

By **Barney Calman**

**A** NEW era of cancer-prevention treatments was ushered in last week with news that women can now halve their risk of developing breast tumours thanks to a 4p-a-day tablet to be offered on the NHS.

Prescribing watchdogs the National Institute for Health and Care Excellence recommended that the drug, anastrozole, should be made available to women who are over 50 and deemed to have a high risk of developing the disease.

It is already taken by women who have had breast cancer in order to prevent it from recurring.

Younger women with similarly high risks are currently offered another medication, tamoxifen, as a preventative measure.

Both medications act on the female sex hormone oestrogen, which is known to trigger the development and growth of breast-cancer cells.

One woman in eight develops breast cancer, with about 55,000 new cases a year and 11,400 deaths from the disease. Scientists estimate that if all women currently at high and medium risk were offered anastrozole for five years, 39,000 could be spared breast cancer.

So, should you be on the 'wonder tablet'? Here, Britain's leading experts give their verdict...

# A pill that can beat breast cancer. But should you be on it?



PROFESSOR Jack Cuzick, director of the Wolfson Institute of Preventive Medicine in London and head of the Centre for Cancer Prevention at Queen Mary University of London, says: 'The approach in cardiology for a long time now has been to assess the risk of a patient having a heart attack or stroke and, if appropriate, give drugs like statins to reduce that risk.'

'We can now take a similar approach with breast cancer. It's fairly easy to find out your breast-cancer risk by using an online survey like IBIS risk calculator, [ems-trials.org/riskevaluator](http://ems-trials.org/riskevaluator), which asks questions about lifestyle and family history of diseases.'

'If this flags up a concern, a GP can refer women to a NHS genetic counsellor or a breast specialist.'

'Anastrozole works by stopping oestrogen being produced in fat tissues, a process called aromatisation. In post-menopausal women whose ovaries have stopped producing oestrogen, this is the best way of providing protection.'

'We already knew from studying women who had breast cancer that anastrozole was better than tamoxifen at preventing it from coming back. It made sense to look at this medication for prevention, too.'

'Our previous studies showed that pre-menopausal women who took tamoxifen, which blocks the action of oestrogen in the body rather than preventing it from being produced, for five years, gain a substantial level of protection.'

'Five years of treatment seems to offer almost lifetime benefit and results in minimum damage, meaning the benefits far outweigh the risk.'

**LIVING with a family history of breast cancer carries a huge emotional and psychological burden.**

As someone with a family history myself – although not classified as high-risk – I know that having options such as tamoxifen or anastrozole is hugely reassuring.

But there is a cost: tamoxifen is not without its side effects and many women experience significant menopausal-like symptoms, such as hot flushes which can appear very



**Health COMMENT**  
By Dr Ellie Cannon

dramatically. It can also slightly increase the risk of blood clots.

These drugs are for those women who are at very high risk but the benefits of taking such medication have to be significant enough in terms of the risk

reduction to outweigh the potential side effects, and the long-term complications.

It's why these drugs are not deemed suitable for women with the normal population risk of breast cancer.

Cancer treatment has evolved so much in the past two decades.

It is amazing that we can vaccinate against some (cervical cancer) and in this case prevent it with medication.

What is crucial, though, is that women have good access to all their options.

women's health and author of more than a dozen books on the subject, including the bestseller *Natural Solutions For The Menopause*.

She says: 'There is a risk with drug developments like this for patients to think a pill gives total protection. In fact, maintaining a healthy body weight – importantly, watching out for body-fat percentage – is extremely important.'

'Other proven ways to reduce risk of breast cancer: reduce alcohol intake to no more than one unit per day, exercise 30 minutes daily, and breastfeed children for six months. The latter is not something you can change, but if you have done this in younger years, you are of lower risk.'

'Diet is key, intake of Vitamin D specifically. As well as being important for bone health, it stops proliferation of breast cancer cells, a link which has been shown in several studies.'

'Also eating enough cruciferous vegetables such as kale and broccoli, and omega 3, through oily fish, eggs and flax seeds. Flax seeds also inhibit oestrogen production in fat tissue.'

'Anything that's going to control excess oestrogen is going to help. These may not be huge changes, but combined, they could make a huge difference.'



**'BENEFITS OUTWEIGH RISK OF SIDE EFFECTS'**  
PROFESSOR PETER SCHMID

PROFESSOR Peter Schmid, of Leaders in Oncology, is a Professor of Cancer Medicine and Lead of the Centre of Experimental Cancer Medicine at Barts Cancer Institute.

He says: 'The main concern about taking anastrozole or tamoxifen is that oestrogen is integral in maintaining bone health. Before starting therapy, women should be given a

bone-density scan. If problems are flagged up, another drug can be given to prevent osteoporosis.'

'All women will experience some bone loss but this returns after the drug is stopped. Otherwise, side effects are similar to menopause, which is individual for all women.'

'The most common are hot flushes and problems with sleep, but these often pass. A small group of patients say the side effects are too detrimental to their quality of life to continue, a majority are willing to accept the side effects and they are not significant enough.'

'It is important to highlight that this should only be offered to high-

risk women – those with a 30 per cent or more lifetime risk of developing breast cancer.'

'There is also no point in giving this to women of any age – over 50 or not – who have not yet gone through the menopause as the drug will not work on them.'



**'THIS IS NOT A SILVER BULLET'**  
DR MARILYN GLENVILLE

DR MARILYN Glenville is Britain's leading nutritionist specialising in

## SUGAR SPY: MINCE PIES

How much sugar lurks inside your favourite foods?

 <p><b>SAINT</b></p> <p><b>Mr Kipling's Deep Mince Pies</b> £1.50 for six <b>Sugar content:</b> 4.9 tsp per pie</p>	 <p><b>SINNER</b></p> <p><b>Marks &amp; Spencer Christmas All Butter Mince Pies</b> £1.80 for six <b>Sugar content:</b> 6.2 tsp per pie</p>
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## Ask a STUPID QUESTION

**IS IT POSSIBLE TO SNEEZE SO MUCH THAT IT'S DANGEROUS?**

Dr Steve Iley, medical director of Bupa UK, says: 'There is no normal or abnormal amount to sneeze.'

'The number of times you sneeze depends on your environment and there are a

variety of triggers, including a cough or a cold, a full stomach, dust and other irritants, bright lights and even sexual arousal.

'You cannot sneeze too many times and there are no long-term dangers.'

'However if you feel it is happening too often, consult your GP as it could be a symptom of another problem.'

**Every week at least 12 apparently fit and healthy young people in the UK die from undiagnosed heart conditions**



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