ELIGIBILITY:
- Premenopausal women (defined as those who have menstruated in the last three months or who are biochemically premenopausal) with locally advanced inoperable or metastatic endocrine receptor positive breast cancer who are unable to receive tamoxifen due to a contraindication (i.e. thromboembolic disease or tamoxifen intolerance)

EXCLUSIONS:
- suitable candidates for tamoxifen use

TESTS:
If clinically indicated: serum cholesterol, triglycerides

TREATMENT:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BCCA Administration Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>letrozole or anastrozole or exemestane</td>
<td>2.5 mg daily</td>
<td>PO</td>
</tr>
<tr>
<td></td>
<td>1 mg daily</td>
<td>PO</td>
</tr>
<tr>
<td></td>
<td>25 mg daily</td>
<td>PO</td>
</tr>
<tr>
<td>buserelin (base) depot (SUPREFACT DEPOT®)* or goserelin (ZOLADEX®)* or leuprolide (LUPRON®)*</td>
<td>6.3 mg every 6 weeks x 2 treatments then every 8 weeks</td>
<td>SC</td>
</tr>
<tr>
<td></td>
<td>3.6 mg every 4 weeks</td>
<td>SC</td>
</tr>
<tr>
<td></td>
<td>7.5 mg every 4 weeks</td>
<td>IM</td>
</tr>
</tbody>
</table>

Continue treatment until disease progression. Strongly consider surgical oopherectomy in responding patients.
Once response has been established, the following long-acting agents may be substituted at the physician’s discretion. Menstrual function, and if necessary, hormone levels can be monitored to ensure effective dosing.

### Drug Dose

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>BCCA Administration Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>buserelin (base) depot (SUPREFACT DEPOT®)</td>
<td>9.45 mg every 12 weeks</td>
<td>SC</td>
</tr>
<tr>
<td>or goserelin (ZOLADEX®)</td>
<td>10.8 mg every 12 weeks</td>
<td>SC</td>
</tr>
<tr>
<td>or leuprolide (LUPRON®)</td>
<td>22.5 mg every 12 weeks</td>
<td>IM</td>
</tr>
</tbody>
</table>

### 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 is 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.

Call Dr. Vanessa Bernstein or tumour group delegate at (250) 519-5500 or 1-800-670-3322 with any problems or questions regarding this treatment program.

Date activated: 01 June 2015

Date revised:

References:


