

Letrozole

This booklet explains what letrozole is, how it works, when it may be prescribed, the benefits of taking it and possible side effects.



This information is by Breast Cancer Care.

We are the only specialist UK-wide charity that supports people affected by breast cancer. We've been supporting them, their family and friends and campaigning on their behalf since 1973.

Today, we continue to offer reliable information and personal support, over the phone and online, from nurses and people who've been there. We also offer local support across the UK.

From the moment you notice something isn't right, through to treatment and beyond, we're here to help you feel more in control.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **breastcancercare.org.uk**



What is letrozole?

Letrozole is a drug used to treat breast cancer in women who have gone through the menopause.

You may also hear it called Femara, which is its best-known brand name. There are a number of other brands of letrozole, all of which contain the same dose of the drug.

Men with breast cancer may be given letrozole, although another drug called tamoxifen is more commonly used.

How does letrozole work?

Letrozole works by reducing the amount of oestrogen made in the body.

Some breast cancers are stimulated to grow by the hormone oestrogen. These are known as oestrogen receptor positive or ER+ breast cancers.

Before the menopause, oestrogen is mainly produced in the ovaries. After the menopause, the ovaries no longer produce oestrogen, but some oestrogen is still made in body fat. This process involves an enzyme (a type of protein) called aromatase.

Letrozole belongs to a group of drugs called aromatase inhibitors. Aromatase inhibitors stop the aromatase enzyme from working. This means there's less oestrogen in the body to help breast cancer cells to grow.

Letrozole is one of three aromatase inhibitors. The other two are anastrozole and exemestane. All three drugs have similar effects and no one drug is better than another. Your specialist will explain why you're taking letrozole.

Who is it suitable for?

Letrozole is suitable for women who have been through the menopause and whose breast cancer is oestrogen receptor positive.

Sometimes letrozole is given alongside a drug called goserelin (Zoladex) to women who haven't yet been through the menopause. For more information, see our booklet [Goserelin \(Zoladex\)](#).

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

When is letrozole given?

Letrozole is usually given after surgery to reduce the risk of breast cancer coming back or spreading.

If you're having chemotherapy or radiotherapy, your specialist will tell you when it's best to start letrozole.

Occasionally, letrozole may be used as the first treatment for breast cancer, for example when surgery isn't appropriate or needs to be delayed. It's sometimes given before surgery to shrink a larger breast cancer.

Letrozole can also be used to treat breast cancer that has come back (recurrence). It can also be given to treat breast cancer that has spread to another part of the body (secondary breast cancer), when it's often given alongside another drug.

How is letrozole taken?

Letrozole is taken as a tablet once a day, with or without food. 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. The level of drug in your body will remain high enough from the day before.

How long will I have to take letrozole?

This will depend on your individual circumstances.

Letrozole is usually taken for five to ten years.

Some people start taking letrozole after a number of years of taking another hormone therapy drug called tamoxifen.

If you're taking letrozole to treat breast cancer that has come back or spread to another part of the body, you'll usually take it for as long as it's keeping the cancer under control.

Side effects of letrozole

Like any drug, letrozole can cause side effects. Everyone reacts differently to drugs and some people have more side effects than others. Having few or no side effects doesn't mean the drug isn't effective.

For many people, side effects improve within the first few months of starting the treatment. However, for some people they may cause distress and disrupt everyday life.

If you have any side effects, whether they're listed in this booklet or not, talk to your GP or treatment team. They may be able to offer ways of improving your symptoms.

Your specialist may suggest changing to a different aromatase inhibitor such as anastrozole or exemestane, or another hormone treatment, as some people get on better with a different drug.

Your breast care nurse may also be able to offer help and support.

Common side effects

Aching or pain in the joints and muscles

Aching or pain in the joints and muscles is often mild and temporary, although for some people it's more severe and longer lasting.

It can usually be relieved with mild pain relief like paracetamol or an anti-inflammatory drug such as ibuprofen. Before using

anti-inflammatory pain relief, ask your doctor about the correct dose, how long you should use it for and any possible side effects, especially if you have a stomach ulcer or asthma.

