

Questions to Ask Your Doctor about Hormone Therapy for Breast Cancer

Patient Information about Breast Cancer

<http://www.oncologychannel.com/patient-information-breast-cancer/hormone.shtml>

Hormone therapy, also called anti-estrogen therapy, may be used in combination with other therapies to treat breast cancer that is hormone-receptor positive. It also may be used to reduce the risk for breast cancer in women who are at high risk for the disease.

Hormone therapy can be administered orally or via injections. It is a systemic treatment, which means it can destroy breast cancer cells anywhere in the body.

The type of hormone therapy used depends on a number of factors, including the classification of the disease and whether the patient is pre- or post-menopausal. Common types include selective estrogen receptor modulators (SERMs; e.g., tamoxifen) and aromatase inhibitors (e.g., Arimidex®, Aromasin®, Femara®). Prior to menopause, medications to prevent the ovaries from producing estrogen or surgical removal of the ovaries also may be used to reduce estrogen levels. Hormone therapy usually is administered after other breast cancer treatments.

Questions to Ask Your Doctor about Hormone Therapy for Breast Cancer

- Why has hormone therapy been recommended to treat my breast cancer or to reduce my breast cancer risk?
- How does hormone therapy work?
- What are the benefits and limitations of hormone therapy?
- What type of hormone therapy do you recommend? Why am I a good candidate for this type?
- What are the potential side effects of hormone therapy? Are there steps I can take to reduce these effects?
- Are there serious risks associated with hormone therapy?
- Who should I contact if I experience complications during treatment?
Telephone number to call:
- How will my condition be monitored during hormone therapy?
- How often will I be seen for follow-up appointments over the course of treatment?

- How long will I receive hormone therapy?
- Will I be on the same type of hormone therapy for the entire course of treatment?
- What happens after this period of time?
- Following hormone therapy, will I receive biological therapy (e.g., Herceptin[®])? Why or why not?

Notes/Additional Information