



January 7, 2004

Dear Doctor:

**SUBJECT: NEW TREATMENT GUIDELINES IN BREAST CANCER**

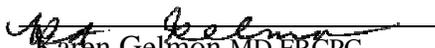
As you know we have approval for extended therapy letrozole for postmenopausal women with hormone sensitive early invasive breast cancer who are completing five years of tamoxifen, have not relapsed and have not had an aromatase inhibitor. We are sending out a letter to all family doctors and surgeons about this new policy. As well we are contacting patients who may be eligible for letrozole to encourage them to discuss this with their family doctors. Many will want to come see you as well, but as you see we are trying to involve their family physicians. There may be patients who have not been referred to the BCCA who we are not capturing with the letter and you may want to inform those women with a similar letter.

Although this is approved for all patients they should be assessed for their potential benefit and for the risks of an aromatase inhibitor. Dr. Hagen Kennecke looked at our BC data and found that after five years of tamoxifen there were very few relapses in low grade, node negative tumours. We enclose the data. As well, all of the aromatase inhibitor adjuvant studies are now showing some cardiac toxicity in the form of ischemic and nonischemic cardiac events and hyperlipidemia so again, this should be considered along with the risks of osteoporosis. This does make it more complicated but in summary for high risk node negative and for node positive patients the decision is fairly easy, that letrozole should be recommended. For low risk node negative, it may be less beneficial.

Included with this letter is the family doctor letter, the patient letter, the appendix that is going with the letters, and Dr. Kennecke's data from his poster. We know that this new policy is going to create extra work, but we feel it is part of getting aromatase inhibitors into the care of women with early breast cancer. We have reapplied for anastrozole upfront and for exemestane after 2.5 years of tamoxifen and will let you know the results of those applications.

Thanks for your participation in this process.

Yours sincerely

  
Karen Gelmon MD FRCPC  
Chair, Breast Tumour Group

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Susan Ellard MD FRCPC  
Head, Breast Systemic Committee

Enclosures