Does the use of oral contraceptives increase breast cancer risk?

The available data indicate that among current users of oral contraceptives, there is a 20%-30% increase in the risk of breast cancer (indicated by a relative risk greater than 1.0). When a woman stops taking oral contraceptives, her breast cancer risk begins to fall. After 5-10 years have elapsed since the last use of oral contraceptives, there is no apparent increased risk of developing breast cancer.

These data were generated from women who used oral contraceptives, her breast cancer risk begins to fall. After 5-10 years have elapsed since the last use of oral contraceptives, there is no apparent increased risk of developing breast cancer.

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Will the increased risk of breast cancer associated with HRT stop after discontinuation of HRT?

The Nurses’ Health Study found that there is no increase in the risk of breast cancer for women who are past users of HRT, regardless of duration of use. While a reanalysis of the results from fifty-one epidemiological studies indicate that the increased risk associated with HRT is reduced after discontinuation of HRT and has largely disappeared after five years of non-use.

What are the effects of HRT on the cardiovascular system?

The Heart Estrogen/Progestin replacement study (HERS) evaluated the effect of HRT on coronary heart disease (CHD) events in postmenopausal women with established coronary disease. Contrary to the earlier findings of observational studies, results from HERS (a placebo-controlled study) showed that HRT did not prevent such declines. A Co-STAR participant from Minnesota shared, “every woman that we see in the office today is benefitting from the research of yesterday. Likewise, the women who are participating in STAR and Co-STAR may not directly benefit from their efforts now, however their children, grandchildren and great grandchildren may and that keeps hope alive.” Dr. Atkins continues, “our Co-STAR participants are going above and beyond their STAR commitments to help us better understand the possible effects that tamoxifen and raloxifene may have on memory and thinking and for that they should be commended. We would like to see others join this quest and encourage all STAR participants to talk to their program coordinators about Co-STAR.”

Why Should I Participate?

By participating in the Co-STAR study, you will ultimately be joining 1,800 women across the United States and Canada with similar concerns about breast cancer. You will be helping others, including physicians and other health care professionals to have a better understanding of the effects of tamoxifen and raloxifene on memory and thinking. This could alter the future health care of women in your family, community, and around the world.

James N. Atkins, M.D., the STAR principal investigator for the Southeast Cancer Control Consortium (Winston-Salem, North Carolina) whose site has successfully recruited the largest number of Co-STAR participants to date, states “every woman that we see in the office today is benefitting from the research of yesterday. Likewise, the women who are participating in STAR and Co-STAR may not directly benefit from their efforts now, however their children, grandchildren and great grandchildren may and that keeps hope alive.” Dr. Atkins continues, “our Co-STAR participants are going above and beyond their STAR commitments to help us better understand the possible effects that tamoxifen and raloxifene may have on memory and thinking and for that they should be commended. We would like to see others join this quest and encourage all STAR participants to talk to their program coordinators about Co-STAR.”

Here’s what some Co-STAR participants are saying:

• “I decided to do it (join the Co-STAR study) thinking that it might help others some day. I have a few memory problems myself, and maybe what they find out will help others have none.” – Co-STAR participant, Minnesota

• “If you feel the need to help, think of those that it will benefit in the future (daughters, granddaughters).” – Co-STAR participant, South Carolina

...Continued on page 2

...Continued on page 4
Sample size being reduced from 22,000 to 19,000 women as the overall enrollment goal.

June 30, 2002
Happy 3rd Birthday STAR!
As of this date, 13,647 women enrolled in STAR and 118,797 women had their breast cancer risk assessed.

June 30, 2001
Happy 2nd Birthday STAR!
As of this date, 10,473 women enrolled in STAR and 89,838 women had their breast cancer risk assessed.

June 30, 2000
Happy 1st Birthday STAR!
As of this date, 6,136 women enrolled in STAR and more than 47,000 women had their breast cancer risk assessed.

