Correspondance

The Intergroup study appears to be the most significant to date that might justify a recommendation for chemo-endocrine therapy in postmenopausal patients with ER-positive tumours.[11] Unfortunately the full report has not yet been published. It would be useful to know whether there were differential benefits in this study in women aged 50–59, 60–69 and more than 69 years, for making decisions concerning the adjuvant treatment of otherwise healthy people at risk of iatrogenic disease but also at varying risk of developing metastatic disease if not optimally treated.

I should appreciate the authors' views on the use of chemotherapy, particularly in older women with ER-positive tumours, in light of these comments.

David Ginsburg
Professor of Oncology and Medicine
Queen's University
Kingston, Ont.

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[The author responds:]

David Ginsburg has conducted his own analysis of selected studies. The meta-analysis by the Early Breast Cancer Trialists' Collaborative Group, which included all the trials of chemotherapy plus tamoxifen versus tamoxifen alone in over 9000 postmenopausal women, demonstrated a statistically significant reduction in both breast cancer recurrence and mortality in favour of the combined chemohormonal therapy.[1] Ginsburg points out that some of the trials that compared chemotherapy plus tamoxifen with tamoxifen alone included a small number of patients with estrogen receptor (ER)-negative tumours. Tamoxifen would not be expected to be of benefit in such patients. The implication is that the demonstrated benefit of combination therapy is driven by the effect of chemotherapy in the ER-negative patients. We believe that this is a spurious hypothesis for several reasons. First, the numbers of ER-negative patients were balanced between treatment arms in these trials and these patients comprised a relatively small subgroup. Second, chemotherapy is effective in women with ER-positive tumours as well as ER-negative tumours. Finally, in trials that included only postmenopausal women with ER-positive tumours, a benefit was detected in favour of the addition of chemotherapy to tamoxifen. For example, the Intergroup recently updated the results of their trial of anthracycline-containing chemotherapy plus tamoxifen versus tamoxifen alone.[2] There was a statistically significant improvement in survival in favour of the addition of chemotherapy to tamoxifen.

We agree with Ginsburg that there were very few patients over 70 years of age in the trials of adjuvant chemotherapy. We alluded to this in our guideline[3] and we feel that our recommendations were balanced and did not overstate the case.

Mark Levine
Professor
Departments of Medicine and Clinical Epidemiology and Biostatistics
McMaster University
Hamilton, Ont.

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Ammunition against malaria

The recent case series of malaria deaths in Canada illustrates the need for heightened awareness of tropical diseases by Canadian physicians.[1] I was recently involved in caring for a patient who died of malaria shortly after returning from Kenya. Unfortunately, the patient had not taken antimalarial prophylaxis.

While I was in Africa I had the opportunity to see the use of 2 powerful antimalarial agents, dihydroartemisinin and β-artemeter. Studies have shown that these drugs are highly effective plasmodicides, even in multidrug-resistant malaria. The World