



MEMO TO PATIENTS

According to our records you are on treatment with tamoxifen therapy to try to cure your breast cancer. We are writing to you to inform you that there is a new treatment policy for hormone treatment of early breast cancer, occurring in **postmenopausal women**. For several years, we have been recommending 5 years of therapy with adjuvant tamoxifen, to lower the risk of breast cancer relapse and new breast cancer diagnoses. There is new evidence to suggest that a change in therapy to a new hormone blocking drug after about the first two and a half years of tamoxifen would have some advantages over simply taking 5 years of tamoxifen. We are writing to you to suggest that if you have completed, or will soon complete, between 2 and 3 years of treatment with tamoxifen, that you should make an appointment with your family doctor to consider changing to another drug called an aromatase inhibitor (AI) for the remainder of your 5 years of treatment. We have informed family doctors of this treatment policy change as well.

Tamoxifen works by blocking the estrogen receptors on breast cancer cells, preventing estrogen from feeding their growth. AI works by blocking your body from making estrogen. A large study has suggested that changing from tamoxifen to an AI may lower the chance of relapse of breast cancer & of developing new breast cancer, compared to taking tamoxifen for 5 years. You are eligible for this treatment if you

- Are **postmenopausal** (no periods for a year or more)
- Have had **ER+** (estrogen receptor positive) **invasive** breast cancer
 - (AIs have not been shown to benefit non-invasive cancer, ie. DCIS only)
- Have completed **2-3 years** of the intended 5 years of **tamoxifen**
- Have remained **free of relapse**
- Have not previously had treatment with an AI (anastrozole, letrozole, or exemestane)

Because the prognosis is already very good for women with small (<2 centimetres) node negative, low grade (grade 1) tumours, if you are doing well on tamoxifen there is little advantage to you in switching therapy, and you are recommended then just to complete 5 years of tamoxifen.

Compared to tamoxifen, AI's may reduce the density of your bones, by blocking estrogen supply. If you have significant problems with osteoporosis (thin bones), a change in therapy may not be in your best interest. The short term side effects of AI's are similar to tamoxifen, except that muscle aches and pains and diarrhea may be a little more common. Please contact your family doctor if you would like to consider a change in your hormonal therapy for breast cancer. You can discuss with them whether a switch would be recommended to you. Your oncologist can be contacted by your doctor to discuss your situation if necessary. A prescription for an AI can be filled at the same place you have been receiving your tamoxifen.

Further public information is available on the BCCA website – www.bccancer.bc.ca located in the following section – Health Professionals Info/Cancer Management Guidelines / Breast/Management /Adjuvant Hormonal Therapy. You and your family doctor may wish to contact your oncologist if you need further information.

Yours sincerely,

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Chair, Breast Tumour Group

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