Advances in Endocrine Therapy for Breast Cancer: Considering Efficacy, Safety, and Quality of Life

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Breast cancer is the most common cancer found in women in the United States. Endocrine therapy is the standard of care for most women with hormone receptor-positive tumors in adjuvant and metastatic settings. The selective estrogen response modifier tamoxifen has been the standard treatment for postmenopausal patients for many years. Numerous new endocrine therapy agents provide women with novel treatment options, including the nonsteroidal aromatase inhibitors anastrozole and letrozole, the steroidal aromatase inhibitor exemestane, and the estrogen receptor antagonist fulvestrant. Clinical trials have begun to define the role of these agents and their unique side-effect profiles. Nurses are vital in supporting patients in the decision-making process, managing side effects of treatment, and making observations to enhance understanding of the patient experience with new treatments. This article will assist nurses in educating patients about endocrine therapy options and their associated potential short- and long-term side effects, as well as treatment demands.

Key Words: breast neoplasms, estrogen receptor modulators

By understanding the clinical properties and clinical trial results of new agents relative to the historical standard of care with tamoxifen, oncology nurses may advise patients about practical administration issues, safety, and tolerability of various options.

Selective Estrogen Response Modifiers

One of estrogen’s normal activities is to cause the growth and division of healthy cells in the breast and uterus. Estrogen binds to the estrogen receptor, causing the receptor to dimerize (two receptors pair up to form one complex). On pairing up, the receptor becomes activated, causing changes in gene expression and altering the behavior of the cells (see Figure 1A). However, in some patients with breast cancer, this normal action contributes to the growth and division of cancer cells. Tamoxifen is a member of the drug class called selective estrogen response modifiers (SERMs), which compete with estrogen for binding to the estrogen receptor. SERMs therefore act by blocking (antagonizing) the proliferative effects of estrogen to stop or slow the growth of the cancer (see Figure 1B).

Tamoxifen is an established treatment for women with hormone receptor-positive breast cancer in early operable and advanced stages (“Controlled Trial of Tamoxifen,” 1983; “Randomized Trial of Two Versus Five Years,” 1996; “Tamoxifen for Early Breast Cancer: An Overview,” 1998). However, these agents are termed “selective” because they also have a partial estrogen-like stimulating (i.e., estrogen agonist) effect in some tissues.

The partial estrogen agonist actions of tamoxifen on organs other than breast tissue have benefits and risks. For example, the estrogen agonist effects on bone and lipid levels are potentially beneficial. Conversely, the partial estrogen agonist effects can produce endometrial abnormalities, including increased

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