BCCA Protocol Summary for Palliative Therapy for Breast Cancer Using Tamoxifen

**Protocol Code**

BRAVTAM

**Tumour Group**

Breast

**Contact Physician**

Dr. Susan Ellard

**ELIGIBILITY:**

- First or second line hormonal treatment for advanced breast cancer

**EXCLUSIONS:**

- Hormone receptor-negative women less than 50 years of age
- Patients with a history of significant thromboembolic disease

**TESTS:**

- Baseline: liver enzymes and bilirubin
- 3-7 days after starting treatment in patients known to have bone metastases: serum calcium* and albumin (or ionized calcium)
  
  \[ \text{corrected calcium (mmol/L)} = \text{total calcium (mmol/L)} + (0.02 \times [40 – \text{albumin in g/L}]) \]
- Annually: gynecological exam (postmenopausal patients with an intact uterus)
- If clinically indicated: calcium and albumin (or ionized calcium), CBC and diff, platelets, serum cholesterol and triglycerides, liver enzymes and bilirubin, ophthalmologic exam, gynecological exam (patients with an intact uterus)

**TREATMENT:**

- Tamoxifen 20 mg po daily until evidence of progression

**PRECAUTIONS:**

1. **Flare Response:** A transient increase in bone pain, local disease flare (swelling and redness) and/or hypercalcemia may occur when treatment is initiated. Hypercalcemia is more likely with bone metastases and may require aggressive treatment (see supportive care protocol SCHYPCAL).
2. **Myelosuppression:** Mild myelosuppression with transient thrombocytopenia may occur rarely. The association with tamoxifen is uncertain.
3. **Endometrial Cancer:** Annual gynecologic examinations are recommended. Pelvic complaints, such as unusual vaginal bleeding, require prompt evaluation.
4. **Ocular Toxicity:** Ocular toxicity is rare and may occur after only a few weeks of therapy, although it is more common with prolonged treatment. Ophthalmologic examination is recommended if visual disturbances occur.
5. **Thromboembolism:** Tamoxifen is associated with an increased risk of thromboembolism that is comparable to estrogen replacement therapy.

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Warning: The information contained in these documents are a statement of consensus of BC Cancer Agency professionals regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult these documents is expected to use independent medical judgement in the context of individual clinical circumstances to determine any patient’s care or treatment. Use of these documents is at your own risk and is subject to BC Cancer Agency’s terms of use available at www.bccancer.bc.ca/legal.htm
6. **Hepatotoxicity**: While hepatotoxicity is rare and usually presents as elevated hepatic enzymes, more serious liver abnormalities have been reported.

7. **Ovulation Induction**: Tamoxifen may induce ovulation in pre- and peri-menopausal women. Barrier forms of contraception are recommended.

8. **Hyperlipidemia**: Elevations in cholesterol and triglycerides may occur in patients with pre-existing hyperlipidemias.

Call Dr. Susan Ellard or tumour group delegate at (250) 712-3900 or 1-888-563-7773 with any problems or questions regarding this treatment program.

Date activated: N/A

Date last revised: 01 Mar 2012 (exclusion criteria clarified)

**References:**