

## Tamoxifen

Tamoxifen is a nonsteroidal, estrogen-blocking drug that has become the most common conventional treatment for breast cancer after surgery, radiation, and chemotherapy. The reasoning behind the use of this drug is that Tamoxifen is actually a synthetic form of estrogen, but it is a *weaker* estrogen than estradiol (every woman's *strongest* natural estrogen in her body). By binding to the estrogen receptors of the breast, Tamoxifen blocks a woman's own more powerful estrogen from binding to those same sites and doing their work. Thus, in breast tissue, Tamoxifen is considered an "anti-estrogen."

However, what doctors don't generally tell their female patients is that Tamoxifen acts as a *stronger* estrogen in the uterus and is actually classified as a "cancer-causing" drug because it can *cause* endometrial cancer.<sup>25</sup> Moreover, according to Dr. Lee, the endometrial cancer caused by Tamoxifen is far more aggressive and more lethal than endometrial cancer caused by unopposed estradiol.

The following are five major downsides to using Tamoxifen:

1. About 20 to 30 percent of all breast cancers are not estrogen-driven, and therefore are not affected by Tamoxifen at all.
2. Even for estrogen-driven breast cancers, there is evidence that Tamoxifen is *not* effective once the cancer has metastasized to the lymph nodes.<sup>26</sup>
3. Research has now shown that Tamoxifen does not *permanently* stop cancer cells from growing, but rather puts them into a sort of "deep sleep." Once the Tamoxifen is removed from the body and a woman's own estrogen is again allowed access to those receptors, the cancer cells, if still there, will begin to grow again. For this reason, Tamoxifen is called a "cytostatic" drug rather than a "cytotoxic" one.<sup>27</sup>
4. There are many serious side effects that may accompany the use of Tamoxifen, some of which can be life-threatening. For instance, a woman's risk of developing a potentially fatal blood clot in the lung is *tripled* on Tamoxifen, and her risks of suffering a stroke, blindness, and liver dysfunction are also significantly increased.<sup>28</sup> Less serious side effects that this drug can induce are hot flashes, night sweats, depression, nausea, and vomiting.

5. As already mentioned, Tamoxifen can actually cause aggressive endometrial cancer in the very women who are taking it to recover from their breast cancer.

Short-term studies on the use of Tamoxifen for breast cancer in the United States have made the drug look a lot more successful than the long-term studies that have been performed in Europe on the same drug. For instance, Dr. Lee comments,

The only large U.S. study was cut short, supposedly because the incidence of breast cancer dropped so much in the Tamoxifen group that they couldn't justify withholding this treatment from the placebo group. It's worth noting, however, that the trial was stopped at about the same time that breast cancer began to reappear, despite the Tamoxifen, in the two European studies.<sup>29</sup>

Thus, it appears that a number of European studies have concluded there is no long-term life extension gain for women with breast cancer who use Tamoxifen. One article in the *Lancet* suggested that the different conclusions from the American versus the European studies may have resulted from the fact that Tamoxifen only *temporarily suppresses* tumors, and that if the American studies had followed the women for a longer period of time, their conclusions would have been more like the European conclusions.<sup>30</sup>

Yet, despite the fact that European studies showed no long-term life extension through the use of Tamoxifen, despite the fact that Tamoxifen is not effective for lymph-node positive cases of breast cancer, and despite the life-threatening side effects that may be caused by this drug, approximately 60 percent of the women with breast cancer in the United States are being treated with Tamoxifen right now.<sup>31</sup> Surely, if women were made fully aware of all Tamoxifen's drawbacks, there would be a lot fewer women willing to use it.

Another estrogen-blocking drug currently being considered by the FDA for use on breast cancer is "Raloxifene." It apparently does not tend to cause uterine cancer the way Tamoxifen does; however, it *does* also carry with it some very dangerous side effects. Like Tamoxifen, Raloxifene tends to cause blood clots in the veins, and if one of these blood clots travels to the lungs, it can threaten the life of the patient.<sup>32</sup>