention.

Exercise is an essential component in the recovery of all patients following the diagnosis of breast cancer.

During active treatment phase, exercise improves and prevents the decline of physical function whilst facilitating the reduction of fatigue experienced. After active treatment, exercise assists in the return to pre-operative functional state through improvements in cardio-respiratory fitness, muscle strength, body image and self-esteem.

Upon treatment completion, exercise is effective in reducing risk factors of cancer recurrence (e.g. weight gain) and long term side effects of treatment such as lymphedema.

At some point during the cancer experience, breast cancer patients will have been provided with information regarding the importance of exercise.

Most breast cancer survivors are motivated to review their behaviour and engage in some form of physical activity to optimise their recovery and prevent potential long-term side effects.

However, the common barrier to achieving this goal is the general lack of understanding about the appropriate type and intensity of exercise suited to the individual's stage of treatment or recovery.

To enable all breast cancer survivors to take charge of their recovery, RENEW (Return to Normal and Wellness) a BCRC-WA initiative in collaboration with Mount Physiotherapy was developed.

RENEW is a six week course of physiotherapist-supervised group exercise sessions with individualised exercise programs to be conducted at Mount Physiotherapy Centre.

For further information about RENEW, please contact: Mount Physiotherapy on 9481 1660

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PYNKS

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Do you have secondary cancer?

*Like to talk to like-minded people,
who really understand?*

Pynks is a support and information sharing group for younger women and those who are young at heart. Pynks provides facts and topics relevant to advanced secondary breast cancer.



Telephone **9321 2354**
Email info@bcrc-wa.com.au
Web www.bcrc-wa.com.au



Pynks is a BCRC-WA initiative

A Taste Sensation

Sugarplum Sweets, provider of exquisite cupcakes, has been busy again!

Staff throughout the Mount Medical Centre received a visit from volunteer Silvia delivering pre-ordered cupcakes, with all proceeds being donated to BCRC-WA.

Owner operator of Sugarplum Sweets, Flavia, has been quietly supporting Breast Cancer Research Centre - WA over the years.

Many delighted people commented on how the cupcakes were not only a taste sensation but also a work of art.

Thank you Sugarplum Sweets!



*Flavia, Owner/Operator,
Sugarplum Sweets*



*Beck, Colleen, Larissa and Rosie from
Perth Radiological Centre*



*Tracy and Bernadette from Clinipath
enjoy delicious cupcakes*



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Amazing Smocking Ladies

Article by Pam Seligman from the Smocking Ladies

Our little smocking group has now increased in number and, if possible, enthusiasm.

“It all began 18 months ago when we combined our interest in and our love of smocking to create and sell children's clothes to raise funds for BCRC-WA.

However, as so often happens the most important benefit from our efforts has been the fun we have had and the new friendships we have made - it has not all been hard work!

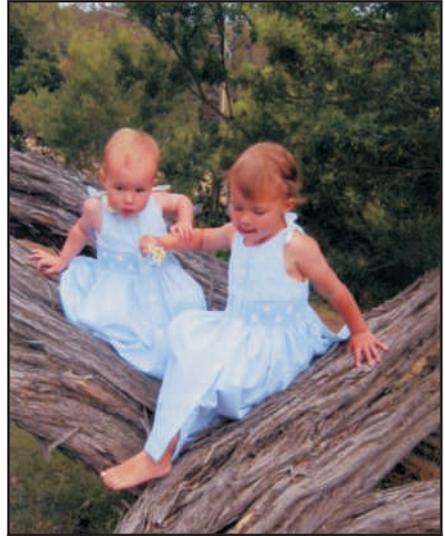
Over time each of us has developed special skills that we contribute. Sau is our “grub rose” expert, turning her hand to creating intricate embroidered embellishments to the smocking such as roses, rabbits, bees and butterflies!

Bon has been busy making beautiful nighties. Jenni, Anne, Mary and Dianne are our expert smockers and Margaret has taught us how to make little sunhats to match the sundresses.

Jill Braslin from Ma Cuisine, a shop in Applecross, regularly has a sample dress on display and, very generously sells them commission free.

She has been instrumental in spreading the word and through her efforts alone we have raised over \$600 in recent months”.

A big thank you to the Smocking Ladies and Ma Cuisine!



Courtney and Maddi



Monthly Recipe



Our guest home chef is Kerry Strzina

Kerry loves making this salad as it's easy to prepare, delicious and healthy. Kerry's Mah Jong friends recently gave this recipe the thumbs up when she served it to them for lunch... the BCRC-WA staff are positive you'll enjoy this one!

Vietnamese Marinated Beef Salad

(Adaptation from the Australian Women's Weekly)

Serves 4

25 mins preparation (including refrigeration time)

400g beef fillet, sliced thinly
2 teaspoons finely grated lime rind
1/4 cup (60ml) lime juice
1 tablespoon fish sauce
1 tablespoon grated palm or brown sugar
1 clove garlic, crushed
10cm stick lemon grass (20g), crushed and chopped finely
1 red chilli, chopped finely
2cm piece fresh ginger (10g), grated
1/4 cup (60ml) peanut oil
1 cup bean sprouts
1 medium red capsicum, sliced thinly
Carrot, cut into matchsticks
1 cup loosely packed Vietnamese mint leaves (or long mint leaves)
1 cup loosely packed fresh coriander leaves

1. Combine beef, lime rind, lime juice, fish sauce, sugar, garlic, lemon grass, chilli, ginger, and 2 tablespoons of the oil in a medium bowl. Refrigerate for 1 hour. (Preparation of other ingredients can be done during this time).
2. Heat remaining oil in wok, stir-fry beef mixture in batches until browned.
3. Combine warm beef with remaining ingredients and serve on one large platter or in individual bowl.

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If you would like to share your favourite recipe please email info@bcrc-wa.com.au





breast cancer
research centre - WA

Striving to improve outcomes
for patients with breast cancer.



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word out there
about the amazing
work of BCRC-WA!