July 1, 1999
Enrollment to STAR Began

This is exciting news!
When the trial was planned it was designed to include enough women that would allow us to answer the research questions the trial was asking. That number (referred to as the sample size) was 22,000 and it was a conservative estimate. Plans were also made to reevaluate the sample size once the study was underway. This reevaluation took place in the Fall of 2002 and in conclusion, it was observed that the women who had entered STAR were at greater risk for developing breast cancer than originally anticipated. This factor led to the recommendation that the sample size be reduced to from 22,000 to 19,000 women.

The independent Data Monitoring Committee (DMC) for STAR reviewed the reevaluation and agreed with the sample size decrease. The information was further reviewed and approved by the STAR Steering Committee.

Based on the current level of activity in the trial, it should still take us about another year and one-half to complete accrual. But, it doesn’t have to take that long!
As participants in STAR you too can help with the process. We invite you to tell your friends, family members, and colleagues about STAR. Potentially interested women can turn to our new Web site, www.breastcancerprevention.com (See article on Page 3), to calculate their five year and lifetime breast cancer risk and to locate a STAR site near them. Let your voices be heard!

In the meantime, continue the fantastic job of taking your study-related drugs and meeting with your STAR physician and coordinator to obtain follow-up care.

Frequently Asked Questions

WHY DID THE NSABP PERFORM A REASSESSMENT OF THE SAMPLE SIZE?
A reassessment of the STAR sample size was planned before the trial began.

WHY WILL THE SAMPLE SIZE BE DECREASED?
The average risk of developing breast cancer (as calculated by the Gail Model) among the more than 14,000 participants enrolled thus far is substantially higher than projected, and participant’s protocol compliance is in keeping with the original estimates. Therefore, it has been determined that the study can be completed on schedule with the same statistical power, but with fewer participants.

DID THE STAR DATA MONITORING COMMITTEE (DMC) REVIEW THE REASSESSMENT?
This reassessment was presented by the NSABP at the regularly scheduled STAR Data Monitoring Committee (DMC), an independent review board that oversees all data produced by STAR, meeting on October 4, 2002. Subsequently, the committee recommended the sample size reduction.

The DMC’s recommendation was then presented to the STAR Steering Committee who voted to accept the recommendation.

WHAT NEXT STEPS WILL THE NSABP BE TAKING?
A formal protocol amendment will be submitted to the National Cancer Institute (NCI) for approval, and also filed with the U.S. Food and Drug Administration (FDA) and the Canadian Health Products and Food Branch (HPFB). Once those actions are completed and the amendment approved, the amendment will be sent to all STAR sites for submission to their local Institutional Review Board (IRB) for approval.

DOES THE SAMPLE SIZE REDUCTION AFFECT THE STUDY’S MINORITY RECRUITMENT GOAL?
No, the NSABP remains committed to enrolling a significant number of women from minority racial and ethnic groups. All populations of women should participate in STAR so that the information that is gathered is applicable to everyone.

News Flash:
STAR Sample Size to Decrease to 19,000 Women

DL Wickerham, MD, STAR Protocol Officer & NSABP Associate Chairman

Co-STAR: STAR Sub-Study on Memory, Mood, and Sleep Habits Seeks Participants Age 65 and Older

• “There is no reason not to do it, no additional drug therapy to take. I thought it was very intriguing at my age to try and measure my mental acuity.”
  – Co-STAR participant, Oregon

• “It really was fun, very interesting. I liked the visual activities and drawing designs best. I didn’t mind any of the tests at all.”
  – Co-STAR participant, Minnesota

• “They (the tasks) made me stop and think what all is involved in the human thinking process and memory.”
  – Co-STAR participant, Minnesota

How Do I Join?
If you are interested in participating in Co-STAR or learning more about the study, please contact your STAR coordinator, or call the Co-STAR Coordinating Center’s toll-free number at 1-866-716-9094.
Breast Cancer Prevention

New NSABP Web Site Enables Women to Calculate Their 5-Year and Lifetime Breast Cancer Risk

The NSABP launched a new Web site, www.breastcancerprevention.com, that educates women about their own breast cancer risk and provides information about STAR.

