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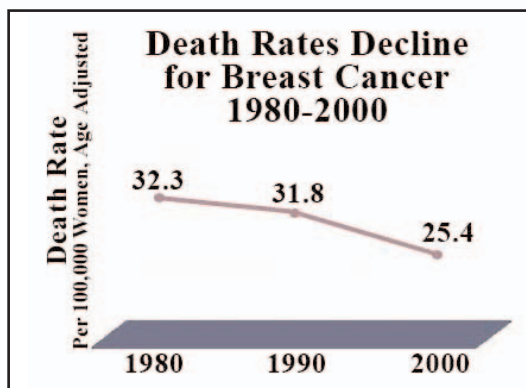
MEDICINES IMPROVE OUTLOOK FOR WOMEN WITH BREAST CANCER

New medicines are making possible significant improvements in the outlook for women with breast cancer, new research shows. Recent advances build on major gains made over the twenty years in the diagnosis and treatment of breast cancer.

As a result of these advances, overall mortality for breast cancer has fallen from 32.3 deaths per 100,000 women in 1980 to 25.4 deaths in 2000, according to a new report by MEDTAP International, "The Value of Investment in Health Care". In the same time period, the risk for a 54 year-old woman with breast cancer of developing the aggressive metastatic form of the disease has decreased from 40% to 15%.¹

The 2004 MEDTAP report also calculated the value of the improvements reflected in these statistics, finding that for every additional dollar invested in breast cancer treatment, \$4.80 in health gains resulted. The report highlights some of the new medicines that play a key role in achieving these health gains.

Breast cancer is still one of the most common forms of cancer in women. In 2000, this disease affected 2.2 million American women out of a total population of 143.4 million women. Every year over 40,000 women die from breast cancer.²



More than ever before, medicines offer hope to those with breast cancer. Tamoxifen has been an effective part of cancer treatment for over 20 years and recently, it was approved for a new indication to help *prevent* breast cancer in women at high risk for the disease. Research found a 49% reduction in invasive breast cancer and a 50% reduction in non-invasive breast cancer in women on tamoxifen.³ This new indication is in addition to its established use in patients for five years after breast cancer

surgery, reducing the risk of recurrence by 47%.⁴

A new group of medicines, aromatase inhibitors, are continuing the revolution of breast cancer care that tamoxifen began over 20 years ago. A new study in the *New England Journal of Medicine* examined one type of aromatase inhibitor, exemestane, and found that it reduces the risk of breast cancer recurrence or death by an additional 32% when taken after two to three years of tamoxifen therapy.⁵

The new research comes on the heels of important findings on another new aromatase inhibitor, letrozole. This study, also published in the *New England Journal of Medicine* found that patients who follow-up tamoxifen treatment with letrozole cut their risk of a recurrent breast cancer event by 43%.⁶ On this medicine, nearly half as many women lost their lives

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to breast cancer. In fact, letrozole was so effective in reducing the risk of recurrence and death that researchers ended the study early to make the medicine available to all participants.

The new report by MEDTAP quantified some of the benefits that advanced breast cancer medicines offer to patients and society. For example, it found that letrozole provides health gains valued between \$27.03 and \$36.81 on a societal level for every additional dollar invested.⁷ This remarkably high value is the result of improved productivity and extended life span.

Other new medicines are also making it possible for more women to conquer breast cancer. Trastuzumab, a new medicine used in combination with chemotherapy, fights an aggressive, deadly type of breast tumor that produces excessive amounts of a protein called HER-2. This treatment has been found to reduce the risk of death within one year by one-third,⁸ and significantly improves patients' quality of life.⁹

"In the past two decades, great improvements have been made in the treatment of breast cancer. As a result, most breast cancer patients now live for at least 10 years after their diagnosis."

Susan G. Komen Foundation

These medicines give us hope for continued progress. In a speech on breast cancer, President George W. Bush said, "There are still many high medical hurdles that need to be cleared.... But for the first time in human history, we can say with some measure of confidence that the war on cancer is winnable."¹⁰

Today, 41 new medicines are in development to fight breast cancer. Current medicines have greatly improved disease-free survival and quality of life for many, but further innovation is necessary to improve the outlook for every person with breast cancer.

¹ MEDTAP International, "The Value of Investment in Health Care: Better Care, Better Lives (Executive Summary)," (Bethesda, MD: Medtap, 2003).

² LAG Ries, MP Eisner, CL Kosary, BF Hankey, BA Miller, L Clegg, A Mariotto, MP Fay, EJ Feuer, BK Edwards (eds). *SEER Cancer Statistics Review, 1975-2000*, (Bethesda, MD: National Cancer Institute, 2003), <http://seer.cancer.gov/csr/1975_2000> (18 February 2004).

³ National Cancer Institute, "Cancer Facts," 13 May 2002, <http://cis.nci.nih.gov/fact/7_16.htm>, (1 March 2004).

⁴ PE Goss, et al., "A Randomized Trial of Letrozole in Postmenopausal Women after Five Years of Tamoxifen Therapy For Early-Stage Breast Cancer," *New England Journal of Medicine*, 349 (2003): 19, 1793-1802.

⁵ RC Coombs, et al., "A Randomized Trial of Exemestane After Two to Three Years of Tamoxifen Therapy in Postmenopausal Women with Primary Breast Cancer," *New England Journal of Medicine*, 350 (2004): 11, 1081-1092.

⁶ PE Goss, et al., "A Randomized Trial of Letrozole in Postmenopausal Women after Five Years of Tamoxifen Therapy For Early-Stage Breast Cancer," *New England Journal of Medicine*, 349 (2003): 19, 1793-1802.

⁷ MEDTAP International, "The Value of Investment in Health Care: Better Care, Better Lives (Executive Summary)," (Bethesda, MD: Medtap, 2003).

⁸ DJ Slamon, et al., "Use of Chemotherapy Plus a Monoclonal Antibody Against HER2 for Metastatic Breast Cancer That Overexpresses HER2," *New England Journal of Medicine*, 344 (2001): 11, 783-792.

⁹ D Osoba, et al., "Effects on Quality of Life of Combined Trastuzumab and chemotherapy in Women with Metastatic Breast Cancer," *Journal of Clinical Oncology*; 20 (2002): 14, 3106-3113.

¹⁰ George W. Bush, Speech at "Race for the Cure®" Event, 1 June 2001, <<http://www.whitehouse.gov/news/releases/2001/06/20010601.html>> (2 March 2004).