

Abstract

An observational study of adherence to anastrozole in early breast cancer treatment

Background and Aims:

Breast cancer is the most common cancer among women in the world as well as in Vietnam and the incidence is likely on the increase. Tamoxifen used to be perceived as a standard hormonal treatment of adjuvant breast cancer management for women with HR+, however recurrences and side-effects restrict its usefulness. Many clinical studies demonstrated substantial benefits of aromatase inhibitors in postmenopausal women, both as initial therapy and following several years of tamoxifen use. Adherence has been increasingly recognized as an important issue in medical care, particularly for chronic oral medical therapies. Using AI is specific management strategy for postmenopausal patients with early breast cancer that improve patient quality of life and thereby optimize adherence to therapy.

The aims of the present study are to describe adherence to anastrozole therapy in real-life clinical practice and estimate the proportion of postmenopausal women with breast cancer who continue anastrozole therapy after one- year follow-up. The study also assess proportion of DFS after one year follow-up.

Methods:

This is an observational, prospective, multi-centre study to assess the adherence to anastrozole therapy over one year follow-up. The investigators examined patients and fill-up patient report form on each visit. Data collection for each patient was recorded on 4 visits within one year. The target study population comprised of postmenopausal women with early breast cancer who were treated with anastrozole for at least one month and was willing to give written informed consent to participate.

Results:

There were 269 postmenopausal patients with HR+ early breast cancer on adjuvant endocrine treatment with anastrozole were included in the study for analysis of their adherence. The mean age of patients were 53.5 ± 9.6 .

At one year, there were only 4% of patients discontinuation, the reasons for discontinuation were disease progression (1%), complete duration of hormonal therapy treatment (2.6%), adverse effects (0.3%), affordability (0.3%). However there were many patients were interrupted in the follow-up time (visit at different time vs appointment with doctor at visit 2, 3,4 or lost to follow-up) also included in non-adherence group. The overall adherence rate with anastrozole adjuvant therapy was 61% (0.39-0.97) (95% CI). The rate of DFS over following period (30 months) was 98.7% (95% CI, 0.973-1).