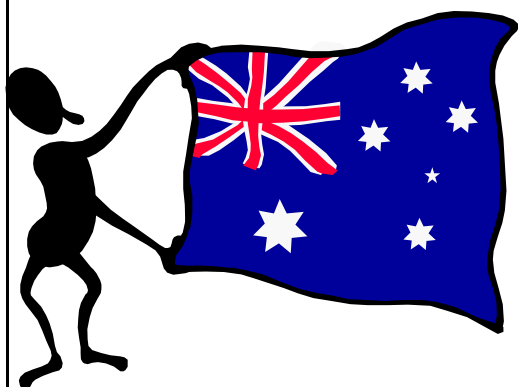


The Cochrane Breast Cancer Group

Dec 2001

Newsletter

Edition 8



Cochrane Breast Cancer Group

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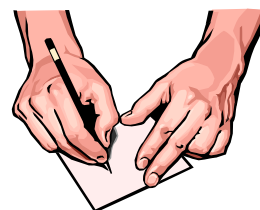
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WHAT EVIDENCE DO WE NEED TO KNOW ABOUT?

Do you have a question about breast cancer that should be reviewed? We would like you to tell us. We are currently putting together a list of potential questions for systematic reviews which will form part of our web site. Patients, clinicians and others have views about which evidence is important. If you have a question in mind, please contact Davina Gherzi or Libby Weir via Email: cochrane@ctc.usyd.edu.au .

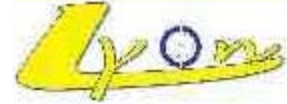
TAKE PART IN A REVIEW

The Breast Cancer Group is calling for members who are interested in conducting systematic reviews. Perhaps you have an interest area in mind. If not, we have a list of potential questions. You may be interested in refereeing current reviews and protocols. If so please contact the editorial base and we can tell you how to become a Breast Cancer Group reviewer.





NEWS



LYON COLLOQUIUM

The 9th Annual Cochrane Colloquium in Lyon, France was well attended and enjoyable for all. The theme for this year's colloquium was "The evidence dissemination process: how to make it more efficient". With the volume of Cochrane reviews now available, it is important that we focus on getting this information to the people who need it. As a result of the colloquium, several wheels are in motion increasing the Cochrane activities of the group internationally. Thanks to the French Cochrane Centre for their hard work in presenting such a successful colloquium.



Richmal Oates-Whitehead and Libby Weir, Poster Presentation at the 9th annual Cochrane Colloquium.

POSTER PRESENTATION

The Cochrane Breast Cancer Group's poster (Using the Internet to increase consumer participation in the Cochrane Breast Cancer Group) presentation at the 9th International Cochrane Colloquium can be viewed on our website <http://nexus.ctc.usyd.edu.au/cochrane/>. Poster pictured here: Libby Weir with Richmal Oates-Whitehead, Cochrane Systematic Reviewer.

HANDSEARCHING UPDATE

Welcome and thank you to Sara Yaron who is working to establish a group in Israel to hand search a medical journal, translate and otherwise participate in the Cochrane Breast Cancer Group.

SAN ANTONIO BREAST CANCER SYMPOSIUM

Congratulations to Tessa Mallos and Sally Lynch, active consumers and hardworking members of the Cochrane Breast Cancer Group, who have both won scholarships to attend the 2001 San Antonio Breast Cancer Symposium.

COMING SOON

The 10th COCHRANE COLLOQUIUM

Stavanger, Norway, 31 July - 3 August 2002

Collaborate and Celebrate!

The Norwegian branch of the Nordic Cochrane Centre will host the 10th Cochrane Colloquium at the Stavanger Forum from Wednesday evening, July 31 to Saturday evening, August 3, 2002. Additional meetings can be scheduled on the day preceding and following the Colloquium.



