

SIDE EFFECTS OF ENDOCRINE THERAPY

Both drugs in hormone therapy cause hot flushes, mood swings, nausea, vaginal dryness. These are usually temporary and minimal.

For Tamoxifen

- Thrombosis (formation of blood clots in the veins) in the legs
- Uterine cancer
 - You may be referred to gynaecologist to evaluate any unusual bleeding.

These side effects occur in less than 1% of patients who are on therapy

For Arimidex

- Joint pain/stiffness
- Fatigue/lethargy
- Osteoporosis (thinning of bone)- higher risk of fractures compared to Tamoxifen
 - Bone scan maybe done before starting this treatment

ADJUVANT THERAPY

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After performing breast cancer surgery, patients may need to undergo additional therapy to **enhance the treatment and prevent relapses**. It is recommended if the tumour is large, or lymph nodes in the axilla are involved, or the tumour is an aggressive type

CHEMOTHERAPY

Chemotherapy is a treatment that uses anti-cancer drugs to target and destroy cancer cells by interfering with the cancer cells' ability to divide and grow.

Chemo drugs can be given directly by injection or by pill (oral).



With breast cancer, chemotherapy is needed:

- To prevent cancer from coming back **after surgery** and radiation. When chemotherapy is used this way, it's called **adjuvant therapy**.
- To reduce the size of tumor **before surgery** to make it easier to remove. This is called **neo-adjuvant therapy**.
- To kill cancer cells that have spread to other parts of the body.

ADJUVANT CHEMOTHERAPY

The doctor may consider this therapy if you have a high risk of the cancer recurring or spreading to other parts of your body (metastasizing), even if there's no evidence of cancer after surgery.

NEO-ADJUVANT CHEMOTHERAPY

Sometimes chemotherapy is given before the surgery. It is often used for:

- Inflammatory breast cancer
- HER2-positive breast cancer
- Triple-negative breast cancers
- High-grade tumors
- Cancers that have spread to the lymph nodes
- Larger tumors

RADIOTHERAPY

High energy x-rays are used to kill cancer cells or stop them from growing further in the operated breast.

Radiotherapy is given to the affected breast after a wide local excision (Lumpectomy). In some cases, it may be given to the chest wall after mastectomy.



This destroys any remaining mutated cells that remain in the breast or armpit area after surgery

Most radiation therapy is administered by a radiation oncologist at a radiation center and usually **begins three to four weeks after surgery** unless chemotherapy is planned. It is **given five days a week on weekdays, over a period of four to five weeks**.

ENDOCRINE THERAPY (ANTI-HORMONE)



All breast cancers are tested for hormone receptors using tissue from a biopsy or after surgery. The cancer cells can be stimulated by hormones in the blood; **Estrogen and Progesterone**. This means that these hormones in the body helps the cancer to grow.

Endocrine therapy blocks the effect of hormones on breast cancer cells. It's recommended for women with **hormone receptor-positive (ER-positive and/or PR-positive)** breast cancers. If your cancer is ER+, your doctor will discuss with you which hormone therapy they think is most appropriate. If hormone receptors are not found, then hormone therapy will not be of any benefit.



These are most commonly used hormone therapy drugs used to treat breast cancer

- **Nolvadex (Tamoxifen)** is usually given to premenopausal patients
- **Arimidex (Anastrozole)** is usually given to post menopausal patients

It usually taken for five to 10 years. It can reduce the cancer relapse by 50% to 60% in both treated and untreated breasts.