

**TREATMENT AND SIDE EFFECTS**

# Exemestane

## About this booklet

If you've been prescribed exemestane as part of your breast cancer treatment, it's normal to have questions about the drug and how it may affect you.

This booklet explains what exemestane is, when it may be given, how it works and the side effects you may have.

## What is exemestane?

Exemestane is a type of hormone therapy. You may hear it called by its brand name Aromasin.

It's used to treat breast cancer in women who have been through a natural menopause.

It can also be used in women who haven't been through the menopause who are having treatment to stop their ovaries working.

Men with breast cancer may take exemestane, although another drug called tamoxifen is more commonly used.

## How does exemestane work?

Some breast cancers use oestrogen in the body to help them grow. These are known as oestrogen receptor positive or ER-positive breast cancers.

Before the menopause, oestrogen is mainly made in the ovaries. The ovaries no longer make oestrogen after the menopause but some oestrogen is made in other tissues. This is mainly in body fat and involves a type of protein (enzyme) called aromatase.

Exemestane 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 grow.

Exemestane will only be prescribed if your breast cancer is ER-positive.

## How do I know if my breast cancer is ER-positive?

INFO

Breast cancers are tested to see if they are ER-positive using tissue from a biopsy or after surgery.

You may also have tests to see if a hormone called progesterone is helping your breast cancer grow. If it is, it's called progesterone receptor or PR-positive.

The benefits of hormone therapy are less clear for people whose breast cancer is only progesterone receptor positive (PR-positive and ER-negative). Very few breast cancers fall into this category. But if this is the case, your treatment team will discuss with you whether hormone therapy is appropriate.

See our **Treating primary breast cancer** booklet for more information.

Exemestane is 1 of 3 aromatase inhibitors. The others are anastrozole and letrozole. All 3 drugs have similar effects and no 1 drug is better than another. Your treatment team will explain why you're taking exemestane.

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## When is exemestane taken?

### Primary breast cancer

Exemestane is used to treat primary breast cancer. This is breast cancer that has not spread beyond the breast or the lymph nodes under the arm.

You usually take exemestane after surgery to reduce the risk of breast cancer returning in the same breast or spreading somewhere else in the body. This is known as adjuvant (additional) therapy.

Your treatment team will tell you when it's best for you to have exemestane as part of your treatment for primary breast cancer.

Occasionally, exemestane may be the first treatment for breast cancer. This may be when surgery is not appropriate or needs to be delayed. It's sometimes given before surgery to shrink a larger breast cancer (known as neo-adjuvant or primary therapy).

The benefits of exemestane are less clear if you have an early type of breast cancer called ductal carcinoma in situ (DCIS). Your treatment team will discuss whether they feel it would benefit you.

### Breast cancer that has come back or spread

Exemestane can also be used to treat:

- Local recurrence – breast cancer that has come back in the chest, breast or in the skin near the original site or scar
- Locally advanced breast cancer (sometimes called regional recurrence) – breast cancer that has spread to the chest wall or skin of the breast, or the lymph nodes around the chest, neck and under the arm or breastbone, but has not spread to other areas of the body. It cannot be removed by surgery

- Metastatic (secondary) breast cancer – breast cancer that has spread to other parts of the body, such as the bones, lungs, liver or brain

Exemestane can be given alongside a targeted therapy drug. You can find out more about targeted therapies on our website **[breastcancernow.org](http://breastcancernow.org)**

## **Alongside ovarian suppression**

Exemestane is sometimes given alongside ovarian suppression to women who haven't yet been through the menopause.

Ovarian suppression describes treatments that stop the ovaries from making the hormone oestrogen, either permanently or temporarily. This is done using drug treatments such as goserelin, leuprorelin or triptorelin. It can also be done using surgery to remove the ovaries (oophorectomy).

You can read more information on ovarian suppression on our website **[breastcancernow.org](http://breastcancernow.org)**

## **How is exemestane taken?**

You take exemestane as a tablet once a day, after food. You should take it at the same time every day.

Some brands of exemestane contain small amounts of sucrose. If you know you are intolerant to any type of sugar, discuss this with your treatment team or pharmacist.

## **What happens if I miss a dose?**

If you miss a dose, you do not 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 exemestane?**

How long you take exemestane will depend on your individual situation.

### **Primary breast cancer**

If you're taking exemestane for primary breast cancer, you will usually have it for 5 to 10 years.

You may have started taking exemestane after having taken a hormone therapy drug called tamoxifen for a number of years.

### **Breast cancer that has come back or spread**

For breast cancer that has come back or spread, you'll take exemestane for as long as your treatment team feels you're benefitting from it and any side effects are manageable.

## Side effects of exemestane

Like any treatment, exemestane can cause side effects. Everyone reacts differently to drugs and some people have more side effects than others. These side effects can usually be managed and those described here will not affect everyone.

If you have any side effects, regardless of whether they're listed here, talk to your breast care nurse or treatment team. They may suggest changing to a different aromatase inhibitor, such as anastrozole or letrozole, or another hormone treatment.