STAVANGER, NORWAY
31ST JULY -
3RD AUGUST 2002
(WWW.COCHRANE.NO)

The aims of the 10th Colloquium are to: Help Review Groups to achieve the aims of the Collaboration Celebrate the 10th year of the Collaboration. The Colloquium will focus on quality, productivity and sustainability. The scientific programme and business meetings will include: Stimulating plenary sessions at the start of each day; Ample time for meetings in the middle of each day; Posters and exhibits Workshops each afternoon; Opportunities to socialise and enjoy Stavanger and its surroundings during the long summer evenings. For pre-registration please visit the website: www.cochrane.no.

Note that the colloquium is early this year. The Cochrane Breast Cancer Group is interested in whether you are planning to attend the colloquium. Pending sufficient interest a Breast Cancer Group meeting will be set up.

FEBRUARY 21-22, 2002

4th National Breast Care Nurse Conference: Adelaide, Australia

MARCH 19-23, 2002

3rd European Breast Cancer Conference: Barcelona, Spain

MAY 18-21, 2002

Annual Meeting of the American Society of Clinical Oncology (ASCO): Orlando, Florida, USA

JUNE 30—JULY 5, 2002

Oslo, Norway

The 18th UICC International Cancer Congress will reflect the principal goal of the International Union Against Cancer (UICC): to focus on cancer as a global challenge with the aim of decreasing its incidence, mortality and the suffering of cancer patients and their families. It will attempt to summarise recent scientific findings and evaluate the outcome of cancer control activities over the past four years with the objective to project effective control strategies for the next quadrennium.



For latest information on UICC Fellowships, please consult their website at

<http://fellows.uicc.org/>

Or Email: fellows@uicc.org;

Tel: (4122) 809 18 40

Fax: (4122) 809 18 10

CURRENT REVIEWS & PROTOCOLS

The following table lists the Cochrane Breast Cancer Group's current protocols and reviews. The group now has a total of 8 completed reviews and 20 protocols for reviews in progress. Look out for these on the next issue of the Cochrane Library: Cochrane Library, 2001, Issue 3. Abstracts are available over the internet: <http://www.cochrane.org/cochrane/revabstr/mainindex.htm> . Also, consumer synopses are available on the Cochrane Consumer Network at: <http://www.cochraneconsumer.com/>.

CURRENT PROTOCOLS	CONTACT REVIEWER
Addition of drug/s to a chemotherapy regimen for metastatic breast cancer	Davina Gherzi
Antibiotics/anti-inflammatories for reducing acute inflammatory episodes in lymphoedema of the limbs	Caroline Badger
Antitumour antibiotic containing regimens for metastatic breast cancer	Davina Gherzi
Aromatase inhibitors for treatment of metastatic breast cancer	Lorna Gibson
Benzo-pyrones for reducing and controlling lymphoedema of the limbs	Caroline Badger
Chemotherapy alone versus endocrine therapy alone for metastatic breast cancer	Nicholas Wilcken
Complete decongestive therapy for lymphoedema following breast cancer treatment	Doris Howell
High dose chemotherapy and autologous bone marrow or stem cell transplant versus conventional chemotherapy for women with metastatic breast cancer	Cindy Farquhar
High dose chemotherapy and autologous bone marrow or stem cell transplant versus conventional chemotherapy for women with non-metastatic breast cancer	Cindy Farquhar
Interventions for relieving the pain of screening mammography	Dawn Miller
Larger vs smaller dose of the same drug/s regimen for metastatic breast cancer	Davina Gherzi
Physical therapies for reducing and controlling lymphoedema of the limbs	Caroline Badger
Platinum containing regimens for metastatic breast cancer	Davina Gherzi
Post-operative radiotherapy for ductal carcinoma in situ of the breast	Davina Gherzi
Prophylactic mastectomy for the prevention of breast cancer	Judi Wallace
Regular self-examination or physical examination for early detection of breast cancer	Jan Peter KÖsters
Single agent vs combination chemotherapy for metastatic breast cancer	Davina Gherzi
Tamoxifen for the primary prevention of breast cancer	Mercé Marzo
Taxane containing regimens for metastatic breast cancer	Davina Gherzi
Two drug combinations vs combinations of 3 or more cytotoxic drugs for metastatic breast cancer	Davina Gherzi

