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Ovarian Ablation for Women With Early-Stage Breast Cancer [1]

To help doctors give their patients the best possible care, the American Society of Clinical Oncology (ASCO) issued an endorsement of a guideline recently developed by Cancer Care Ontario [2]. The guideline evaluates the benefits and risks of ovarian ablation as a treatment option for women with early-stage, invasive breast cancer who have not gone through menopause.

ASCO is always working to broaden the guidelines provided to help doctors care for patients. One approach is to endorse guidelines from other organizations. Guidelines evaluated for endorsement must follow the similar methods ASCO uses to develop guidelines, including a thorough review of the published research.

Background

Ovarian ablation is a type of hormonal therapy or endocrine therapy given after other treatments, such as surgery, chemotherapy, and/or radiation therapy for early-stage breast cancer. The goal of hormonal therapy is to manage the growth and recurrence of a tumor that tests positive for either estrogen or progesterone receptors. These tumors are called hormone-receptor positive because they depend on the hormones estrogen and/or progesterone to grow. About 75% to 80% of breast cancers are hormone receptor-positive. The most common drugs used as hormonal therapy are tamoxifen (Nolvadex) and aromatase inhibitors.

Ovarian ablation reduces the amount of hormones produced by the ovaries and may be appropriate for women with hormone-positive breast cancer who have not been through menopause. It uses drugs called luteinizing hormone-releasing hormone (LHRH) analogues, such as goserelin (Zoladex) and leuprolide (Lupron), to temporarily stop the ovaries from producing hormones. Or, ovarian ablation may refer to the surgical removal of the ovaries (called an oophorectomy) or radiation therapy to the ovaries to permanently stop the ovaries from producing hormones.

Recommendations

ASCO endorses the following recommendations on ovarian ablation from Cancer Care Ontario:

- Ovarian ablation should not routinely be used with chemotherapy, tamoxifen, or a combination of these treatments.
- Ovarian ablation should not be used as an alternative to other treatments, unless a patient is not healthy enough for other treatments or if the patient chooses not to have other treatments.
- If ovarian ablation is chosen, monthly injections with an LHRH analogue is the best method. (ASCO's endorsement of this recommendation notes that treatment every three months may also be effective.)

What This Means for Patients

If you have early-stage, hormone receptor-positive breast cancer and have not been through menopause, ovarian ablation is not the best treatment option.

Talk with your doctor about all treatment options, including, what type of treatments are recommended, why these treatments may be recommended, and how treatments work. Use the questions listed below as a starting point to help you discuss this topic.

Questions to Ask Your Doctor

- What stage of breast cancer do (or did) I have?
- What is the hormone receptor status? What does this mean?
- What are my treatment options?
- Do you recommend hormonal therapy or another treatment? What type?
- What are the risks and benefits of these treatments?

For More Information

Guide to Breast Cancer [3]

What to Know: ASCO's Guideline on Hormonal Therapy for Hormone Receptor-Positive Breast Cancer [4]

Hormone Therapy Options for Early-Stage Breast Cancer [5]

What to Know: The ASCO and CAP Guideline on Estrogen and Progesterone Receptor Testing for Breast Cancer [6]

The information in this guide is not intended as medical or legal advice, or as a substitute for consultation with a physician or other licensed health care provider. Patients with health care-related questions should call or see their physician or other health care provider promptly and should not disregard professional medical advice, or delay seeking it, because of information encountered in this guide. The mention of any product, service, or treatment in this guide should not be construed as an ASCO endorsement. ASCO is not responsible for any injury or damage to persons or property arising out of or related to any use of this patient guide, or to any errors or omissions.

Links:

[1] http://www.cancer.net/research-and-advocacy/asco-care-and-treatment-recommendations-patients/ovarian-ablation-women-early-stage-breast-cancer
[2] http://www.asco.org/ascov2/Practice+&+Guidelines/Guidelines/Clinical+Practice+Guidelines/American+Society+of+Clinical
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