

8. ADJUVANT THERAPY

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Radiotherapy

Adapted from the National Breast Cancer Centre (NBCC website) :
www.nbcc.org.au

The main aim of radiotherapy is to destroy any breast cancer cells that may be left in:

- your breast (after breast conserving surgery), or
- the breast tissue left on your chest (after mastectomy).

Radiotherapy uses X-rays (controlled doses of radiation) to destroy cancer cells. It is usually given after surgery to the breast. Radiotherapy is a 'localised' treatment, which means it treats only the area of your body it's aimed at. . Occasionally radiotherapy is also used to treat the lymph nodes in the armpit and/or lower neck.

When is radiotherapy considered an option?

- After breast conserving surgery, radiotherapy to the breast is recommended.
- Sometimes after mastectomy: radiotherapy to the chest is recommended.
- Occasionally, after either type of breast surgery: radiotherapy to the lymph nodes in the armpit and/or lower neck is occasionally recommended.

After breast conserving surgery

After breast conserving surgery, radiotherapy can mean:

- less risk of the breast cancer coming back in the same breast.
- less risk of needing further surgery.
- increased likelihood of surviving breast cancer .

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Radiotherapy *cont'd*

After mastectomy

It is not very common to have radiotherapy to the chest wall after a mastectomy, but sometimes women have radiotherapy if they are considered to be at higher risk of the breast cancer coming back in the breast tissue on their chest.

Further Information:

[Breast cancer therapy: treatment in addition to surgery](#) - The Cancer Council Tasmania

[Radiotherapy for early breast cancer](#) - NSW Breast Cancer institute

[DCIS Breast Cancer: Radiotherapy can reduce recurrence risk](#)
MyDr Australia

[About breast cancer radiotherapy](#) - Cancer Help UK

[Breast cancer radiotherapy side effects](#) - Cancer Help UK

Publications:

Radiotherapy - Chapter 5 pp 67—75 *Clinical Practice Guidelines
Management of Early Breast Cancer*

[Understanding radiotherapy](#) - The Cancer Council Tasmania

Related Topics

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Radiotherapy *cont'd*

Title: Radiotherapy

Publisher: National Breast Cancer Centre (NBCC)

Description: Radiotherapy treatment for breast cancer. The main aim of radiotherapy is to destroy any breast cancer cells that may be left in: your breast (after breast conserving surgery) or the breast tissue left on your chest (after mastectomy).
Date: Oct 2003

Title: Treatment options for metastatic breast cancer

Publisher: National Breast Cancer Centre (NBCC)

Description: If you have been diagnosed with metastatic breast cancer you will usually be recommended to have one or more general anti-cancer treatments. You may also be recommended to have one or more specific treatments.

Date: Jun 2004

Title: Skin care during radiotherapy

Publisher: National Breast Cancer Centre (NBCC)

Description: Skin care during radiotherapy treatment for breast cancer. The following information aims to help you understand what skin reactions you can expect during radiotherapy and how you can limit these reactions.

Date: May 2004

Title: Lymphoedema

Publisher: National Breast Cancer Centre (NBCC)

Description: Lymphoedema is a swelling of the arm and hand which may occur immediately or at any time after surgery or radiation therapy.

Date: Mar 2004

Title: Side effects

Publisher: National Breast Cancer Centre (NBCC)

Description: Side effects of radiotherapy treatment for breast cancer. Describes common and less common side effects of radiotherapy.

Date: Oct 2003

Title: Breast conserving treatment

Publisher: National Breast Cancer Centre (NBCC)

Description: Breast conserving surgery plus radiotherapy is as effective as mastectomy for most women with early breast cancer. What does breast conserving surgery usually involve? What are the advantages of breast conserving surgery? What does breast conserving surgery look like?

Date: Oct 2003

Related Topics

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Radiotherapy *cont'd*

Title: What's involved

Publisher: National Breast Cancer Centre (NBCC)

Description: What's involved in radiotherapy for breast cancer.

Date: Oct 2003

Title: After the operation

Publisher: National Breast Cancer Centre (NBCC)

Description: After the operation for breast cancer and what to expect. Recovering your health: an action plan. This action plan covers patients who have had radiation treatment following surgery for breast cancer.

Date: Oct 2003

Title: A systematic review of intraoperative radiotherapy in early stage breast cancer - October 2002

Publisher: Australian Safety and Efficacy Register of New Interventional Procedures - Surgical (ASERNIP-S)

Description: Intraoperative radiotherapy (IORT) in early stage breast cancer refers to the use of radiotherapy during breast conserving surgery. ASERNIP-S has reviewed the available published evidence to compare the safety and effectiveness of this new procedure with conventional breast conserving surgery with postoperative radiotherapy (BCT), in which radiotherapy is administered after the operation has been completed.