### Different brands of exemestane

INFO

Exemestane is made by different manufacturers. Some of the tablets may have different additional ingredients, such as preservatives. This means the colour, shape, size and sometimes taste of the tablets can differ between brands. However, this does not change the effectiveness of the treatment.

Some people say they notice a change in the side effects they have if they take exemestane made by a different manufacturer. This suggests some people find exemestane produced by one manufacturer seems to suit them better than another.

You can ask your GP if they can prescribe the brand you feel suits you best. However, you may also need to check if a pharmacy has the brand in stock or would be willing to try to get it for you.

## **Common side effects**

### **Reduced number of white blood cells**

Exemestane can reduce the number of white blood cells. This may increase the risk of getting an infection.

Symptoms of an infection include a change in temperature, aching muscles, headaches, feeling cold and shivery and generally unwell.

You should contact your GP or treatment team if you think you have an infection.

### **Aching or pain in the joints and muscles**

You may have aching or pain in your joints or muscles.

This is often mild and temporary but for some people it can be more severe and longer lasting.

Taking mild pain relief like paracetamol or an anti-inflammatory drug such as ibuprofen can usually relieve joint and muscle pain. 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.

If the pain is severe, it may be helpful to see a pain management specialist at a pain clinic. You can speak to your treatment team about this.

Exercise such as yoga and Pilates may help improve your symptoms because they gently stretch and strengthen the muscles that support your joints. You may also find brisk walking helps. A physiotherapist may also be able to suggest exercises to help. If you have metastatic breast cancer, check with your treatment team before starting any new type of exercise.

Some people find switching to a different hormone therapy helps improve joint and muscle pain. Your treatment team may switch you to another aromatase inhibitor or might offer you the drug tamoxifen as an alternative.

You can find more information on joint and muscle pain on our website **breastcancer.org**

## Menopausal symptoms

### Hot flushes and night sweats

Hot flushes and night sweats are common side effects of exemestane.

A hot flush can range from a mild warming feeling affecting the face to waves of heat throughout the body. Some women also experience a drenching sweat affecting the whole body.

Many people get flushes at night. This can lead to disrupted sleep, which may mean you feel forgetful, irritable or have difficulty concentrating.

To find out more about coping with these symptoms, see our booklets:

- **Menopausal symptoms and breast cancer**
- **Your body, intimacy and sex**

**INFO**

## Low mood and depression

You may notice you have a low mood or feel depressed. It can be difficult to know whether this is because of the medication or other reasons, such as menopausal symptoms or dealing with your breast cancer diagnosis.

Some people find mindfulness or exercise improves their mood.

You can talk to your GP or treatment team about how to manage a change in mood. They can refer you for counselling or may suggest you take an antidepressant drug. Your breast care nurse may also be able to help or tell you about support services in your area.

## Extreme tiredness (cancer-related fatigue)

Fatigue is extreme tiredness and exhaustion that doesn't go away with rest or sleep.

It's a very common side effect of exemestane and may continue for weeks or months after you stop taking it.

It has many causes, from the emotional impact of a diagnosis to side effects of treatment.

Fatigue is also one of the most common symptoms in people with metastatic breast cancer.

If you think you have fatigue, tell your GP or treatment team. They can assess you and offer advice on how to manage your energy levels.

You can find lots more information on our website or by calling our helpline on **0808 800 6000**. Macmillan Cancer Support produces a booklet called Coping with fatigue.

## Difficulty sleeping

If you have difficulty sleeping (insomnia), some simple changes to your routine may help, like:

- Limiting caffeine in the afternoon and evening
- Keeping your room dark and quiet
- Going to bed and getting up at a set time each day

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

If you continue to have difficulty sleeping, your GP may prescribe something to help you sleep.

## Osteoporosis (thinning of the bone)

Exemestane reduces the amount of oestrogen in the body. Over time, a lack of oestrogen can cause osteoporosis, a condition where your bones lose their strength and thickness (density). This leads to bones becoming weaker and more likely to break (fracture).

Your treatment team may check the density of your bones with a DEXA (dual energy x-ray absorptiometry) scan before or shortly after you start taking exemestane. If you are taking bisphosphonates (see below) as part of your treatment, you will not need a scan.

Your bone density may be checked after 2 to 5 years while you're taking exemestane, depending on the results from the first scan or whether your treatment team has any concerns.

You can increase your intake of calcium and vitamin D to help keep your bones healthy. 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 weight-bearing exercise can also help keep your bones strong.

## **Bisphosphonates**

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 bone strength. This will usually be from a group of drugs called bisphosphonates.

Some people will have bisphosphonates as part of their breast cancer treatment.

For more information see our osteoporosis and bone health information at **[breastcancer.org](http://breastcancer.org)**

## **Headaches**

Exemestane can sometimes cause headaches. Mild pain relief such as paracetamol may help with headaches.

## **Dizziness**

Exemestane may cause dizziness. If you feel dizzy, avoid driving. If dizziness continues, see your GP.

## **Nausea and vomiting**

Exemestane may make you feel sick (nausea) or be sick (vomit).

These symptoms usually improve or become easier to manage over time. Taking exemestane after food can help reduce nausea.

## High cholesterol

Exemestane may 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 treatment team or GP.

