AIM AND SCOPE OF THE PRESENT INVESTIGATION
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In the last 30 years, Tamoxifen has been shown to be effective not just as an adjuvant therapy after surgery, chemo or radiation therapy in early and advanced breast cancer cases, but also in chemoprevention in high-risk pre and post-menopausal women. Some results of aromatase inhibitors have been shown to be encouraging in postmenopausal women; however, they have contraindicated results in premenopausal women with functioning ovaries (ATAC Trialists Group, 2002). These findings are preliminary with a median follow-up of only 31 months and no survival data are available. Until further data emerge, adjuvant Tamoxifen therapy would remain the standard for most of the breast cancer patients. The NSABP P-1 study (Fisher et al., 1998), the International Breast Intervention Study I (IBISI), the Italian Breast Cancer Prevention Study (Veronesi et al., 2002) and the Royal Marsden Hospital Breast Cancer Prevention Trial (Powles et al., 1998) were some of the major trials conducted with Tamoxifen. The meta-analysis of the data from the above four studies by Cuzick et al. (2003) together with the Oxford overview of contralateral breast cancer reduction by adjuvant Tamoxifen, revealed a net 38% reduction in invasive and pre-invasive cancers (Cuzick et al., 2003). A complicating factor is the relapse in breast cancer patients undergoing tamoxifen therapy. In this subset of patients, treatment is only palliative and recurrent breast cancer is incurable (Van Dalen et al., 1996). Therefore, a novel approach to the management of breast cancer needs to be developed (Weigelt et al., 2005). In this context, the present study has been ventured to evaluate the alleviating effect of the combinatorial therapy, when Tamoxifen is co-administered with CoQ₁₀, Niacin and Riboflavin in post-menopausal breast cancer women with reference to biochemical derangements caused by Tamoxifen.