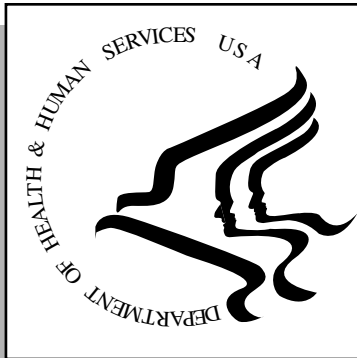
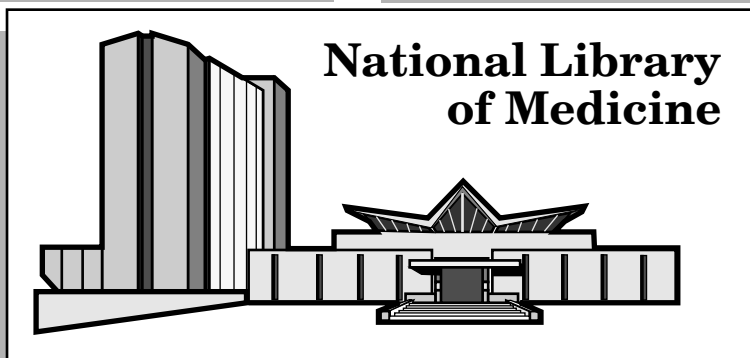


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2000 September

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INTRODUCTION

Each year, more than 180,000 women in the United States are diagnosed with breast cancer, the most common type of cancer among women in this country. If current breast cancer rates stay constant, a female born today has a 1 in 8 chance of developing breast cancer sometime during her life. Through continuing research into new treatment methods, women with breast cancer now have more treatment options and hope for survival than ever before.

Studies have shown that adjuvant therapy - -treatment to kill cancer cells that may have begun to spread, or metastasize, from the breast tumor- - given in addition to surgery or other primary therapies increases a woman's chance of long-term survival. Two types of systemic adjuvant therapy are used for breast cancer, either alone or in combination: adjuvant chemotherapy involves a combination of anticancer drugs; adjuvant hormone therapy deprives cancer cells of the female hormone estrogen, which some breast cancer cells need to grow. In addition to these systemic therapies, radiation therapy is sometimes used as a local adjuvant treatment to help destroy breast cancer cells that have spread to nearby parts of the body. The rapid pace of discovery in this area continues to broaden the knowledge base from which informed treatment decisions can be made.

This bibliography was prepared for the National Institutes of Health Consensus Development Conference on Adjuvant Therapy for Breast Cancer held November 1-3, 2000 in Bethesda, Maryland. The purpose of this Conference was to clarify for clinicians, patients, and the general public the various issues regarding the use of adjuvant therapy for breast cancer. The consensus development panel addressed the following key questions:

- Which factors should be used to select systemic adjuvant therapy?
- For which patients should adjuvant hormonal therapy be recommended?
- For which patients should adjuvant chemotherapy be recommended? Which agents should be used and at what dose or schedule?
- For which patients should postmastectomy radiotherapy be recommended?
- How do side effects and quality-of-life issues factor into individual decision-making about adjuvant therapy?
- What are promising new research directions for adjuvant therapy?

The bibliography is intended to support the Conference agenda and to enhance the information presented at the Conference for the panelists and for the participants. It is not, however, intended to be all-inclusive; the topics were restricted to those being reviewed by the Conference panel. Therefore, the search was limited to human subjects research involving treatment, diagnostic testing, and other studies involving adjuvant therapy of breast cancer. Original journal articles, review articles, conference proceedings, meeting abstracts, letters to the editor, and editorials in the English language were included. Publications in languages other than English were excluded. The search time frame included references published primarily between 1995-2000, although a few earlier citations were also selected. Citations are arranged by subject reflecting the topics being covered by the panel. Within each subject the citations are arranged alphabetically by author. A citation appears in only one category.

The following bibliographies on breast cancer, produced for earlier NIH Conferences, may also be useful:

Baxter, Anne Maria; Patrias, Karen; Browne, Doris; Glover, Claudia; Hunter, Carrie P.; Kaur, Judith Salmon; Oglivie, Claudia; Romilly-Harper, A. Pat, compilers. Multicultural aspects of breast cancer etiology [bibliography on the Internet]. Bethesda (MD): National Library of Medicine (US); 1999. (Current bibliographies in medicine; no. 99-1). 1430 citations from January 1993 through December 1998, plus selected earlier citations. Available from: http://www.nlm.nih.gov/pubs/cbm/breast_cancer_etiology.html

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Bellet M, Alonso C, Ojeda B. Breast cancer in the elderly. *Postgrad Med J* 1995 Nov; 71(841):658-64. Available from: PubMed; PMID 96103714

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* For details of the formats used for references, *see* the following publication:

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FACTORS USED TO SELECT ADJUVANT THERAPY

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ADJUVANT HORMONAL THERAPY

Tamoxifen

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