Consider the next step.....in advanced breast cancer : Orimeten...the next step in advanced breast cancer.

Relapse following a first response

When initial endocrine therapy fails

Consider the next step...

...in advanced breast cancer

Where bone metastases predominate

In place of surgical adrenalectomy

For prescribing information see back cover

Relapse following a first response

55%

In 58 patients who relapsed after initial tamoxifen therapy, 55% had a further remission when changed to Orimeten.[1]

27%

When initial endocrine therapy fails

"...while failure to respond to T[tamoxifen] is still associated with a significant response to A/G [Orimeten] (27%)."[1]

ORIMETEN®

AMINOGLUTETHIMIDE

...the next step in advanced breast cancer

Where bone metastases predominate

69%

Objective response or pain relief was observed in 69% of unselected postmenopausal patients with advanced breast cancer.[2]

"...aminoglutethimide may be considered for first-line treatment of bone secondaries in postmenopausal women..."[2]

53%

In place of surgical adrenalectomy

A study of postmenopausal women with metastatic breast cancer showed an objective response rate of 53% to Orimeten, compared with 45% in patients undergoing surgical adrenalectomy.[3]

"...medical therapy with AG [Orimeten] and hydrocortisone may be logically chosen in place of surgical adrenalectomy."[3]

ORIMETEN®

AMINOGLUTETHIMIDE

...the next step in advanced breast cancer

Prescribing notes

Presentation Orimeten tablets each contain 250mg aminoglutethimide INN. **Indication** Metastatic carcinoma of the breast in post-menopausal or oophorectomised women (especially where the tumours are oestrogen-sensitive) including in particular patients in whom adrenalectomy or hypophysectomy would otherwise be indicated. **Dosage** Initially, 250mg twice daily for 2 weeks. In the absence of severe unwanted effects, the dose may then be increased to 250mg three or four times daily. Doses greater than 1g daily should be avoided as side-effects may occur more frequently. Supplementary therapy: in addition to its effect on oestrogen synthesis, Orimeten suppresses the production of glucocorticoids, and in patients with carcinoma of the breast supplementary glucocorticoids will be needed (e.g. 20mg hydrocortisone b.d.). It should be noted that Orimeten accelerates the metabolism of dexamethasone, hence if this glucocorticoid is used a relatively high dose (up to 3mg daily) is required. In some patients the suppression of aldosterone synthesis may lead to hyponatraemia, hyperkalaemia, hypotension and dizziness, in which case a mineralocorticoid (e.g. fludrocortisone 0.1-0.15mg daily or on alternate days) should be given.

	Initial 6-weeks	After 6-weeks
Lethargy	48%	10%
Skin rash	33%	0%
Dizziness	20%	12%
Unstable gait	10%	2.5%

Incidence of side-effects on short and long-term Orimeten therapy (skin rash disappeared in all patients without cessation of therapy.)[3]

Side-effects The tolerability of Orimeten varies greatly from patient to patient. Central nervous side-effects (dizziness, somnolence and lethargy) are relatively common and dose-dependent; unsteadiness occurs only in the higher dosage range. Gastrointestinal effects (nausea, vomiting or diarrhoea) are less frequent, and likewise dose-dependent. Drug rash, sometimes accompanied by fever, may develop after 7-14 days; it usually subsides within 7-10 days despite continued treatment, but if it fails to do so, the treatment must be reduced or temporarily withdrawn, or the dosage of the corticosteroid raised. There have been rare reports of pancytopenia, leucopenia and agranulocytosis. **Precautions** The patient's blood count and plasma electrolytes should be checked regularly. Occasionally, Orimeten has been found to diminish thyroid function. If during treatment for carcinoma of the breast signs of Cushing's syndrome (due to concomitant glucocorticoid medication) appear, the dosage of the glucocorticoid should be reduced. Orimeten may increase the rate of metabolism of some drugs, e.g. coumarin anticoagulants, oral antidiabetic agents and dexamethasone, whose dosage may need to be adjusted. **Contra-indications** Since foetal abnormalities have been observed in animals and there have been cases of pseudohermaphroditism in newborn infants of women treated with Orimeten, use during pregnancy and lactation is contra-indicated. **Packs** Securitainers of 100 tablets (PL0008/0147), basic NHS price £32.83.

References

1. Murray RML, Pitt P (1983) *3rd EORTC Cancer Working Conference* April 27-29, 1983, Amsterdam, Abstracts pIX.28. 2. Harris AL *et al.* (1983) *Eur. J. Cancer. Clin. Oncol.*, **19**, 11-17. 3. Santen RJ *et al.* (1981) *New Engl. J. Med.*, **305**, 545-551

Ciba

1-10-83