

Letrozole (Femara) Factsheet

This factsheet explains briefly what letrozole is, how it works, when it may be prescribed, what the benefits of taking it are and the side effects you may get from taking it.

Letrozole is the generic (non-branded) name of the drug, and is how it is referred to in this factsheet. You may also hear it called Femara, which is its most well-known branded name but there are a number of other brands of letrozole that your doctor may prescribe. All brands contain the same active ingredient.

What is letrozole?

Letrozole is a drug used to treat breast cancer in post-menopausal women (women who have gone through the menopause/change of life). Given as a tablet, it's a type of hormone treatment (also referred to as endocrine therapy) and belongs to a group of drugs called aromatase inhibitors.

Men with breast cancer may also be given letrozole, usually alongside drugs that suppress hormone production from the testes. However, tamoxifen is usually the first treatment of choice.

How does it work?

Some breast cancers are stimulated to grow by hormones. When a woman has been through the menopause, oestrogen is mainly produced in body fat. Other hormones (androgens) are converted into oestrogen within fatty tissue by an enzyme known as aromatase. Letrozole works by stopping the conversion of androgens into oestrogen, reducing the amount of oestrogen circulating in the body.

Letrozole will only be prescribed if your breast cancer has receptors within the cell that bind to the female hormone oestrogen and stimulate the cancer to grow (known as oestrogen receptor positive or ER+ breast cancer). All breast cancers are tested for oestrogen receptors using tissue from a biopsy or after surgery.

When oestrogen receptors are not found (oestrogen receptor negative or ER- breast cancer), tests may be done for progesterone receptors. As oestrogen receptors play a more important role than progesterone receptors, the benefits of hormone therapy are less clear for people whose breast cancer is only progesterone receptor positive (PR+ and ER-). Very few breast cancers fall into this category. However, if this is the case for you your specialist will discuss whether letrozole is appropriate or not.

If your cancer is found to be hormone receptor negative, then letrozole will not be of any benefit to you.

When is letrozole prescribed?

Letrozole is used to treat post-menopausal women with primary breast cancer (cancer that started in the breast and has not spread to other parts of the body). It can be given either on its own or as further treatment after five years of tamoxifen therapy. In this instance, letrozole treatment should begin within three months of completing tamoxifen treatment.

In some situations letrozole may be prescribed for primary breast cancer to reduce the size of the cancer before surgery.

Letrozole may also be prescribed if your breast cancer comes back in the breast or surrounding area, or if you are diagnosed with secondary breast cancer (breast cancer that has spread to another part of the body).

Letrozole cannot be used in pre-menopausal women (those who have not yet been through the menopause) because it's ineffective if the ovaries are still making oestrogen. If there's any doubt as to whether you have completely gone through the menopause or if your menopause has occurred during chemotherapy, your doctor will probably recommend tamoxifen and only switch you to letrozole after several years without a period.

Clinical trials are looking at whether aromatase inhibitors may be effective in treating pre-menopausal women with early breast cancer alongside methods of ovarian suppression (stopping the ovaries from working temporarily). Occasionally it may be used in this way for pre-menopausal women who can't take tamoxifen.

How is letrozole taken?

Letrozole is a tablet (2.5mg) that you take once a day. It's best to take it at the same time every day. If you miss a dose, you don't need to take an extra dose the next day as the level of drug in your body will remain high enough from the previous day. If for any reason you want to stop taking letrozole, it's important that you talk to your specialist first. This is because not taking the drug for the recommended time may worsen your outlook.

How long will I have to take letrozole?

In primary breast cancer, if letrozole is your only treatment it's usually taken for five years. If letrozole is given after five years of tamoxifen, it will usually be given for two to three years. However, clinical trials exploring the optimum length of time to take letrozole are ongoing.

If letrozole is being used to shrink your cancer before surgery, your specialist will advise you how long you can expect to take it for. After taking it for approximately three months you will usually be offered tests to see how the cancer has responded to the letrozole.

If you are taking letrozole for breast cancer that has come back in the breast or surrounding area, or for secondary breast cancer, you will usually continue to take it for as long as it is keeping your cancer under control. Your specialist will discuss with you how long you need to carry on taking it.

What are the possible side effects of letrozole?

Everyone reacts differently to drugs and some people may experience more side effects than others. Side effects from letrozole are usually not severe and most people do not need to stop taking letrozole because of them. For many people, any side effects they notice will often settle down within the first few months of starting the treatment.

The main side effects of letrozole are listed below. However, you may not experience any of these.

Common side effects

One of the most common side effects is aching or pain in the joints and/or muscles. Symptoms are often mild and temporary and can usually be relieved by mild pain relief like paracetamol and/or an anti-inflammatory such as ibuprofen. Before using anti-inflammatory pain relief for this you should check with your doctor on the correct dose, how long you should use it for and any possible side effects, especially if you have asthma or stomach ulcers. Exercise that gently stretches your joints or strengthens your muscles in order to better support your joints may also help improve your symptoms. A physiotherapist may be able to suggest exercises to help.

