



Endocrine therapy for breast cancer

This leaflet gives general advice and outlines possible side effects for individuals having endocrine therapy.

Background

Some types of breast cancer are affected by hormones like oestrogen and progesterone. The breast cancer cells have receptors (proteins) that attach to oestrogen and progesterone, which helps them grow. Treatments that stop these hormones from attaching to these receptors are called hormone or endocrine therapy. Treatment usually takes at least five years. Treatment longer than five years may be offered to women whose cancers have a higher chance of coming back.

Your oncologist will advise you on how long your endocrine treatment should be taken – either five years or, in some cases, to 10 years.

Types of endocrine therapy

There are several types of endocrine therapy for breast cancer. Most types either lower oestrogen levels in the body or stop oestrogen from helping breast cancer cells grow.

Some common endocrine therapy drugs used to treat breast cancer include:

- Tamoxifen
- Aromatase inhibitors (letrozole, anastrozole and exemestane)
- Goserelin (Zoladex)
- Leuprorelin (Prostap)
- Fulvestrant (Faslodex)

Tamoxifen is the recommended treatment in pre-menopausal women requiring five years of treatment, and also for male patients.

Aromatase inhibitors (AIs) are the recommended treatment for post-menopausal women. However, AIs have an associated risk of osteopenia / osteoporosis (low bone density), which is associated with a higher risk of bone fractures.

Advice for those at risk of osteoporosis

If you are taking AIs for your breast cancer, it is important to:

- Take regular weight-bearing exercise, e.g. walking.
- Follow a healthy-eating plan, which includes foods high in calcium and Vitamin D; also consider a daily supplement containing 10 mcg of Vit D.
- Avoid poor lifestyle choices, such as smoking and high alcohol consumption.

Please see your Open Access Follow-up (OAFU) letter for further information regarding assessment of your bone density, specific to your endocrine treatment.

General advice while you are on endocrine therapy

- If you are a **pre-menopausal** woman taking Tamoxifen for five years; a **post-menopausal** woman taking Tamoxifen or an aromatase inhibitor (AI) for between five and 10 years; or a **man** taking Tamoxifen, you do not need any additional blood tests or oncology (cancer) appointments for the duration of this treatment.
- **Please report any episodes of post-menopausal bleeding to the Breast Cancer Clinical Nurse Specialists as soon as possible.**

Side effects of endocrine therapy

Below are some of the most common side effects of endocrine therapy, and some options to consider if you are struggling with such side effects. It may help you to know that research has shown that patients who experience hot flushes and musculoskeletal pain in fact have a very good outcome from this treatment, so it is worth persevering with the endocrine therapy if possible.

- **Hot flushes:** If you are bothered by hot flushes, it may be worth trying the following options:
 - Asking your GP / pharmacist to try rotating brands of endocrine therapy.
 - Acupuncture – via self-referral to *My Cancer My Choices*.
 - SSRIs – A drug commonly used for treatment of depression, which has been shown to also reduce the severity and frequency of hot flushes. This requires a prescription from your GP.
- **Muscle / joint (musculoskeletal) pains:** Options include:
 - Rotating brands of endocrine therapy.
 - Analgesia (NSAIDs), such as Ibuprofen.
 - Exercise.
 - Acupuncture – via self-referral to *My Cancer My Choices*.
- **Vaginal dryness:** All patients receiving endocrine therapy for a ‘hormone positive’ breast cancer should ideally avoid all treatments containing hormones, including HRT tablets / patches, oestrogen pessaries / creams (e.g. Vagifem).
Non-hormonal moisturisers should be tried in the first instance, or your GP may consider prescribing lignocaine (anaesthetic) gel if the lubricant is unhelpful.
If symptoms remain intolerable, then oestrogen pessaries / creams may be considered for a limited time period, after discussion with your GP.
 - **If you are taking Tamoxifen**, the amount of oestrogen absorbed from the lubricants is low, and hormone-containing lubricants may therefore be considered if other measures fail.
 - **If you are taking an AI**, hormone-containing lubricants are not recommended due to the level of hormone absorption, but may be considered for a short period only. If long-term use of such lubricants is required, then a change from AI to Tamoxifen could be considered.
 - Contraception post-breast cancer, for pre-menopausal women who are sexually active with a male partner, should be in the form of a non-hormonal based product, e.g. copper coil or barrier method, e.g. condoms, female condoms or diaphragm. Products containing hormones such as the *Mirena coil* should be avoided.

- **Hair thinning:** This can occur with both Tamoxifen and AIs, but is more common with AIs. You may wish to try topical (foam or liquid) Minoxidil. If you are taking an AI, you may wish to consider switching to Tamoxifen and can contact us on 0118 322 7420 or BreastCareNurses@royalberkshire.nhs.uk to discuss further.

More information

If you have any questions about your endocrine treatment or advice given in this information leaflet, please speak to your oncology doctor or breast cancer nurse.

We run an online endocrine workshop for people who are having this treatment. Please speak to the OAFU team/Breast Cancer Clinical Nurse specialists if you would to attend this on 0118 322 7420 or email BreastCareNurses@royalberkshire.nhs.uk.

Useful websites

<https://breastcancer.org/information-support/facing-breast-cancer/going-through-treatment-breast-cancer/hormone-therapy>

<https://www.cancerresearchuk.org/about-cancer/breast-cancer/treatment/hormone-therapy>

My Cancer My Choices <https://mycancermychoices.org/book-a-treatment/> or Tel: 01344 662906.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Breast Unit, Department of Surgery, December 2023.

Next review due: December 2025