Breast cancer will strike 200,000 women in North America in this year alone and over 40,000 women will succumb to the disease. Until recently, women had no way to accurately estimate their individual risk for developing breast cancer, nor did they have options to prevent the disease. Women are often told that one in eight women will be diagnosed with breast cancer, and while this figure increases awareness, it offers little personally meaningful information.

Researchers from the NSABP and the National Cancer Institute (NCI) developed a computerized formula, known as the Gail model, that allows a woman to estimate her risk of developing breast cancer in the next five years and in her lifetime. The model uses factors such as age, family history of breast cancer, and other personal individual factors to determine these estimates. Most importantly, the Gail model has been scientifically analyzed and found to be reliable.

Prior to entering STAR you filled out a Risk Assessment Form to determine your individual risk for developing breast cancer. This Web site, www.breastcancerprevention.com, uses the same calculation process. However, where there are limits to filling out a form and waiting for the results, this Web site will allow the NSABP to reach thousands, if not millions of women around the world at the click of a button.

Women tend to overestimate their breast cancer risk which can lead to increased anxiety about developing the disease. The information that women will get about their personal breast cancer risk from this Web site is very different than what we have offered in the past. As you will see, the NSABP is focused on helping you understand your risk in order to help you make informed decisions about your health.

A decade ago, women at increased risk for breast cancer had no option other than vigilant screening designed to detect the disease in its earliest stage—that no longer is the case.

Women who visit this Web site can also access information about STAR.

Tell Your Friends and Family Members

“It is because of the Web site that you will share this Web site with your friends and family members who may be at increased risk for breast cancer,” says D. Lawrence Wickerham, M.D., associate chairman for the NSABP and STAR protocol officer. “We strongly encourage that all women go through this risk assessment process to learn more about their breast cancer risk. Women who learn that they are at an increased risk for developing breast cancer can find a STAR site in their own community to discuss their results in further detail.”

Bookmarks!

The NSABP has provided each STAR site with www.breastcancerprevention.com bookmarks. Please give some to your friends, family, churches, social organizations, and, of course, your local book stores and libraries!
How does this information relate to women in general?

Estrogen plus progestin has been shown to have a detrimental effect on the cardiovascular system. Women taking HRT for the prevention of heart disease should stop and consult their doctor about other effective alternatives, such as lifestyle changes, and cholesterol or blood pressure lowering drugs.

Estrogen plus progestin does slightly reduce the incidence of osteoporosis-related fractures, but women with this concern should consult their doctor. They need to weigh the risks and benefits of this therapy with the risk of heart disease, stroke and breast cancer. Alternative approaches should be discussed before they make their choice.

Estrogen plus progestin is considered effective and safe for short-term use (2 to 3 years) in the management of menopausal symptoms. Individual benefits may outweigh the associated risks. There are also alternative methods of managing these symptoms. Women should talk to a health care professional about their personal risks and needs.

How does this information relate to STAR?

The two selective estrogen receptor modulators (SERMs) used in STAR have some of the same risks. Each SERM has its own risk/benefit profile, and careful consideration must be given before any decision is made.

Tamoxifen has shown to reduce the overall risk of breast cancer by 49%, while raloxifene has shown potential for breast cancer risk reduction. This is in contrast to HRT’s increased risk of breast cancer. Both of these SERMs, like HRT, have been shown to reduce the incidence of osteoporotic fracture events.

Raloxifene is approved by the U.S. Food and Drug Administration (FDA) for the prevention and treatment of osteoporosis. Although both study drugs increase the incidence of some menopausal-related symptoms rather than reducing them, these may be managed with remedies other than HRT.

The risk of thrombosis increases with both tamoxifen and raloxifene, it also increases to the same degree with HRT.

Finally, the WHI provides indispensable proof of the value and need for randomized clinical trials before drugs are approved for their safety and they want to decrease the incidence of some menopausal-related symptoms rather than reducing them, these may be managed with remedies other than HRT.

Women in STAR are helping us obtain solid information on the benefits and risks of raloxifene before it is widely prescribed to prevent breast cancer.