In some cases the pain may be severe enough for your specialist to refer you to a rheumatologist (a doctor who has a special interest in joint and muscle pain). It may also be helpful to see a pain management specialist. Some people benefit from switching to a different hormone therapy tablet. For example, it may be possible to switch to another aromatase inhibitor to see if your pain improves. Alternatively, some people might take the drug tamoxifen as an alternative, depending on their situation.

You may have menopausal symptoms such as hot flushes, sweating, mood swings, reduced libido (sex drive) and vaginal dryness. Many people find that symptoms such as hot flushes will improve over time. You can do practical things that may help such as wearing cotton clothing and reducing your intake of caffeine and alcohol. There are also medications which can help. Vaginal dryness can be treated with moisturisers or lubricants bought over the counter, online or available on prescription. Creams and pessaries containing oestrogen are not usually recommended.

For further information and tips on how to relieve these symptoms see our **Menopausal symptoms and breast cancer** booklet.

Tiredness (fatigue) is a commonly reported side effect, as is feeling weak. Some people report feeling sleepy, although this is less common. Studies show that exercise can help to relieve tiredness. For more information about the benefits of exercise during and after breast cancer treatment you may wish to speak to your breast care nurse or call our free Helpline. Some people find complementary therapies helpful. You may like to look at our **Complementary therapies** booklet for more information.

If you are being treated for secondary breast cancer, you can find further information about managing fatigue in our **Secondary breast cancer** resource pack.

Letrozole reduces the amount of oestrogen in the body and lack of oestrogen over time can cause osteoporosis (thinning of the bone). Because of this, your specialist may want to check your bone density (strength and thickness) with a scan before or shortly after you start taking letrozole. Your bone density may also need to be checked approximately every two years with a repeat scan while you are taking letrozole, but this will depend on the results from the initial scan or if your specialist has any concerns.

To help keep your bones healthy you can increase your intake of calcium and vitamin D. Most people do this by taking a supplement, but you may also want to eat more foods rich in calcium, such as milk, cheese, yoghurt and cereals, and for vitamin D increasing the amount of oily fish and eggs you eat. Stopping smoking and doing regular exercise also help keep your bones strong.

If your bones are already beginning to show signs of thinning or if you already have osteoporosis, you may be given an additional drug to increase bone density and strength. This will usually be from a group of drugs called bisphosphonates. If you are concerned about this you may find it helpful to speak to your specialist. For more information see our [Osteoporosis and breast cancer treatment](#) factsheet.

Some people will find that letrozole causes the level of cholesterol in their blood to rise. You may wish to discuss this with your specialist or GP (local doctor), particularly if you have a history of high cholesterol.

Less common side effects

Other less common side effects include headache, nausea and vomiting. While many people find that these problems will improve over time, it's important to talk to a member of your specialist team or GP if you are experiencing these or any other side effects as they may be able to offer suggestions that will help. Simple pain relief such as paracetamol may help with headache, and anti-sickness medication can be prescribed if you have nausea or vomiting. Some people find taking their tablet with food helps reduce nausea.

Some people lose their appetite. As with nausea, it may help to take your tablet with food. You may find eating small frequent meals or snacks helpful in keeping up your food intake. If this is a problem and you struggle to maintain a healthy weight then you may like to discuss referral to a dietitian with your GP or specialist.

Letrozole can sometimes cause people to experience either constipation or diarrhoea. With either problem it's important to make sure you are drinking enough. Constipation may be eased by keeping active and eating a high-fibre diet. In addition there are medications that can help with constipation or diarrhoea that your GP or specialist can prescribe.

Some women will notice their hair starts to thin while taking letrozole. However, when you stop taking letrozole your hair will usually return to the way it was before treatment. Some people also report a skin rash.

Vaginal bleeding is another less common side effect of letrozole. It can happen in the first few weeks after starting the treatment. It most commonly occurs when someone has changed from one hormone tablet to another. If the bleeding continues for more than a few days, you need to tell your specialist.

Other less common side effects of letrozole include skin rash, hypertension (high blood pressure), dizziness and depression. It can be difficult to know whether feeling low in mood is because of the medication or for other reasons. You can talk to your GP or specialist if you have any of these problems as they can offer ways of improving your symptoms. For example, medication can help with depression. Your breast care nurse may also be able to offer help and support. If you're affected by high blood pressure there are drugs that can be given to reduce it. If you are feeling dizzy you should avoid driving.

Can I take letrozole with other drugs?

You should not take other drugs containing oestrogen, such as hormone replacement therapy (HRT), while you are taking letrozole as this may interfere with its effectiveness.

You should discuss any other medication that you are taking with your GP or specialist, as this may interact with letrozole. You should also discuss any complementary therapies or supplements before you start them.

