

BC Cancer 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: [ALT](#), [Alk Phos](#), [LDH](#) and bilirubin
- 3-7 days after starting treatment in patients known to have bone metastases: serum calcium* and albumin (or ionized calcium)
*corrected calcium (mmol/L) = total calcium (mmol/L) + (0.02 x [40 – 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, [ALT](#), [Alk Phos](#), [LDH](#) 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.

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.

References:

1. Muss HB, Case LD, Atkins JN et al . Tamoxifen versus high-dose oral medroxyprogesterone acetate as initial endocrine therapy for patients with metastatic breast cancer . J Clin Oncol 1994;12 :1630-1638.