Date: Oct 2002

Title: Consumer summary: Intraoperative radiotherapy in early stage breast cancer

Publisher: Australian Safety and Efficacy Register of New Interventional Procedures - Surgical (ASERNIP-S)

Description: Intraoperative radiotherapy (IORT) in early stage breast cancer refers to the use of radiotherapy during breast conserving surgery. ASERNIP-S has reviewed the available published evidence to compare the safety and effectiveness of this new procedure with conventional breast conserving surgery with postoperative radiotherapy (BCT).

Date: Aug 2002

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Date: Aug 2002

Title: Clinical practice guidelines for the management of advanced breast cancer

Publisher: National Health and Medical Research Council (NHMRC)

Description: These Guidelines have been developed by a multidisciplinary working party, and are primarily intended for use by all health professionals involved in the management of women with advanced breast cancer. They aim to provide material that will be helpful and supportive to those managing the difficult range of problems that may present.

Date: Jan 2001

Title: Psychosocial clinical practice guidelines: information, support and counselling for women with breast cancer

Publisher: National Health and Medical Research Council (NHMRC)

Description: These Guidelines provide clear recommendations on the most effective ways of treating anxiety or mood disorders associated with the diagnosis of breast cancer, including the most appropriate interventions to minimise the distress for women in the early stages of breast cancer.

Date: Jan 2000

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Chemotherapy

Adapted from the National Breast Cancer Centre (NBCC website):
www.nbcc.org.au

Chemotherapy is the use of drugs to kill cancer cells. Cells grow by dividing. Chemotherapy works by damaging cancer cells that are dividing. It travels around the body in the blood stream, attacking cells.

The cells most affected by chemotherapy are those which divide rapidly. This means that both cancer cells and normal cells are affected. However, normal cells are able to renew themselves quickly. Cancer cells recover more slowly and with more difficulty. The rest periods between chemotherapy treatments allow the normal cells to recover. However, as the cancer cells do not recover, more are killed with each treatment.

Key Points

- Chemotherapy can be used on its own or in combination with surgery or radiotherapy depending on what type of cancer it is.
- Chemotherapy is given by mouth using tablets or by injection - most commonly into a vein through the use of an intravenous drip treatment in cycles usually lasting for several weeks or months. There is a period of rest before the next treatment.
- Usually before each treatment blood tests are taken to measure the levels of different types of cells in the blood. Blood is made up of white cells (which fight infection), red cells (these carry oxygen from the lungs around the body) and platelets (these help the blood to clot).
- If the blood cell levels are too low, the time between treatments may be lengthened to allow the body to get stronger or the drugs may be changed.

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Chemotherapy Side effects

Adapted from the National Breast Cancer Centre (NBCC website) :
www.nbcc.org.au

Research has shown that more than 50% of cancer patients receiving chemotherapy have some side effects (see below). Different drugs affect individual women differently. Each woman may experience fewer or more side effects with a particular drug than another woman on the same drug. It's possible to have chemotherapy with very few side effects. If this happens, it means that this person is fortunate – it does not mean that the chemotherapy isn't working. If the person experiences side effects, even if they don't appear serious, it's important they discuss them with their doctor.

Most side effects of chemotherapy can be managed with medical care.

Common side effects of chemotherapy

These side effects are more common than others, but a person is unlikely to develop many or all of them:

- nausea and vomiting
- fatigue
- hair loss
- diarrhoea
- constipation
- weight gain
- weight loss
- depression
- anxiety
- menopausal symptoms (temporary or permanent)

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Chemotherapy Side effects *cont'd*

- sexual difficulties
- mouth ulcers
- skin problems

Less common side effects of chemotherapy

- feeling vague
- nerve and muscle problems (with taxane drugs only)

Rare side effects of chemotherapy

Although rare, the following side effects can be serious, and a doctor should be consulted as soon as possible if they develop:

- infection due to a low level of white blood cells
- bleeding or bruising
- kidney or bladder problems
- heart problems (with anthracycline drugs only)
- bone marrow problems
- allergic reactions

Keeping a diary with details of side effects (such as what they are, when they happen, how long they last for) might help the person to discuss them with their doctor.

Their doctor should be promptly told of any side effects from chemotherapy.

Treatment can be given to improve symptoms, or the chemotherapy can be adjusted if necessary.

