

# BCCA Protocol Summary for Advanced Therapy for Endometrial Cancer using an Aromatase Inhibitor

**Protocol Code**

*GOENDAI*

**Tumour Group**

*Gynecologic Oncology*

**Contact Physician**

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## **ELIGIBILITY:**

- Hormonal treatment for advanced endometrial cancer in postmenopausal women
- Contraindications to Tamoxifen or intolerant of Tamoxifen

## **EXCLUSIONS:**

- Premenopausal women
- Patients who have progressed on an alternate aromatase inhibitor (note: may be used by patients who did not tolerate an alternate aromatase inhibitor).

## **TESTS**

Baseline: If clinically indicated: serum cholesterol, triglycerides

Biannual bone density test

## **TREATMENT:**

Anastrozole 1 mg PO daily, until evidence of progression.

*Or*

Letrozole 2.5 mg PO daily, until evidence of progression.

*Or*

Exemestane 25 mg PO daily, until evidence of progression.

## **PRECAUTIONS:**

1. Hepatic dysfunction: Aromatase inhibitors are considered safe in mild-to-moderate hepatic dysfunction but have not been studied in severe hepatic dysfunction.
2. Bone density: The long-term effects of aromatase inhibitors on bone density in adjuvant therapy patients are unknown. Supplementation with calcium and vitamin D and regular weight bearing exercise is recommended. A bisphosphonate should be considered if clinically indicated. Caution in patients with an already established diagnosis of clinically significant osteoporosis.
3. Hyperlipidemia: An increase in cholesterol or triglyceride levels may occur when an aromatase inhibitor is initiated. Levels may need to be checked during the first few months of therapy, especially in those patients with prior significant lipid elevations.

4. Cytochrome P450 interaction: If exemestane is used, avoid grapefruit or grapefruit juice due to potential interaction.

**Contact Dr. Paul Hoskins or tumour group delegate at (250) 712-3900 or 1-888-563-7773 with any problems or questions regarding this treatment program.**

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## References

1. Garrett A, Quinn MA, Hormonal therapies and gynaecological cancers. *Best Pract Res Clin Obstet Gynaecol* 2008;22(2):407-21.
2. Bellone S, Shah HK, McKenney JK, et al., Recurrent endometrial carcinoma regression with the use of the aromatase inhibitor anastrozole, *Am J Obstet Gynecol* 2008;199(3):e7-e10.