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Letters

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October is National Breast Cancer Awareness Month. We at PharmaVOICE thought it appropriate, therefore, to focus this month's therapeutic specialty on this important area of research and treatment.

According to the American Cancer Society, breast cancer death rates are going down. The chance of dying from breast cancer is about 1 in 33. This decline is probably the result of finding the cancer earlier, as well as improved treatments introduced in the last decade. At the same time, the National Cancer Institute finds the estimated lifetime risk of breast cancer has gone up gradually over the past several decades.

The National Cancer Institute estimates that, based on current rates, 13.2% of women born today (1 in 8 women) will be diagnosed with breast cancer at some time in their lives. In the 1970s, the lifetime risk of being diagnosed with breast cancer in the United States was just under 10% (or 1 in 10 women).

About 212,920 women in the United States will be found to have invasive breast cancer in 2006, according to the American Cancer Society. About 40,970 women will die from the disease this year. There are more than 2 million women living in the United States who have been treated for breast cancer.

Researchers now understand that breast cancer is not one disease, but many different diseases. This is leading to research into potential new therapeutics.

Drug therapies that are on the market today are far more targeted and more easily tolerated than those available 25 years ago.

Speaking firsthand about the disease is PharmaVOICE's Managing Editor Denise Myshko, whose mother died in 1985 from breast cancer.

"A therapy not available to my mother is Genentech's Herceptin, which is a targeted treatment that binds to HER2 receptors on tumor cells and thus can inhibit tumor-cell growth," Denise says.

Herceptin, which has been available since 1998, transformed the treatment of breast cancer, as well as how research of new therapies is conducted. Genentech is focused on the pathways that are critical to unravel-



Denise Myshko and Taren Grom

For more than 20 years, National Breast Cancer Awareness Month (NBCAM) has educated women about early breast cancer detection, diagnosis, and treatment.

ing new therapies and in developing the diagnostics to identify women at risk.

Herceptin is the "poster child" for this concept, says David Schenkein, M.D., who is VP of clinical oncology and hematology at Genentech. He spoke with our editor Cynthia Borda for this month's feature story, Pink Ribbons of Opportunity, about some of the challenges and opportunities for developing new cancer therapies. (Please turn to page 46.)

But there is something else different today — women's mindsets.

"When my mother was being treated for breast cancer 25 years ago, she was a passive patient who didn't ask many questions of her doctors," Denise says. "She told me she didn't want to know what they had to tell her."

Women with breast cancer today are more proactive in their healthcare decision making. Women seek information as soon as they are diagnosed, they go online, and they go to their physicians' offices fully armed with data.

According to a just-released report from PhRMA, there are 79 therapies in development for breast cancer.

"Twenty years from now, our daughters are likely to have many more options than my mother did," Denise says. "With new insights into the cellular and molecular mechanisms of the body, researchers are studying drugs that are able to target specific tumor cells. The pharmaceutical company executives interviewed for our story say there are likely to be more targeted therapies such as Herceptin on the market in the future."

Taren Grom
Editor

Ribbons of hope for the future