## Diarrhoea and constipation

If you have diarrhoea, it's important to drink enough fluids. Your GP or treatment team can prescribe medication to help with diarrhoea.

It's also important to keep active and eat a high-fibre diet to avoid constipation.

## Loss of appetite, indigestion and heartburn

If you lose your appetite, you may find eating small frequent meals or snacks helps keep up your food intake.

You may also have indigestion or heartburn (a painful burning feeling in the chest after eating).

If you struggle to maintain a healthy weight, ask your GP or treatment team about being referred to a dietitian.

## Carpal tunnel syndrome

Carpal tunnel syndrome (CTS) is pressure on a nerve in your wrist. This causes pain, tingling and numbness in your arm, hand or fingers.

Speak to your GP or treatment team if you have any of these symptoms.

Sometimes it can go away on its own, but it can take months to get better. Some people find using a wrist splint helpful.

## Changes to hair or facial hair

You may have some hair loss or thinning while taking exemestane. A small number of women notice an increase in downy facial hair.

You may be interested in our booklet **Breast cancer and hair loss**.

## Skin changes

You may develop a skin rash or itching while taking exemestane. This usually goes away when your treatment finishes. Your pharmacist, GP or treatment team can tell you what products you can use on your skin to help.

## Changes to the liver

Exemestane can occasionally cause changes to how the liver works. These changes are usually mild and unlikely to cause any symptoms. Once you finish your treatment your liver will usually go back to normal.

## Vaginal bleeding

Vaginal bleeding can happen in the first few weeks after starting exemestane. It most commonly occurs when changing from one hormone therapy to another.

If the vaginal bleeding continues for more than a few days, tell your treatment team.

## Swelling of the hands and feet (oedema)

You can get swollen hands and feet. If you notice this, or any other swelling, let your GP know.

## Blood clots



People with breast cancer have a higher risk of blood clots such as a DVT (deep vein thrombosis). If you have a DVT, there's a risk part of the blood clot could break away and travel to the lung. This is known as a pulmonary embolism (PE).

Blood clots can be life-threatening and should be treated quickly.

**Contact your treatment team or go to your local A&E department straight away if you have any of the following symptoms:**

- Pain in your arm or leg
- Redness/discolouration of the skin of the arm or leg
- Heat and swelling of the arm or leg
- Swelling, redness or tenderness where a central line is inserted to give chemotherapy, for example in the arm, chest area or up into the neck
- Shortness of breath that comes on suddenly
- Pain or tightness in the chest
- Unexplained cough or coughing up blood

Some symptoms, such as redness and discolouration, may look different on different skin tones.

## Stopping exemestane

### Primary breast cancer

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

Some people worry about stopping their treatment after 5 to 10 years. But there's evidence that exemestane 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 exemestane for any reason, talk to your treatment team first. It may be possible to change to another hormone therapy.

If you're worried about any long-term side effects after stopping exemestane, speak to your treatment team or GP.

### Metastatic breast cancer

Hormone therapy is a very common treatment for metastatic breast cancer. You'll have exemestane for as long as your treatment team feels you're benefitting from the drug and the side effects are manageable. If exemestane stops working, your treatment team may prescribe another hormone therapy drug.

## Other important information

### Taking exemestane 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 exemestane.

The following medicines should be used cautiously if you take exemestane. Let your treatment team know if you are taking medicines such as:

- Rifampicin – an antibiotic
- Carbamazepine or phenytoin – anticonvulsants used to treat epilepsy
- St John's wort – a herbal remedy used as a complementary therapy for mild to moderate depression

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

### Herbal medicines and supplements

Many people consider taking herbal products or supplements while having treatment for breast cancer. However, the exact effect and safety of taking these after a diagnosis of breast cancer is not fully understood.

Ask your treatment team or pharmacist before taking herbal products or supplements.

Find out more about supplements in our **Diet and breast cancer** booklet.

## **Sex, contraception and pregnancy**

You're advised not to become pregnant while having treatment because exemestane can harm a developing baby. If you have not been through the menopause, talk to your team about the most suitable method of contraception for you. It's still possible to become pregnant even if your periods are irregular or have stopped naturally or because of treatment for breast cancer.

## **Fertility**

The impact of exemestane on fertility is not currently known. It's important to discuss any fertility concerns with your treatment team before you begin your treatment.

If you're planning to get pregnant after you have finished taking exemestane, or want to take a break from exemestane to become pregnant, speak to your treatment team.

For more information see our booklet **Fertility, pregnancy and breast cancer**

## **Breastfeeding**

Breastfeeding is not recommended while having exemestane. This is because there's a risk the drugs could be passed on through breast milk.

Call our helpline on **0808 800 6000** or visit **breastcancernow.org**

## Finding support

If you've been diagnosed with primary breast cancer, you can find someone who understands what you're going through with our Someone Like Me service.

If you have any worries or questions about exemestane, you can call our helpline free on **0808 800 6000** to talk through your concerns. You can also email **nurse@breastcancernow.org**

You can find out more about our support services online at **breastcancernow.org/oursupport**





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# About this information

**Exemestane** was written by Breast Cancer Now'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:  
Email **health-info@breastcancer.org**



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