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Chemotherapy Side effects *cont'd*

Further Information:

Systemic Adjuvant Therapy—Ch 6 pp 77-96 Clinical Practice Guidelines Management of Early Breast Cancer

[Breast cancer therapy: treatment in addition to surgery](#)—Cancer Council Tasmania

[Understanding chemotherapy](#)—Cancer Council Tasmania

[Adjuvant chemotherapy for breast cancer](#)—NSW Breast Cancer Institute

[About breast cancer chemotherapy](#)—(UK Site)

Publications:

Title: Media release. PBAC recommendation to list Herceptin on the PBS

Publisher: *Australian Government Department of Health and Ageing*

Description: The Pharmaceutical Benefits Advisory Committee has recommended that the Australian Government subsidise, under the Pharmaceutical Benefits Scheme (PBS), the drug, trastuzumab (Herceptin), for the treatment of patients with HER2 positive early stage breast cancer following surgery. Certain conditions apply.

Date: Jul 2006

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Chemotherapy *cont'd*

Title: Antineoplastic antibodies - clinical applications

Publisher: *Australian Prescriber*

Description: Trastuzumab and rituximab are genetically engineered antibodies which are now available for the treatment of metastatic breast cancer and non-Hodgkin's lymphoma respectively.

Date: Dec 2003

Title: Cancer antibodies (Comment for consumers)

Publisher: *Australian Prescriber*

Description:

To reduce side effects, new treatments are needed which will kill the cancer cells but not damage normal cells. One approach is to make antibodies against the cancer cells.

Date: Dec 2003

Title: Side effects

Publisher: *National Breast Cancer Centre (NBCC)*

Description: Side effects of chemotherapy treatment for breast cancer. Research has shown that more than 50% of cancer patients receiving chemotherapy have some side effects ranging from nausea, tiredness and hair loss to concern about family members, depression and dread of treatment.

Date: Oct 2003

Title: What's involved

Publisher: *National Breast Cancer Centre (NBCC)*

Description: What's involved in chemotherapy treatment for breast cancer.

Date: Oct 2003

Title: Chemotherapy

Publisher: *National Breast Cancer Centre (NBCC)*

Description: Chemotherapy treatment for breast cancer. Chemotherapy is the use of drugs to kill cancer cells. Cells grow by dividing. Chemotherapy works by damaging cancer cells that are dividing. It travels around the body in the blood stream attacking cells.

Date: Oct 2003

Related Topics

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Hormone Therapy

Adapted from the National Breast Cancer Centre (NBCC website) :
www.nbcc.org.au

Hormonal therapies include:

- anti-estrogens (for example, tamoxifen)
- ovarian treatments (called ovarian ablation)
- aromatase inhibitors (newer drugs that are being researched).

Hormonal therapies may be used in addition to surgery and radiotherapy for treating breast cancer. Hormonal therapies can also be used in addition to chemotherapy.

The aim of hormonal therapies is to:

- destroy any cancer cells that could be left in the breast after surgery and/or radiotherapy
- destroy any cancer cells that might have spread outside the breast and armpit, but cannot be detected
- reduce the risk of a new breast cancer developing in either breast.

Hormonal therapies are called systemic treatments because they work on the whole body to control cancer. Systemic treatments aim to destroy any cancer cells that could have spread outside the breast or armpit area but cannot be detected.

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Hormone Therapy—What's involved

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How do hormonal therapies work?

The growth of some breast cancers is affected by estrogen, one of the female hormones in the body. In breast cancer, most hormonal therapies work by decreasing the amount of estrogen in the body or by stopping the cancer cells from getting estrogen. If the cancer cells have hormone receptors on them, hormonal therapies can help destroy any remaining cancer cells, and help prevent the cancer from returning.

Who can benefit from hormonal therapies?

Hormonal therapies are usually recommended for women who have hormone receptors on their cancer cells. Breast tissue removed during breast surgery is sent to a pathologist for tests. The aim of one of these tests is to see whether the cancer cells have hormone receptors on them, including estrogen receptors (ER) and/or progesterone receptors (PR). This information is included in the pathology report.

If the breast cancer cells have estrogen receptors on them, they are said to be estrogen-receptor positive. If the breast cancer cells do not have estrogen receptors on them, they are said to be estrogen receptor negative.

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Hormone Therapy—What's involved *cont'd*

What are the different types of hormonal therapies?

