Tamoxifen as breast cancer treatment.

Tamoxifen (Cimyriso®) has been used for over 40 years to treat hormone-receptor positive early, locally advanced and metastatic breast cancers.



THE WHO, WHAT, WHERE, WHEN AND SOMETIMES, WHY.

When is tamoxifen prescribed?

Tamoxifen may be prescribed if you have primary breast cancer, recurrence or secondary breast cancer. It may also be used to reduce the risk of breast cancer developing in women who have a significant family history of breast cancer.

THE RECOMMENDED DOSE FOR MOST PEOPLE IS 20MG DAILY. A low-dose treatment of tamoxifen – 5 mg daily rather than the conventional 20 mg daily



Tamoxifen is used to **treat breast cancer that has spread to other parts of the body** (metastatic breast cancer), to treat breast cancer in certain patients after surgery and radiation therapy, and to reduce the chances of breast cancer in high-risk patients.

This medication can block the growth of breast cancer.

Tamoxifen as breast cancer treatmentTreatment with tamoxifen lowers the risk of:

Breast cancer recurrence
Breast cancer in the opposite breast

Death from breast cancer

DO NOT THROW AWAY ANY MEDICINES VIA WASTEWATER OR HOUSEHOLD WASTE. ASK YOUR PHARMACIST HOW TO THROW AWAY MEDICINES YOU NO LONGER USE. THESE MEASURES WILL HELP PROTECT THE ENVIRONMENT.

How does tamoxifen work?

The hormone oestrogen can stimulate some breast cancers to grow. Tamoxifen will only be prescribed if your breast cancer has receptors within the cell that bind to the hormone oestrogen (known as oestrogen receptor positive or ER+ breast cancer). Invasive breast cancers are tested for oestrogen receptors using tissue from a biopsy or after surgery. When oestrogen binds to these receptors, it can stimulate the cancer to grow.

Tamoxifen works on the whole body (known as systemic treatment) and blocks the effects of oestrogen on these receptors. This helps to stop oestrogen from encouraging any breast cancer cells to grow.

If oestrogen receptors are not found the breast cancer is known as oestrogen receptor negative or ER-. Tests may also be done for progesterone (another hormone) receptors.

The benefits of hormone therapy are less clear for people whose breast cancer is only progesterone receptor positive (PR+ and ER-). Very few breast cancers fall into this category. However, if this is the case for you your specialist will discuss whether or not tamoxifen is appropriate.

If your cancer is found to be hormone receptor negative, then tamoxifen will not be of any benefit to you.

Most breast cancers in men are oestrogen receptor positive. Find out more about how male breast cancer is treated.

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