At the end of treatment for primary breast cancer

People usually take letrozole for primary breast cancer for up to five years. When hormone treatment finishes, you may have mixed feelings. You may feel relieved that your breast cancer treatment has finished, particularly if you experienced side effects. However, taking a tablet such as letrozole can feel like a 'safety net' and many people feel anxious about stopping treatment. There are research trials looking at the best length of time to take hormone therapy, but it will take time before the results are available. There's evidence that letrozole continues to reduce the risk of breast cancer coming back for many years after you stop taking it, so the benefits don't stop when you stop taking the drug.

Further support

Breast Cancer Care

From diagnosis, throughout treatment and beyond, our services are here every step of the way. Here is an overview of all the services we offer to people affected by breast cancer. To find out which may be suitable for you call our Helpline on **0808 800 6000** or contact one of our centres (details in the inside back of this factsheet).

Our free, confidential **Helpline** is here for anyone who has questions about breast cancer or breast health. Your call will be answered by one of our nurses or trained staff with experience of breast cancer. If you prefer, we can answer your questions by email instead through the **Ask the Nurse** service on our website.

Our **website** gives instant access to information when you need it. It's also home to our **Discussion Forum**, the largest online breast cancer community in the UK, where you can share your questions or concerns with other people in a similar situation.

Through our professionally hosted forum you can exchange tips on coping with the side effects of treatment, ask questions, share experiences and talk through concerns online. If you're feeling anxious or just need to hear from someone else who's been there, this is a way to gain support and reassurance from others in a similar situation.

We host weekly **Live Chat** sessions on our website offering you a private space to discuss your concerns with others – getting instant responses to messages and talking about issues that are important to you.

Our map of breast cancer services is an interactive tool, designed to help you find breast cancer services in your local area wherever you live in the UK. Visit **www.breastcancercare.org.uk/map**

Our **One-to-One Support** service can put you in touch with someone who knows what you're going through. Just tell us what you'd like to talk about and we can find someone who's right for you.

For more information see our publications:

Menopausal symptoms and breast cancer BCC18

Complementary therapies BCC55

Osteoporosis and breast cancer treatment BCC75

To order, or download a copy, please visit

www.breastcancercare.org.uk/publications

We run **Moving Forward Information Sessions and Courses** for people living with and beyond breast cancer. These cover a range of topics including adjusting and adapting after a breast cancer diagnosis, exercise and wellbeing, and managing side effects. In addition, we run **Lingerie Evenings** where you can learn more about choosing a bra after surgery.

Our **HeadStrong** service can help you prepare for the possibility of losing your hair during treatment – find out how to look after your hair and scalp and make the most of alternatives to wigs.

We offer specific, tailored support for younger women through our **Younger Women's Forums**, and for people with a diagnosis of secondary breast cancer through our **Living with Secondary Breast Cancer** meet-ups.

Our free **Information Resources** for anyone affected by breast cancer include factsheets, booklets and DVDs. You can order all our publications from our website or by using an order form available from the Helpline.

To request a free leaflet containing further information about our services for people having treatment for breast cancer, please contact your nearest centre (contact details at the back).

Other organisations

Macmillan Cancer Support
89 Albert Embankment
London SE1 7UQ

General enquiries: **020 7840 7840**
Helpline: **0808 808 0000**
Website: **www.macmillan.org.uk**
Textphone: **0808 808 0121** or **Text Relay**

Macmillan Cancer Support provides practical, medical, emotional and financial support to people living with cancer and their carers and families. It also funds expert health and social care professionals such as nurses, doctors and benefits advisers.

This factsheet can be downloaded from our website, **www.breastcancercare.org.uk** where you can also find the titles we produce as e-books. Publications are available in large print, Braille, audio CD or DAISY format by request on **0845 092 0808**.

This factsheet has been produced by Breast Cancer Care's clinical specialists and reviewed by healthcare professionals and members of the public. If you would like a list of the sources we used to research this publication, email **publications@breastcancercare.org.uk** or call **0845 092 0808**.

Centres

London and the South East of England

Telephone 0845 077 1895

Email src@breastcancercare.org.uk

Wales, South West and Central England

Telephone 0845 077 1894

Email cym@breastcancercare.org.uk

East Midlands and the North of England

Telephone 0845 077 1893

Email nrc@breastcancercare.org.uk

Scotland and Northern Ireland

Telephone 0845 077 1892

Email sco@breastcancercare.org.uk

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Breast Cancer Care is here for anyone affected by breast cancer. We bring people together, provide information and support, and campaign for improved standards of care. We use our understanding of people's experience of breast cancer and our clinical expertise in everything we do.

Visit www.breastcancercare.org.uk or call our free Helpline on **0808 800 6000** (Text Relay **18001**).

Interpreters are available in any language. Calls may be monitored for training purposes. Confidentiality is maintained between callers and Breast Cancer Care.

Central Office

Breast Cancer Care

5–13 Great Suffolk Street

London SE1 0NS

Telephone 0845 092 0800

Fax 0845 092 0820

Email info@breastcancercare.org.uk

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