Anti-estrogens

Anti-estrogens work by stopping cancer cells from getting estrogen. The most commonly used anti-estrogen is tamoxifen. **Tamoxifen** is taken as a tablet once a day, usually for 5 years. Studies are currently being conducted to find out whether women would benefit from taking anti-estrogens for longer than 5 years. Other anti-estrogens are being developed, but have not yet been fully re-searched. Anti-estrogens can be used by women of all ages who have hormone receptors on their cancer cells.

Ovarian treatments

Ovarian treatments (called ovarian ablation) work by stopping the ovaries from producing estrogen.

Ovarian treatments include:

- radiotherapy to the ovaries
- surgery to remove the ovaries
- injection of drugs (called luteinising hormone-releasing hormone (LHRH) analogues, such as goserelin) under the skin on the abdomen (stomach).

Ovarian treatments are usually recommended for women who have not yet reached menopause and who have hormone receptors on their cancer cells.

When are the different hormonal therapies recommended?

Whether or not the woman has reached menopause can affect the type of hormonal therapy that may be recommended. The woman and her doctors should consider whether hormonal therapy is an option, and if so, which therapies are most appropriate for her particular situation.

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Hormone Therapy *cont'd*

Further Information:

[Breast cancer therapy: treatment in addition to surgery](#) - The Cancer Council Tasmania

[Breast cancer and oestrogen](#) - VIC government

[Types of breast cancer hormone therapy](#) (Cancerhelp - UK site)

[Hormone therapy for breast cancer](#) - (Cancerhelp—UK site)

Publications:

Title: Breast cancer and oestrogen
Publisher: Better Health Channel
Description: Around 60 per cent of breast cancers are sensitive to the female sex hormone oestrogen. The growth of these cancers can be minimised by taking drugs that block the action of oestrogen in the breast tissue.
Date: Oct 2005

Title: New hope for advanced breast cancer
Publisher: myDr
Description: A study has brought some good news to postmenopausal women with advanced breast cancer. **Date:** Jul 2001

Title: Side effects
Publisher: National Breast Cancer Centre (NBCC)
Description: Side effects of hormone therapy treatment for breast cancer - anti-estrogens (eg tamoxifen) ovarian treatments (called ovarian ablation) aromatase inhibitors (newer drugs that are being researched).
Date: Aug 2004

Related Topics

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Hormone Therapy *cont'd*

Title: Hormone therapy
Publisher: National Breast Cancer Centre (NBCC)
Description: Hormone therapy treatment for breast cancer - anti-estrogens (eg. tamoxifen) ovarian treatments (called ovarian ablation) aromatase inhibitors (newer drugs that are being researched).
Date: Aug 2004

Title: Clinical practice guidelines for the management of advanced breast cancer
Publisher: National Health and Medical Research Council (NHMRC)
Description: These guidelines have been developed by a multidisciplinary working party, and are primarily intended for use by all health professionals involved in the management of women with advanced breast cancer. They aim to provide material that will be helpful and supportive to those managing the difficult range of problems that may present.
Date: Jan 2001

Title: Psychosocial clinical practice guidelines: information, support and counselling for women with breast cancer
Publisher: National Health and Medical Research Council (NHMRC)
Description: These Guidelines provide clear recommendations on the most effective ways of treating anxiety or mood disorders associated with the diagnosis of breast cancer, including the most appropriate interventions to minimise the distress for women in the early stages of breast cancer.
Date: Jan 2000

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Alternative and Complementary Therapies - National Breast Cancer Centre

Further Information:

Alternative and complimentary therapies—Cancer Council Tasmania

Complementary and Alternative therapies in Ireland—(Irish site)

Complementary therapies and breast cancer—(UK site)

Publications:

Title: Complementary treatments

Publisher: *National Breast Cancer Centre (NBCC)*

Description: Complementary and alternative therapies are any treatments or therapies that are not part of the conventional treatment (such as surgery and radiotherapy) of a disease. **Date:** Oct 2003

Title: Non-medical treatments

Publisher: *National Breast Cancer Centre (NBCC)*

Description: Briefly describes non-medical treatments for pain management in cancer, including: relaxation; education programs about how to take pain medication; acupuncture and massage. **Date:** Aug 2004

Related Topics

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Other Treatments:

Herceptin

[About Herceptin](#)—Medicare Australia

[Herceptin](#)

[Trastuzumab \(Herceptin ®\)](#) - Cancerbackup UK information site

Bisphosphonates

These are drugs to make weak bones stronger and less likely to break and treat the pain caused by some bone cancers. ([The Cancer Council Victoria](#)).