Exercise that gently stretches your joints or strengthens your muscles to better support your joints, such as yoga or pilates, may help improve your symptoms. A physiotherapist may also be able to suggest exercises to help. If you have secondary breast cancer, check with your specialist before starting any new type of exercise.

If the pain is severe, your specialist may 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 at a pain clinic.

Some people benefit from switching to a different hormone therapy. For example, it may be possible to switch to another aromatase inhibitor to see if your pain improves, or some people might be offered the drug tamoxifen as an alternative.

Menopausal symptoms

You may have menopausal symptoms such as hot flushes, sweating, sleep disturbance, vaginal irritation such as dryness and itching, and reduced libido (sex drive). Many people find that symptoms improve over time.

To find out more about coping with these symptoms, see our booklets [Menopausal symptoms and breast cancer](#) and [Your body, intimacy and sex](#).

Low mood and depression

Some people feel low or depressed. It can be difficult to know whether this is because of the medication or other reasons such as menopausal symptoms or dealing with a diagnosis of cancer.

Talk to your GP or treatment team about how to manage a change in mood. Some people find counselling or mindfulness helpful. Others find exercise improves their mood. Your GP or specialist can refer you for counselling or may suggest you take an antidepressant drug.

Your breast care nurse may also be able to offer support or tell you about support services in your area.

Difficulty sleeping

If you have difficulty sleeping (insomnia), some simple things like limiting caffeine in the afternoon and evening, keeping your bedroom dark and quiet, and going to bed and getting up at a set time each day may help.

Relaxation exercises can also be helpful. There are CDs, podcasts and phone apps that can guide you through these techniques.

If your insomnia is persistent, your GP may prescribe something to help you sleep.

Fatigue (extreme tiredness)

Studies show that physical activity can help to relieve fatigue.

Complementary therapies are also helpful for some people. You may like to read our **Complementary therapies, relaxation and wellbeing** booklet for more information.

You can also find more tips on managing fatigue on our website [breastcancercare.org.uk/fatigue](https://www.breastcancercare.org.uk/fatigue)

Some people report feeling sleepy when taking letrozole.

Osteoporosis (thinning of the bone)

Letrozole reduces the amount of oestrogen in the body. A lack of oestrogen over time can cause osteoporosis.

Your specialist will sometimes check the strength and thickness of your bones (bone density) with a scan before or shortly after you start taking letrozole.

Your bone density may be checked every two to three years while you're taking letrozole, depending on the results from the initial scan or whether 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. You may also want to eat more foods that are rich in calcium, such as milk, cheese, yoghurt and cereals. For vitamin D, you can increase the amount of oily fish, mushrooms and eggs you eat.

Stopping smoking and doing regular resistance exercise can 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 another drug to

increase bone density and strength. This will usually be from a group of drugs called bisphosphonates. Some people will have been given bisphosphonates as part of their breast cancer treatment. If you're concerned about this you may find it helpful to speak to your specialist.

For more information see our **Osteoporosis and breast cancer treatment** booklet.

High blood pressure (hypertension) and high cholesterol

Letrozole can cause high blood pressure (hypertension) in some people. Your GP will be able to monitor and treat this if necessary.

It may also cause the level of cholesterol in the blood to rise, although this doesn't usually need treatment. If you have a history of high cholesterol you may want to discuss this with your specialist or GP.

Other side effects

Headache, nausea and vomiting

Letrozole can sometimes cause headaches, nausea and vomiting.

These usually improve or become easier to manage over time. Mild pain relief such as paracetamol may help with headaches. Taking your letrozole with or after food can help reduce nausea.

Change of appetite

If you lose your appetite, it may help to take your tablet with food. You may find eating small frequent meals or snacks helps keep up your food intake. If your appetite increases it may affect your weight. If you struggle to maintain a healthy weight, ask your GP or specialist about being referred to a dietitian.

Constipation or diarrhoea

If you have constipation or diarrhoea, it's important to drink enough fluids. Keeping active and eating a high-fibre diet may help with constipation. Your GP or specialist can also prescribe medication to help with constipation or diarrhoea.

