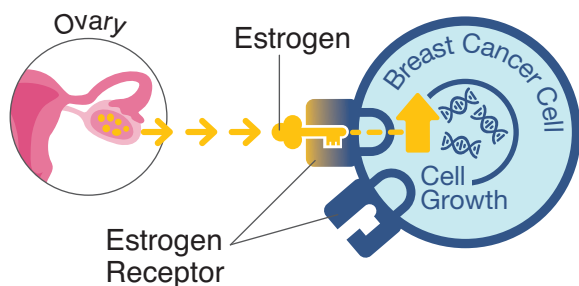


7. How does this medication work?

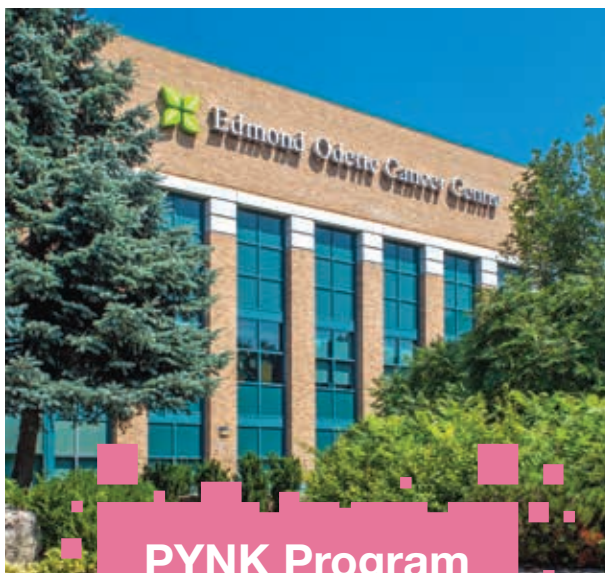
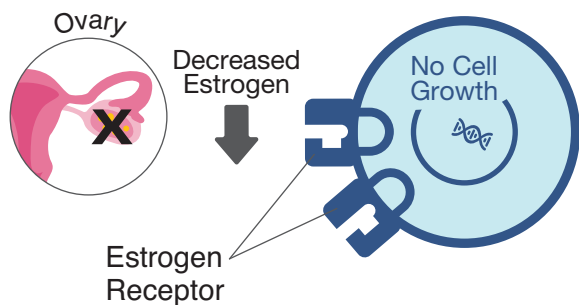
Approximately 80% of breast cancers have “estrogen receptors” (ER) on the cancer cells. These ER+ cancers are fed by the female hormone **estrogen**, which attaches to the ER. The ovaries are the main source of estrogen in women who still have menstrual periods.

This medication lowers estrogen levels by signalling the ovaries to stop making it. This helps stop the growth of breast cancer cells. Menstrual periods will also stop.

No Ovarian Suppression:



With Ovarian Suppression:



PYNK Program

For more information, visit:

