

TREATMENT AND SIDE EFFECTS

Anastrozole

About this booklet

If you've been prescribed anastrozole 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 anastrozole is, when it may be given, how it works and the side effects you may have.

What is anastrozole?

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

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 anastrozole, although another drug called tamoxifen is more commonly used.

How does anastrozole 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 still made in other tissues. This is mainly in body fat and involves a type of protein (enzyme) called aromatase.

Anastrozole 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.

Anastrozole 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.

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

INFO

When is anastrozole taken?

Primary breast cancer

Anastrozole 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 anastrozole 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 anastrozole as part of your treatment for primary breast cancer.

Occasionally, anastrozole 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 anastrozole 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

Anastrozole 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

Anastrozole can be given alongside a targeted therapy drug. You can find out more about targeted therapies on our website **breastcancer.org**

To reduce the risk of breast cancer developing

Anastrozole can be given to some people who do not have breast cancer but have a higher risk of developing it because of their family history. It's given to try to reduce the risk of breast cancer developing. Your treatment team will discuss this if it is an option for you.

Alongside ovarian suppression

Anastrozole 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 **breastcancer.org**

How is anastrozole taken?

You take anastrozole as a tablet once a day, with or without food. You should take it at the same time every day.

Some brands of anastrozole contain small amounts of lactose. If you know you are lactose intolerant, 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 anastrozole?

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

Primary breast cancer

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

You may have started taking anastrozole 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 anastrozole for as long as your treatment team feels you're benefitting from it and any side effects are manageable.

To reduce the risk of breast cancer developing

If you're taking anastrozole to reduce the risk of breast cancer developing because of your family history, you'll usually take it for 5 years.

Side effects of anastrozole

Like any treatment, anastrozole 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 exemestane or letrozole, or another hormone treatment.

Different brands of anastrozole

INFO

Anastrozole is made by different manufacturers. Some of the tablets may have different additional ingredients, such as preservatives. This means that 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 anastrozole made by a different manufacturer. This suggests that some people find anastrozole 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

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 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 **[breastcancernow.org](https://www.breastcancernow.org)**

Menopausal symptoms

Hot flushes and night sweats

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

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.

Low sex drive (libido)

You may find your desire for sexual contact decreases. This could be as a side effect of anastrozole. This can continue for many months, but as time moves on this should start to improve.

When you feel ready to increase or resume sexual activity, you may want to make some time specifically for you and your partner, free from distractions.

It may help to consider what you and your partner now expect from intimacy and sex and explore new ways of sharing sexual pleasure.

Vaginal dryness

Anastrozole reduces the level of oestrogen in your body which can cause vaginal changes, such as dryness or irritation.

Because oestrogen helps maintain the vagina's moisture and elasticity, a lack of it can cause the vagina to become dry and less supple. This may make sex or intimacy painful.

If it's not treated vaginal dryness can get worse, so it's important to get help if you need it.

Vaginal dryness and irritation can also be caused by infection, so it's best to see your GP to rule this out.

There are a number of treatments that can help with vaginal dryness, including vaginal moisturisers and lubricants. You may be able to get these on prescription from your GP, or you can buy them from a chemist or online.

You can ask your breast care nurse for further advice and support if you have vaginal dryness.

You can find more information about vaginal dryness on our website **[breastcancer.org](https://www.breastcancer.org)**

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.

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.

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 anastrozole 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.

Headaches

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

Nausea and vomiting

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

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

Osteoporosis (thinning of the bone)

Anastrozole 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 anastrozole. 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 anastrozole, 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**

High cholesterol

Anastrozole 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 anastrozole. 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 while taking anastrozole.

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

Anastrozole 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 anastrozole. It most commonly occurs when changing from one hormone therapy to another.

Vaginal dryness may also cause vaginal bleeding (see page 10).

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

Other side effects

Dizziness

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

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 anastrozole

Primary breast cancer

Your treatment team will tell you when to stop taking anastrozole. 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 anastrozole 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 anastrozole 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 anastrozole, speak to your treatment team or GP.

Metastatic breast cancer

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

Other important information

Taking anastrozole 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 anastrozole.

Do not take other drugs containing oestrogen, such as hormone replacement therapy (HRT), while you're taking anastrozole, 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 anastrozole 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 anastrozole 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 anastrozole, or want to take a break from anastrozole 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 anastrozole.. This is because there's a risk the drugs could be passed on through breast milk.

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 anastrozole, you can call our helpline free on **0808 800 6000** to talk through your concerns. You can also email **nurse@breastcancer.org**

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



We're the UK's leading breast cancer charity. And we're combining the power of science and support to change breast cancer.

Life-saving science

Uncovering how breast cancer develops and spreads. New and better treatments that can find and destroy cancer cells. And one day, cures that can stop it in its tracks entirely.

Life-changing support

Expert information on everything from signs and symptoms to chemotherapy. Help so you can live well. Meeting people who are going through the same thing – people who just get it.

Change-making campaigns

Making sure everyone knows the importance of checking their breasts and chests, and the signs to look out for. Pushing for better diagnosis and care. Making sure everyone can get the drugs they need.

We don't get any government or NHS funding for our information or support. We rely on our supporters to make change happen.

So if you've found this information helpful and you'd like to support us, go to: **breastcancernow.org/give**

About this information

Anastrozole 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**



You can order or download more copies from:
breastcancer.org/publications



We welcome your feedback on this publication:
health-info@breastcancer.org



For a large print, Braille or audio CD version:
Email **health-info@breastcancer.org**

Medical disclaimer

We make every effort to ensure that our health information is accurate and up to date, but it doesn't replace the information and support from professionals in your healthcare team. So far as is permitted by law, Breast Cancer Now doesn't accept liability in relation to the use of any information contained in this publication, or third-party information included or referred to in it.

**BREAST
CANCER
NOW**

Whatever breast cancer brings, we're here.

Information on everything from symptoms to treatment and beyond. Support to help you live well. Meet people going through the same thing – people who just get it.

We're here with life-changing information and support now. Whatever you're going through. However you need it.

Call **0808 800 6000** to talk to one of our nurses.

Visit **breastcancernow.org** now for breast cancer information you can trust.

Breast Cancer Now

6th Floor
The White Chapel Building
10 Whitechapel High Street
London E1 8QS

Trusted
Information
Creator



Patient Information Forum