Carpal tunnel syndrome

This causes pain, tingling, coldness or weakness in the hand. Speak to your GP or specialist if you have any of these symptoms.

Hair and skin changes

You may have some hair loss or thinning while taking letrozole. However, your hair should return to the way it was before treatment when you stop taking letrozole. A small number of women notice an increase in downy facial hair.

Some people also report a skin rash.

Vaginal bleeding

Vaginal bleeding can happen in the first few weeks after starting letrozole. It most commonly occurs when changing from one hormone therapy to another. If the bleeding continues for more than a few days, tell your specialist.

Dizziness

Letrozole may cause dizziness. If you feel dizzy, avoid driving. If dizziness persists see your GP.

Taking letrozole with other drugs

If you're taking any other prescribed or over-the-counter medicines, check with your treatment team or pharmacist if you can take these with letrozole.

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

Talk to your specialist, pharmacist or GP about any complementary therapies, herbal remedies or supplements you want to use before you start using them.

Stopping letrozole

Your treatment team will tell you when to stop taking letrozole. You won't need to stop taking it gradually.

Some people worry about stopping their treatment, but there's evidence that letrozole continues to reduce the risk of breast cancer coming back for many years after you stop taking it.

However, not taking the drug for the recommended time may increase the risk of your breast cancer coming back. If you're thinking about stopping taking letrozole for any reason, talk to your specialist first. Sometimes it may be possible to change to another hormone drug.

Hormone therapy is a very common treatment for secondary breast cancer and many people take it for a long time. If letrozole stops working, your specialist may prescribe another hormone drug.

If you have any worries or questions about taking or stopping letrozole, you can call us free on **0808 800 6000** to talk through your concerns.

Four ways to get support

We hope this information was helpful, but if you have questions, want to talk to someone or read more about breast cancer, here's how you can.



Speak to our nurses or trained experts. Call our free Helpline on **0808 800 6000** (Monday to Friday 9am–4pm and Saturday 9am–1pm). The Helpline can also put you in touch with someone who knows what it's like to have breast cancer.



Chat to other women who understand what you're going through in our friendly community, for support day and night. Look around, share, ask a question or support others at **forum.breastcancercare.org.uk**



Find trusted information you might need to understand your situation and take control of your diagnosis or order information booklets at **breastcancercare.org.uk**



See what support we have in your local area. We'll give you the chance to find out more about treatments and side effects as well as meet other people like you. Visit **breastcancercare.org.uk/in-your-area**

We're here for you: help us to be there for other people too

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

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Donate using your debit or credit card breastcancercare.org.uk/donate

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Please accept my donation of **£10/£20/my own choice of £**

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In addition, we'd love to keep you updated about our work and provide you with other opportunities to get involved with Breast Cancer Care. Please tell us how you would like to hear from us (by ticking these boxes you confirm you are 18 or over)

- I'd like to hear from you by email
- I'd like to hear from you by text message or SMS
- Please do not contact me by post
- Please do not contact me by telephone

We never give your information to other organisations to use for their own purposes. To change your preferences, or find out more information on how we use your data, please view our privacy policy at breastcancercare.org.uk or contact supporter services on 0345 092 0800.

Please return this form to Breast Cancer Care, Freepost RRRKZ-ARZY-YCKG, Chester House, 1-3 Brixton Road, London SW9 6DE

From 1 April 2019 Breast Cancer Care will merge with Breast Cancer Now so after that date donations will go to Breast Cancer Care and Breast Cancer Now a company limited by guarantee in England 9347608 and a charity registered in England and Wales 1160558, Scotland SC045584 and Isle of Man 1200, with registered office: Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY.

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About this booklet

Letrozole was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



For a full list of the sources we used to research it:

Phone **0345 092 0808**

Email publications@breastcancercare.org.uk



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Phone **0345 092 0808**

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When you have breast cancer, everything changes. At Breast Cancer Care, we understand the emotions, challenges and decisions you face every day, and we know that everyone's experience is different.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **breastcancercare.org.uk**

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