CURRENT REVIEWS	CONTACT REVIEWER
Bisphosphonates in breast cancer	Nicholas Pavlakis
Follow-up strategies for women treated for early breast cancer	Roldano Fossati
Multi-agent chemotherapy for early breast cancer	Mike Clarke
Ovarian ablation for early breast cancer	Mike Clarke
Screening for breast with mammography	Ole Olsen
Strategies for increasing the participation of women in community breast cancer screening	Xavier Bonfill
Systemic therapy for treating locoregional recurrence in women with breast cancer	Helmut Rauschecker
Tamoxifen for early breast cancer	Mike Clarke

COCHRANE REVIEWS FROM OTHER REVIEW GROUPS

The following reviews may be of interest to members of the Cochrane Breast Cancer Group:

- Interventions for providers to promote a patient—centred approach in clinical consultations. Lewin SA, Skea ZC, Entwistle J, Zwarenstein M, Dick J. (Issue 4, 2001)
- Strategies for integrating primary health services in middle and low—income countries: effects on performance, costs and patient outcomes. Briggs CJ, Capdegelle P, Garner P. (Issue 4, 2001)
- Opioids for the palliation of breathlessness in terminal illness. Jennings AL, Davies AN, Higgins JPT, Broadley K. (Issue 4, 2001)
- Decision aids for people facing health treatment or screening decisions. O'Connor AM, Stacey D, Rovner D, Holmes-Romer M, Tetroe J, Llewellyn-Thomas H, Entwistle V, Rostom A, Fiset V, Barry M, Jones J. (Issue 3, 2001)
- Single-dose dipyrrone for acute postoperative pain. Edwards JE, Meseguer F, Faura CC, Moore RA, Mcquay HJ. (Issue 3, 2001)

* Abstracts of Cochrane reviews are available from the Cochrane Collaboration website at www.cochrane.org



FOCUS ON A REVIEW

Systemic therapy for treating locoregional recurrence in women with breast cancer (Cochrane Review)

Rauschecker H, Clarke M, Gatzemeier W, Recht A

This review should be cited as: Rauschecker H, Clarke M, Gatzemeier W, Recht A. Systemic therapy for treating locoregional recurrence in women with breast cancer (Cochrane Review). In: The Cochrane Library, 4, 2001. Oxford: Update Software.

ABSTRACT

Background: Between 10% and 35% of women with operable breast cancer will experience an isolated locoregional recurrence following their primary treatment. There is currently no good evidence that adjuvant systemic treatment is effective in this situation and there is no standard treatment for women who have such a recurrence.

Objectives: To investigate whether additional systemic treatment will improve the result of local therapy in regard to relapse-free and overall survival in women with potentially curatively resected loco-regional recurrence following breast cancer, who have not had a previous or synchronous distant metastases.

Search strategy: Searches were done, in the first half of 2001, of the specialised register of the Cochrane Breast Cancer Collaborative Review Group, The Cochrane Library, MEDLINE and EMBASE. In addition, the records of the Early Breast Cancer Trialists' Collaborative Group were checked for any relevant trials. The citations in articles reviewing the treatment of locoregional recurrence of breast cancer were checked.

Selection criteria: Randomised controlled trials or trials in which women were allocated to treatment or observation by a quasi-random process (such as alternation or date of birth) were eligible. Our aim was to consider separately women with a first incidence of isolated loco-regional recurrence in the treated breast, the chest wall or the regional lymphnode areas (except clavicular nodes) which can be resected without (R0) or with (R1) microscopically demonstrable residual disease. Women with previous or synchronous distant metastases were to be excluded from this part of the review. The second part of the review was to consider women with inoperable loco-regional recurrence and / or clavicular lymphnode involvement, regardless of previous or synchronous metastases.

