BC Cancer Agency
CARE & RESEARCH

January 7, 2005

Dear Doctor:

SUBJECT: NEW TREATMENT GUIDELINES IN BREAST CANCER

The British Columbia Cancer Agency, Breast Tumour Group has changed the treatment guidelines for postmenopausal women with early breast cancer. This is based on a large randomized trial showing a 6% absolute reduction in breast cancer recurrences for postmenopausal women treated with letrozole (Femara), an aromatase inhibitor, after completion of 5 years of tamoxifen. In women with node positive disease, there was also a modest survival advantage.

- We are recommending letrozole be considered after tamoxifen for selected postmenopausal women with breast cancer. The dose is 2.5 mg daily and prescriptions may be filled through the BCCA.
- Eligible women are
    - Postmenopausal
    - Have had ER+ early invasive breast cancer (node negative or positive)
    - Have received 4.5-5 years of tamoxifen, and are either still on it or have completed tamoxifen within 1 year
    - Have remained free of recurrence.
    - Are expected to live at least five years (have no other life-threatening medical conditions)
    - Have not previously had an aromatase inhibitor (anastrozole, letrozole, or exemestane)

We are writing women who meet the criteria and suggesting they may contact you. As well, you may have other patients in your practice who may meet the criteria. Please discuss this new policy with patients who may be eligible and may want to consider this option. If you and your patient decide to proceed, you may write the prescription for letrozole and it will be filled by a BCCA pharmacy.

The amount of benefit a woman might have from additional therapy will depend a lot on what features her cancer had in the first place. If the cancer was very low risk, (for example node negative, a small cancer and low grade) then the woman's risk of relapse may be so low that it may not be worthwhile considering the potential risks of letrozole. Alternatively for high risk women, (women with involved lymph nodes, a large tumour, or a high grade tumour) this may be a worthwhile option.

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Currently the recommended duration of treatment with letrozole is 3 years; however, this may be extended as data from the randomized trial matures.

- Side effects of letrozole include some that are similar to tamoxifen such as hot flashes and vaginal dryness.
- The risk of deep venous thrombosis (blood clot), endometrial (uterus) cancer, and strokes from letrozole is lower than with tamoxifen, due to absence of estrogen-like activity.
- There is an increased risk of bone thinning (osteoporosis), altered lipid levels, and joint aches. To decrease the effect on bones, we recommend women should take in 1500mg of calcium from food sources and supplements, 800IU of vitamin D, and have a baseline and 12-18month follow up bone mineral density exam if taking letrozole. If the bone density scan suggests osteoporosis, you should talk with your patient about whether she needs treatment or more follow-up for this. If she has particularly significant osteoporosis, letrozole may not be appropriate for her to take or continue.

Further information is available on the BCCA website – www.bccancer.bc.ca

Please contact the BCCA if you have any questions, if you would like to speak to an oncologist or if you would like your patient seen by their oncologist for a further consultation. As well, if you have a patient who does not fit the guideline but you think would benefit, please contact the woman's oncologist for a further discussion.

Thank you for participating in this new policy and in the care of our breast cancer patients.

Yours sincerely

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Chair, Breast Tumour Group

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