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The significance of membrane glycoproteins on the outcome of multiple myeloma

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Abstract

Over 70% of women with breast cancer are with hormone receptor positive disease [1], and most of them are treated with an adjuvant endocrine therapy. Five years tamoxifen used to be a standard adjuvant endocrine treatment of breast cancer. It was shown by a metaanalysis that tamoxifen reduced about 40% of recurrence rates in both premenopausal and postmenopausal women with breast cancer [2]. Third generation Aromatase Inhibitors (AIs), exemestane (steroidal), anastrozole (non-steroidal), and letrozole (non-steroidal) began to be used in late 90's as an adjuvant endocrine therapy in postmenopausal women with breast cancer. A randomized controlled trial showed that 5 years adjuvant anastrozole was superior to 5 years adjuvant tamoxifen in terms of disease-free survival (DFS) rates [3]. In addition another randomized controlled trial showed that 5 years of adjuvant letrozole was superior to 5 years adjuvant tamoxifen in terms of DFS rates and overall survival (OS) rates [4].

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