Data collection and analysis: We identified three closed studies in which there were a total of four randomised comparisons of systemic therapy versus observation for women who have received radiotherapy for loco-regional recurrence of breast cancer. One trial assessed Actinomycin-D and randomised 32 patients in the 1960s and another randomised the same number of women to alpha-interferon versus observation in the early 1980s. The Swiss SAKK trial assessed tamoxifen for "good risk" patients and combination chemotherapy (Vincristine, Doxorubicin and Cyclophosphamide) for "poor risk" patients. It randomised 178 and 50 women respectively during 1982-1991. Where possible, data on relapse-free and overall survival were extracted for these trials and analysed using RevMan 4.1. No attempt was made to pool the results of the studies because of clinical heterogeneity and the small number of randomised patients.

Three ongoing trials of chemotherapy versus observation have been identified.

Main results: The trial of 32 women who received either radiotherapy alone or in combination with systemic administration of Actinomycin-D found that chemotherapy improved the local control rate but had no apparent effect on overall survival. The interferon trial, which also included a total of only 32 patients, showed that the addition of alpha-Interferon to local treatment of locoregional recurrent breast cancer had no apparent effect on the further course of the disease. The Swiss SAKK trial of tamoxifen (178 women randomised) found an improvement in disease-free survival but not in overall survival and no results are available for the 50 women randomised into the concurrent trial of chemotherapy. The three ongoing trials of chemotherapy have a total target accrual of nearly 2000 patients.

Reviewers' conclusions: This systematic review of randomised trials provides insufficient evidence to do other than conclude that the most appropriate form of practice for women with loco-regional recurrence of breast cancer is participation in randomised trials of systemic treatment versus observation.

FOCUS ON A PROTOCOL

Aromatase inhibitors for treatment of metastatic breast cancer

Lorna Gibson and Judith Bliss

This protocol should be cited as: Gibson L, Bliss J. Aromatase inhibitors for treatment of metastatic breast cancer (Protocol for a Cochrane Review). In: The Cochrane Library Issue 4, 2001. Oxford: Update Software.

- The aim of this review is to assess the efficacy of aromatase inhibitors in the treatment of metastatic breast cancer.
- Participants will include women with metastatic breast cancer, either at diagnosis or upon relapse.
- The review will consider trials comparing the following interventions: aromatase inhibitors vs other hormonal treatment; aromatase inhibitors vs no hormonal treatment; hormonal treatment + aromatase inhibitors vs hormonal treatment; direct comparison between different aromatase inhibitors

COCHRANE WORKSHOPS 2001—2002



Members interested in attending Cochrane Training workshops are invited to contact us. A list of the available workshops can be found on the Cochrane web site at:

<http://www.cochrane.org/cochrane/workshop.html>

THE BREAST CANCER GROUP CONTACTS

Editorial Base

Davina Gherzi – Review Group Coordinator
Libby Weir – Assistant RGC/Assistant TSC
Caroline Yap – Assistant TSC/Research Assistant
Emma Donoghue – Research Assistant

Editorial Committee

John Simes (Coordinating Editor) (Australia), Nicholas Wilcken (Coordinating Editor) (Australia), Christine Brunswick (USA), Mike Clarke (UK), Patricia Ganz (USA), Davina Gherzi (Australia), Craig Henderson (USA), Alessandro Liberati (Italy), Sue Lockwood (Australia), Kathleen Pritchard (Canada) and Alan Rodger (Australia).

CORRESPONDENCE

All correspondence concerning the Cochrane Breast

Cancer Group should be addressed to:

Cochrane Breast Cancer Group
NHMRC Clinical Trials Centre
Locked Bag 77
Camperdown NSW 1450 AUSTRALIA
Ph: +61 2 9562 5000/5040 Fax: +61 2 9565 1863
Email: davina@ctc.usyd.edu.au OR
elizabeth@ctc.usyd.edu.au
Website: <http://nexus.ctc.usyd.edu.au/cochrane/>



Christmas

Wish



*The Cochrane Breast Cancer Group
would like to wish everyone a safe and happy
Christmas and New Year.*