[Breast cancer, bones and bisphosphonates](#)—NSW Breast Cancer Institute

[Controlling side effects—Hypercalcaemia](#)—National Breast Cancer Centre

[Treatment options](#) —National Breast Cancer Centre

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Clinical Trials

The following is reproduced from the publication:

[Clinical Practice Guidelines for the Management of Advanced Breast Cancer](#) Ch 3.5 pp42—43

Improvements in the management of women with advanced breast cancer come from evidence gained from clinical trials. As far as possible, these guidelines are based on such evidence, but many questions remain unanswered. It is important that women with advanced breast cancer be offered the chance to participate in clinical trials suitable to their particular situation. It is estimated that less than five per cent of women with breast cancer participate in clinical trials.

Clinical trials usually involve the testing of new treatments, or of new indications for treatments established for other indications. The development of a new treatment involves progression through three phases of clinical trials:

- Phase 1 trials are designed to evaluate the relationship between doses and toxicity, and aim to establish a tolerable schedule of administration. They usually include only small numbers of patients who have already received the standard treatments for their condition.
- Phase II trials are designed to screen new treatments for their anti-tumour effects, in order to identify those worthy of further evaluation. In phase II trials, a series of patients with particular types of cancer receive the new treatment to determine the proportion in whom the tumours shrink. If the proportion of patients responding compares favourably with other available treatments, then the usefulness of the treatment in patient management is assessed in a phase III trial.

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Clinical trials *cont'd*

new treatment or the best available standard treatment. Ideally the two arms of treatment should be indistinguishable, so if possible an inactive placebo is used to mask the standard treatment arm. This is rarely possible in trials of chemotherapy drugs, because of their side effects. Phase III trials often include large numbers of patients from many hospitals. They may be conducted through national and international collaborations, for example under the auspices of the Australia and New Zealand Breast Cancer Trials Group or the International Breast Cancer Study Group.

In Australia clinical trials must be approved by an Institutional Ethics Committee (which might be known as an Institutional Review Board or a Research and Ethics Committee). Women must be provided with relevant and complete information about the trial protocol and provide their written consent before they take part. Entry into a trial must be entirely voluntary and refusal to enter a trial or a decision to withdraw later without giving a reason must not affect the woman's relationship with her treating practitioner.

At all times, medical practitioners must treat the woman in her best interests. This means she should only be offered participation in a clinical trial if the best available evidence suggests that the treatments being tested are likely to be at least as effective as the best standard treatment. It also means that if during a trial the treatment appears to be detrimental, she must be withdrawn from the trial and offered alternative treatment appropriate to her condition at the time.

An individual woman may benefit from taking part in a clinical trial. Indirect

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evidence suggests that patients who participate in clinical trials have better outcomes than similar patients given similar treatment outside the context of a trial (Level III). This may be due to patient selection, closer monitoring and supervision, earlier identification and treatment of complications or better compliance.

Participation in clinical trials gives the woman access to new treatments before they become generally available. Many women are pleased with the prospect of improving knowledge about their disease and treatment.

There are a number of issues relevant to women participating in clinical trials, that may need to be addressed at the time that requests for participation are made.

Women need to know:

- That the trial will be conducted properly:
- That the trial will give useful results:
- That their refusal to participate in a trial will not compromise their treatment:
- That their doctor is not putting his or her own research interest before patient care:
- Enough information to be able to give informed consent to participate or refuse to participate:
- How to decide whether or not to participate at a time when they are adjusting to the diagnosis or new development and considering treatment options:
- The costs and benefits to themselves of taking part in the trial; and
- What will happen during the course of the trial.

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Clinical trials *cont'd*

Guideline	Level	Reference
There is indirect evidence that women who participate in clinical trials have better outcomes than similar women given similar treatment outside trials. It is appropriate for clinicians to discuss participation in clinical trials with women.	III	130-132

Further Information:

[Should women take part in clinical trials in breast cancer? The issues and some solutions](#)—National Breast Cancer Centre

[NHMRC Clinical Trials Centre](#)—National Health Medical Research Centre

[Clinical Trials](#) Breast Cancer institute of Australia

[Clinical Trials](#)—Cancer Council Victoria

[Australia New Zealand Breast Cancer Trials Group \(ANZBCTG\)](#)

[Clinical trials](#)—National Breast Cancer Centre

Publications:

Title: Clinical trials

Publisher: *National Breast Cancer Centre (NBCC)*

Description: Clinical trials of hormone therapy treatment for breast cancer - anti-estrogens (eg tamoxifen) ovarian treatments (called ovarian ablation) aromatase inhibitors (newer drugs that are being researched).

Date: Aug 2004

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