

## Emerging Data on Challenges in Gynecologic Care of Premenopausal Women With Breast Cancer

*To the Editor:* In the March 2011 issue of *Mayo Clinic Proceedings*, we published a review article entitled “Challenges in the Gynecologic Care of Premenopausal Women With Breast Cancer” that discussed pharmacologic options for managing vasomotor symptoms. Much of our article focused on selective serotonin reuptake inhibitors (SSRIs) and selective noradrenergic reuptake inhibitors.<sup>1</sup> Some of the research we referenced reported interactions between tamoxifen and those specific SSRIs that interfere with CYP2D6 enzyme activity (ie, the enzyme responsible for metabolism of tamoxifen to the bioactive form endoxifen), resulting in an increased risk of breast cancer recurrence.<sup>2,3</sup> However, emerging data from 2 major trials now reveal conflicting findings. The BIG (Breast International Group) 1-98 trial and ATAC (Arimidex or Tamoxifen Alone or in Combination) trial did not find an association between variations of baseline CYP2D6 levels, or the concomitant use of medications that can inhibit CYP2D6, on tamoxifen efficacy or influence on breast cancer outcomes.<sup>4,5</sup> It is noteworthy that both analyses were retrospective, and study limitations included a lack of information about concomitant use of medications that reduce the severity of hot flashes. Prospective trials are under way to assess the extent to which variation in tamoxifen pharmacokinetics affects patient outcomes.<sup>6</sup> Until further data are available, physicians should continue to use caution with regard to the use of potent CYP2D6 inhibitors in women receiving tamoxifen.

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## CORRECTIONS

**Incorrect information:** The article entitled “Challenges in the Gynecologic Care of Premenopausal Women With Breast Cancer, published in the March 2011 issue of *Mayo Clinic Proceedings* (*Mayo Clin Proc.* 2011;86(3):229-240), contains incorrect information. The second sentence in the first full paragraph on page 238, should read as follows: **Specifically, sertraline, paroxetine, and fluoxetine all inhibit the activity of the cytochrome P450 (CYP) 2D enzyme.**

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**Missing word in sentence:** The article entitled “Blood Storage Duration and Biochemical Recurrence of Cancer After Radical Prostatectomy,” published in the February 2011 issue of *Mayo Clinic Proceedings* (*Mayo Clin Proc.* 2011;86(2):120-127), contains a sentence that is missing a word. The second sentence in the introduction on page 120, should read as follows: The biochemical recurrence-free rate 5 years after prostatectomy ranges from 70% to 90%.”

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**Incorrect dosage in Tables 2 and 3:** In the article by Pelosof and Gerber entitled “Paraneoplastic Syndromes: An Approach to Diagnosis and Treatment,” published in the September 2010 issue of *Mayo Clinic Proceedings* (*Mayo Clin Proc.* 2010;85(9):838-854), an incorrect dosage was provided for intravenous immunoglobulin (IVIG) under treatment options in Tables 2 and 3. The dosage for IVIG as treatment for limbic encephalitis, paraneoplastic cerebellar degeneration, Lambert-Eaton myasthenia syndrome, myasthenia gravis, and subacute (peripheral) sensory neuropathy in Table 2 and for dermatomyositis, leukocytoclastic vasculitis, and paraneoplastic pemphigus in Table 3 should have read: **IVIG, 400-1000 mg/kg/d to total 2-3 g/kg.** A corrected version of both Tables is available as a data supplement (“Corrected Tables”) attached to this article at [www.mayoclinicproceedings.com](http://www.mayoclinicproceedings.com).

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