

Systemic treatments of Breast Cancer.

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In the EU, the risk of dying of breast cancer can be estimated to have fallen by 5 % from 1985 to 2000. However, despite access to novel pharmacological agents in breast cancer we have to be realistic and admit that these improvements in cure rate are not only minimal but more importantly, the new pharmacological therapies can only be credited for a small proportion of these cures. Other reasons for higher cure rates include mammography screening, better staging and surgery of both DCIS and invasive carcinomas.

Examples of new therapies are endocrine therapy with 3rd generation aromatase inhibitors, cytotoxic therapy with taxanes, targeted therapies with monoclonal antibodies like trastuzumab and the novel bisphosphonates together with several new cytotoxics. Most of these therapies are definitively more efficacious in terms of substantial reductions in recurrence rates in comparison with older forms of therapy.

However, these reduced recurrence rates are only translated into relatively small, absolute improvements in survival. Furthermore, estimations of long-term safety and toxicity are not fully elucidated and in addition, the cost of these new anti-cancer drugs is several times higher than those of older drugs. These latter aspects are important since it can be foreseen that future patients have to be treated for years.

There is an obvious gap between what we have achieved so far by use of newly registered cancer therapies and the growing insight into the complexity of the biological basis underlying these therapies. Obviously, the cancer problem has to be addressed by multi-disciplinary approaches in the design of specific new anti-cancer drugs. But, we also have to address the critical state of the clinical cancer research as such, especially regarding resources and dependency on the medical industry. Furthermore, new insights into prevention and discovery of markers of therapy outcome and in broad terms, development of more sophisticated education and communication skills for both patients and professionals have to be applied if further progress has to be seen in our fight against cancer for achieving cure rather than postponement of recurrences