



Endocrine therapy for breast cancer

This leaflet gives general advice and outlines possible side effects for individuals having endocrine therapy.

Background

Some breast cancers have special proteins called hormone receptors, most commonly oestrogen (ER) and progesterone (PR) receptors. When hormones in your body, like oestrogen, attach to these receptors, they can help the cancer grow.

Cancers with these receptors are called hormone receptor-positive. Endocrine (hormone) therapy is used for these cancers. It works by blocking hormones from attaching to cancer cells or reducing hormone levels in the body, which helps slow or stop cancer growth.

Testing your cancer for hormone receptors is standard and helps your clinical team decide the best treatment for you.

Endocrine therapy is usually taken for at least 5 years. In some cases, treatment may be continued for up to 10 years. The most appropriate duration for you will have been discussed and agreed with your oncology team. This may be reviewed during follow-up appointments.

Types of endocrine therapy

There are several types of endocrine therapy for breast cancer. Most types either lower oestrogen levels in the body or stop oestrogen from helping breast cancer cells grow.

Some common endocrine therapy drugs used to treat breast cancer include:

- Tamoxifen
- Aromatase inhibitors (letrozole, anastrozole and exemestane)
- Goserelin (Zoladex)
- Leuprorelin (Prostap)
- Fulvestrant (Faslodex)

Tamoxifen is the recommended treatment in pre-menopausal women requiring 5 years of treatment, and also for male patients. Aromatase inhibitors (AIs) are the recommended treatment for post-menopausal women. However, AIs have an associated risk of osteopenia / osteoporosis (low bone density), which is associated with a higher risk of bone fractures.

Advice for those at risk of osteoporosis

If you are taking AIs for your breast cancer, it is important to:

- Take regular weight-bearing exercise, e.g. walking.
- Follow a healthy-eating plan, which includes foods high in calcium and Vitamin D; also consider a daily supplement containing 10 mcg of Vitamin D.

- Avoid poor lifestyle choices, such as smoking and high alcohol consumption.

Please see your Open Access Follow-up (OAFU) letter for further information regarding assessment of your bone density, specific to your endocrine treatment.

General advice while you are on endocrine therapy

If you are a **pre-menopausal** woman taking Tamoxifen for 5 years; a **post-menopausal** woman taking Tamoxifen or an aromatase inhibitor (AI) for between 5 and 10 years; or a **man** taking Tamoxifen, you do not need any additional blood tests or oncology (cancer) appointments for the duration of this treatment.

Please report any episodes of post-menopausal bleeding to the breast cancer clinical nurse specialists as soon as possible.

Side effects of endocrine therapy

Below are some of the most common side effects of endocrine therapy, and some options to consider if you are struggling with such side effects. It may help you to know that research has shown that patients who experience hot flushes and musculoskeletal pain in fact have a very good outcome from this treatment, so it is worth persevering with the endocrine therapy if possible.

- **Hot flushes:** If you are bothered by hot flushes, it may be worth trying the following options:
 - Asking your GP / pharmacist to try rotating brands of endocrine therapy.
 - Acupuncture – via self-referral to *My Cancer My Choices*.
 - SSRIs – A drug commonly used for treatment of depression, which has been shown to also reduce the severity and frequency of hot flushes. This requires a prescription from your GP.
- **Muscle / joint (musculoskeletal) pains:** Options include:
 - Rotating brands of endocrine therapy.
 - Analgesia (NSAIDs), such as Ibuprofen.
 - Exercise.
 - Acupuncture – via self-referral to *My Cancer My Choices*.
- **Vaginal dryness:** Endocrine therapy for hormone receptor positive breast cancer can commonly cause vaginal dryness, discomfort, or irritation. Non-hormonal moisturisers and lubricants should be tried first. These can be used regularly or before sexual activity. If symptoms do not improve, low-dose vaginal oestrogen may be considered in some cases after discussion with your breast care team.

If you are taking Tamoxifen

Low dose vaginal oestrogen may be considered if non-hormonal treatments are not effective. This is not thought to significantly increase the risk of breast cancer returning.

If you are taking an AI (Anastrozole, Letrozole, Exemestane)

Low dose vaginal oestrogen is not usually recommended but may be considered in selected cases if symptoms are severe and persistent.

If used, the lowest effective dose should be used and treatment reviewed regularly.

Contraception after breast cancer

If you are pre-menopausal and sexually active, non-hormonal contraception is recommended, such as:

- Copper intrauterine device (copper coil)
- Barrier methods (condoms, female condoms or diaphragm)

Hormonal contraception, including hormonal coils such as the Mirena, is generally not recommended during endocrine therapy and should only be used following specialist advice.

Hair thinning

This can occur with both Tamoxifen and AIs, but is more common with AIs. You may wish to try topical (foam or liquid) Minoxidil. If you are taking an AI, you may wish to consider switching to Tamoxifen and can contact us on 0118 322 7420 or BreastCareNurses@royalberkshire.nhs.uk to discuss further.

More information

If you have any questions about your endocrine treatment or advice given in this information leaflet, please speak to your oncology doctor or breast cancer nurse.

We run an online endocrine workshop for people who are having this treatment. Please speak to the OAFU team/Breast Cancer Clinical Nurse specialists if you would to attend this on 0118 322 7420 or email BreastCareNurses@royalberkshire.nhs.uk.

Useful websites

<https://breastcancer.org/information-support/facing-breast-cancer/going-through-treatment-breast-cancer/hormone-therapy>

<https://www.cancerresearchuk.org/about-cancer/breast-cancer/treatment/hormone-therapy>

My Cancer My Choices <https://mycancermychoices.org/book-a-treatment/> or Tel: **0118 228 0960**

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Breast Unit, Department of Surgery, June 2026

Next review due: June 2028