



Northumbria Healthcare
NHS Foundation Trust

Your guide to Endocrine Therapy

Issued by the Breast Team



This leaflet is to explain about your endocrine therapy.

Your guide to endocrine therapy

There are a number of options in the treatment of breast cancer. The most common are surgery, chemotherapy, radiotherapy and endocrine (hormone) therapy. Your specialist team will advise which treatments you require and will discuss this with you. Endocrine therapy is often recommended following surgery for breast cancer and in this case will usually be taken for between five to ten years. Some women will be treated with endocrine therapy alone and if so will take these tablets for life.

Endocrine therapy

Oestrogen is a hormone produced in the body. Even after the menopause (the change) women produce oestrogen and we know that some breast cancers rely on this for their growth. Endocrine therapies affect how the body's hormones work and are designed to:

- Reduce the size of an existing breast cancer.
- Reduce the risk of the original breast cancer coming back.
- Reduce the risk of a new breast cancer developing in women who have previously had breast cancer.
- Reduce any cancer cells that may have escaped from the breast and may be elsewhere in the body.

These drugs have been carefully developed to have specific effects on breast cells only.

This leaflet describes some of the current endocrine treatments that can be taken in table form.

Anti-oestrogens (e.g. Tamoxifen)

Tamoxifen remains the most common anti-oestrogen treatment used for women who have had surgery for breast cancer. It is usually taken for ten years and works by blocking the effects of oestrogen on breast cells.

Are there any side effects?

As with any medication there are possible side effects but this does not mean that everyone will get them, or that the side effects will last forever. The most common side effects are hot flushes, weight gain or occasional indigestion (this can be helped by taking Tamoxifen with food).

Other side effects include a slight vaginal discharge/dryness, mood/emotional changes, light-headedness, dizziness, headaches or skin rashes. These symptoms are usually mild and temporary but if they do not improve contact your GP or Breast Care Nurse who will advise you. Any blurred vision, pain or swelling of lower limbs should be reported to your GP.

Women who have not been through the menopause may notice a change in their menstrual cycle with periods becoming less regular, lighter, or they may even stop. Barrier forms of contraception should still be used by these women to avoid pregnancy (even in the absence of periods).

A slight increase in the risk of developing cancer of the lining of the womb has been reported for women taking Tamoxifen.

Women who are still having periods or who have had a hysterectomy are not at any increased risk. However it has been emphasised that the benefits of taking Tamoxifen for breast cancer far outweigh any of the risks.

Women taking Tamoxifen should continue to go for their cervical smears when invited. If there are any problems between test, such as bleeding after intercourse or between periods, then contact your GP or tell your clinic doctor at the next appointment.

Aromatase Inhibitors (e.g. Arimidex, Exemestane and Letrozole)

Arimidex, Exemestane and Letrozole are only used in women who have gone through the menopause and whose periods have stopped. These drugs further reduce the level of oestrogen produced by glands other than the ovaries e.g. the adrenal glands.

Are there any side effects?

As with any medication there are possible side effects but this does not mean that everyone will get them, or that the side effects will last forever. Possible side effects include hot flushes, thinning of the hair, vaginal dryness, loss of appetite, sickness, diarrhoea, feeling weak, headaches, sleepiness and skin rashes. These symptoms are usually mild and temporary but if they do not improve contact your GP or breast care nurse who will advise you.

Risk to your bone health

This group of treatments can affect your bone health and increase the risk of osteoporosis. Bone health is important throughout life and becomes more important as we get older. After the age of 35, bone loss increases as part of the natural aging process, and this can lead to osteoporosis.

Making simple lifestyle changes can help to keep your bones strong and healthy.

Eat a well balanced diet to give you all the vitamins and minerals you need. Try to eat at least 5 portions of fresh fruit and vegetables a day. Lower your caffeine intake, salt, animal protein and fizzy drinks as this may upset the calcium balance in the body.

Reduce your amount of alcohol and if you smoke try to stop as both have a toxic effect on bone.

Calcium through healthy eating can help your bones. This is found in milk, dairy products, fish (sardines and pilchards), leafy green vegetables, nuts and beans. Some women may benefit from a calcium supplement, discuss this with your own GP or Breast Care Nurse.

Vitamin D – this helps to absorb calcium. The best source is sunlight and about 15-20 minutes sun exposure every day during the summer should provide enough vitamin D for the year. Vitamin D can also be found in margarine, egg yolks, oily fish and cod liver oil.

Exercise – bones need regular weight bearing exercises to stimulate growth and strength. Good bone building exercises include running, skipping, aerobics, tennis and weight training. Even a brisk walk can offer benefit to your bones.

If you do have osteoporosis avoid high impact exercises and exercises that curve the spine forward such as touching your toes and sits ups.

If you would like more information about bone health, talk to your GP or your breast care nurse.

What if I forget to take my tablet?

If you forget to take your tablet just take it when you remember and then take your next dose at the usual time. If it is nearly time to take your next dose don't take two doses at the same time. It will not matter if you miss one day as the level of the drug in your body should remain fairly stable from the previous day's tablet.

Can these drugs be taken with other medication?

Yes. All of these tablets can be taken with other commonly used drugs and moderate amounts of alcohol. However please tell your doctor if you are currently taking blood thinning drugs (e.g. Warfarin).

IMPORTANT

IF YOU NOTICE SYMPTOMS OF SLEEPINESS PLEASE BE CAREFUL WHILE DRIVING OR OPERATING MACHINERY.

If you think your treatment is causing problems please talk to your doctor or breast care nurse.

Support Contact Numbers

Breast Care Nurse

North Tyneside General Hospital
(0191) 293 4183

Breast Care Nurse

Wansbeck General Hospital
(01670) 529319

Breast Care Nurse

Hexham General Hospital
(01434) 655386

Breast Practitioners

Wansbeck General Hospital
01670 529636

Breast Cancer Care Helpline

0808 800 6000 or website: www.breastcancercare.org.uk

Macmillan Cancer Relief Helpline

0845 601 6161 or website: www.macmillan.org.uk

Breast Care Campaign

www.breastcare.co.uk

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

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General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

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