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isopropanolic black cohosh free recurrence breast cancer



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Did you mean: [isopropanol black cohosh free recurrence breast cancer](#) (1 items)**See 1 citation found by title matching your search:**[Int J Clin Pharmacol Ther.](#) 2007 Mar;45(3):143-54.**Isopropanolic black cohosh extract and recurrence-free survival after breast cancer.**[Henneicke-von Zepelin HH¹](#), [Meden H](#), [Kostev K](#), [Schröder-Bernhardi D](#), [Stammwitz U](#), [Becher H](#).**Author information****Abstract**

OBJECTIVE: To investigate the influence of an **isopropanolic** Cimicifuga racemosa extract (iCR) on **recurrence-free** survival after **breast cancer**, including estrogen-dependent tumors.

METHODS: This pharmacoepidemiologic observational retrospective cohort study examined **breast cancer** patients treated at general, gynecological and internal facilities linked to a medical database in Germany. The main endpoint was disease-**free** survival following a diagnosis of **breast cancer**. The impact of treatment with iCR following diagnosis was analyzed by Cox-proportional hazards models, controlling for age and other confounders.

RESULTS: Of 18,861 patients, a total of 1,102 had received an iCR therapy. The mean overall observation time was 3.6 years. Results showed that iCR was not associated with an increase in the risk of **recurrence** but associated with prolonged disease-**free** survival. After 2 years following initial diagnosis, 14% of the control group had developed a **recurrence**, while the iCR group reached this proportion after 6.5 years. The primary Cox regression model controlling for age, tamoxifen use and other confounders demonstrated a protractive effect of iCR on the rate of **recurrence** (hazard ratio 0.83, 95% confidence interval 0.69 0.99). This effect remained consistent throughout all variations of the statistical model, including subgroup analyses. TNM status was unknown but did not bias the iCR treatment decision as investigated separately. Hence, it was assumed to be equally distributed between treatment groups. Correlation analyses showed good internal and external validity of the database.

CONCLUSION: An increase in the risk of **breast cancer recurrence** for women having had iCR treatment, compared to women not treated with iCR is unlikely.

PMID: 17416109 [PubMed - indexed for MEDLINE]

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