Odette Cancer Centre
2075 Bayview Avenue
Toronto, Ontario M4N 3M5

sunnybrook.ca/pynk/medications

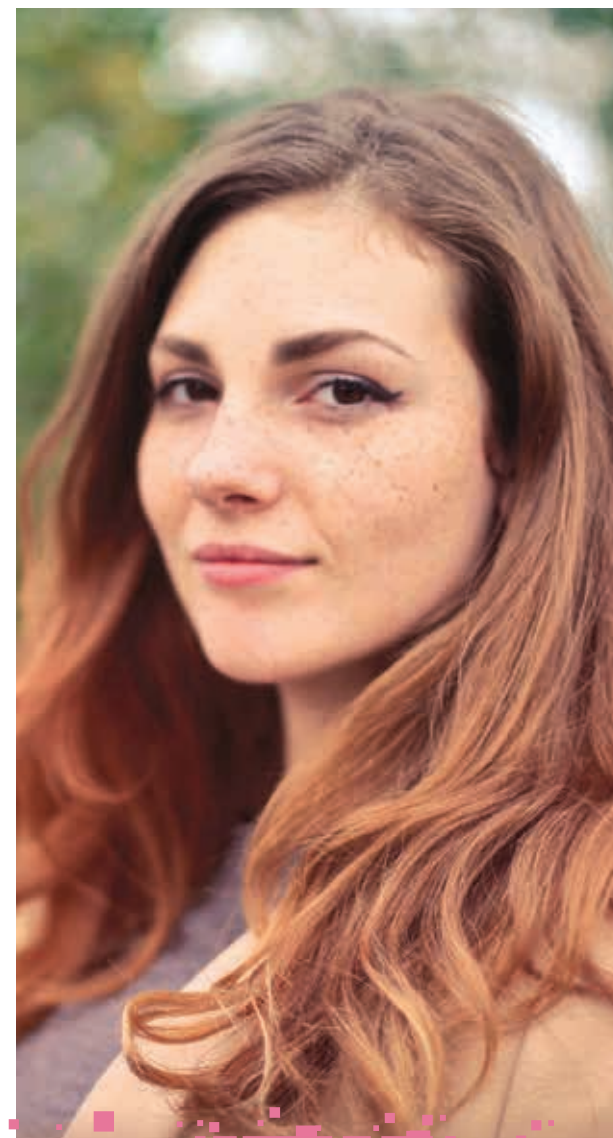
The information presented in this brochure illustrates general concepts and provides an overview of common side effects; however, some rare events may have been excluded. For more information, speak with a member of your oncology team, or consult Cancer Care Ontario's website.

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Ovarian Suppression

DRAFT

LAI D OUT BY: KITTY
REVISED: 2020/08/25



Sunnybrook
ODETTE CANCER CENTRE

1. Why am I being prescribed ovarian suppression?

To try to:

- Stop your estrogen receptor positive (ER+) breast cancer from returning OR
- Shrink your breast cancer and stop it from spreading to other parts of the body.

Two ovarian suppressants are available: **leuprolide** (Lupron®) and **goserelin** (Zoladex®).

2. Will this medication lead to early menopause?

Ovarian suppressants put you into an artificial menopause. Depending on your age and whether you had chemotherapy, your periods may come back when this medication is stopped.

3. How do I take this medication?

Leuprolide is a gel injected into the buttock, and goserelin is a small pellet injected under the skin of the abdomen (“tummy area”). Both are given by a trained nurse or doctor.

This medication is usually prescribed at a dose that is injected every 4 weeks. It is important that you get your injection on time to stop your ovaries from making estrogen again.

4. What are common side effects of ovarian suppression and how can I manage them?

Pain and irritation at the injection site

- You may get red, itchy and bruised at the injection site. This will get better over time.
- You can put a heating pad on the injection site to help with pain.

Hot flashes

- Wear light clothes and avoid alcohol, caffeine, and sugar to reduce symptoms.
- Exercise helps decrease these symptoms.

Joint stiffness and aches

- You may get body aches but these usually do not need to be treated.
- Exercise helps decrease these symptoms.

Bone thinning

- Bone density can decrease on this treatment.
- Low bone density raises your risk of breaking a bone later in life.
- It is important to take in enough calcium (1200 mg) and vitamin D (1,000–2,000 IU) every day to reduce bone loss. This can be taken through your diet and/or supplements.
- Weight bearing exercise and medications can help maintain bone density.
- Your doctor may order a test to check your bone density.

Vaginal bleeding

- It is common to have vaginal bleeding or spotting when you start on ovarian suppression.
- You may get 1 to 2 menstrual periods after you start treatment.

5. Can I take this medication with other medications or natural health products?

Some natural health products contain estrogen and should not be used with estrogen-lowering medications.

Speak with a pharmacist and/or your doctor before you take other prescription medications, supplements, or natural health products.

6. What should I do if I feel unwell on this medication?

Severe side effects are rare with ovarian suppression. If you are worried that your symptoms might be caused by this medication, tell your nurse or doctor right away.

If your symptoms are caused by ovarian suppressants, another medication can be prescribed.

LAI D OUT BY: KITTY CHOI
REVISED: 2020/08/25