
Taking hormone therapy

Here you can find information that will support you to take your hormone therapy tablet every day.

This section includes information on the following topics:

- Understanding hormone therapy
- How does hormone therapy work?
- Why is it important to take every day?
- Questions about hormone therapy
- Questions about the risks and benefits of hormone therapy
- Hormone therapy and other breast cancer treatments
- Making a plan for your hormone therapy
- Top tips for taking your hormone therapy
- Further information

If you have not already, why not take a look at our animation video on the HT&Me website that explains what hormone therapy is and why it is so important to take every day.

Understanding hormone therapy

You have been asked to take hormone therapy tablets because your breast cancer was sensitive to the hormone oestrogen. Oestrogen is a hormone produced in women's bodies. It acts all over the body and has many beneficial effects including regulating the menstrual cycle, maintaining bone strength, and keeping vaginal tissue healthy.

Even after the other treatment you have had, there's still a small chance that there are some cancer cells left in your body. There are no tests for these cells and we can't see them on a scan. Oestrogen can prompt these cancer cells to grow.

It is important to control oestrogen in your body to prevent breast cancer coming back. **Taking hormone therapy every day blocks the effects of oestrogen on cancer cells. This means that even if there are any cancer cells left in your body they are much less likely to grow or spread.**

Oestrogen

Oestrogen only has an effect on the cells in the body that have oestrogen receptors (proteins). These receptors sit on the surface of cells and allow oestrogen to enter the cell and have its effect. Tissues such as breast, bone, vagina and skin tissue have lots of oestrogen receptors.

You have had oestrogen receptor positive breast cancer (also called ER positive). This means that the cells in the breast cancer had receptors that the oestrogen can attach to. The oestrogen allowed the breast cancer to grow.

The hormone therapy success story

The benefits of blocking hormone were first discovered in Glasgow in 1896 by a surgeon called George Beatson. He found that removing women's ovaries, and therefore lowering their oestrogen levels, could stop breast cancer growth. Scientists then began searching for ways to lower oestrogen levels.

Tamoxifen was first developed as an emergency contraceptive in the 1960s. Soon after this, scientists realised that tamoxifen would also be useful for treating breast cancer because it blocked oestrogen. It was first tested in 1970 at the Christie Hospital in Manchester and was licenced in the UK in 1972. Over the next twenty years, a group of scientists and clinicians (the Early Breast Cancer Trialists' Collaborative Group), reviewed the results from all trials involving tamoxifen and found improved survival in women with oestrogen receptor positive breast cancer.

Aromatase inhibitor drugs have been in development since the 1970s. Some of the versions currently in use are anastrozole, letrozole and exemestane. They were first approved (in the USA) in 1985. Since then, they have been taken by many, many women so are known to be safe. Studies show that aromatase inhibitors work at least as well as tamoxifen. They are recommended for the treatment of breast cancer in post-menopausal women. The development of tamoxifen and aromatase inhibitors to treat breast cancer is one of the major accomplishments in breast cancer treatment – it is said to have saved more lives than any other breast cancer treatment.

How does hormone therapy work?

There are two main types of hormone therapy tablets: tamoxifen and aromatase inhibitors (e.g., anastrozole, letrozole, exemestane). They work in slightly different ways to protect women from breast cancer coming back.

Why may cancer come back?

Even though your cancer has been successfully treated, there is still a chance that it could return, either in your breast or spreading to somewhere else in your body.

If a breast cancer comes back in the same breast, this is called local recurrence. If it comes back in areas near to the breast (such as your armpit), but not anywhere else in the body, it is called locally advanced or regional recurrence. If it spreads to somewhere else in the body, it is called secondary breast cancer or metastasis.

This can happen because there may be some very small undetectable cancer cells left in your body. These cells are usually dormant or inactive, and they do not usually create any problems. But over time, this can change, and these cells can begin to grow and spread.

There is very good evidence to show that taking hormone therapy can help to stop the breast cancer coming back.

If you would like to read more about breast cancer recurrence, you can find some links in the **further information** section of this document.

If you are worried about signs and symptoms of recurrence, please contact your breast cancer team or GP.

Tamoxifen

Tamoxifen works by blocking the effect of oestrogen on any cancer cells. It is a systemic treatment, which means it works across the whole body.

Oestrogen is a hormone produced in women's bodies. It acts all over the body and has many beneficial effects including regulating the menstrual cycle, maintaining bone strength, and keeping vaginal tissue healthy.

Tamoxifen has similarities to oestrogen and so can bind to oestrogen receptors on cells. This means that it blocks the receptors, so that oestrogen can't use the receptor and can't get into the cell to have its effect.

In this way taking a tamoxifen tablet every day helps you to keep the cancer away.

Aromatase inhibitors

Aromatase inhibitors are usually prescribed for post-menopausal women. They are a systemic treatment, which means they work across the whole body. There are three main types of aromatase inhibitors: anastrozole (e.g. Arimidex®); letrozole (e.g. Femara®); and exemestane (e.g. Aromasin®).

Aromatase inhibitors reduce how much oestrogen your body produces.

Oestrogen is a hormone produced in women's bodies. It acts all over the body and has many beneficial effects including regulating the menstrual cycle, maintaining bone strength, and keeping vaginal tissue healthy.

Taking your aromatase inhibitor tablet every day keeps the level of oestrogen in your body low. Having low levels of oestrogen in your body means that even if there are any cancer cells left in your body they are much less likely to grow or spread.

Why is it important to take it every day?

Hormone therapy tablets need to be taken every day because your body uses up the medicine you take each day. One tablet works for one day. So, the next day you'll need another tablet to continue to block the effects of oestrogen on any cancer cells.

It can feel hard to have to start another treatment when you have already had treatment(s) at the hospital but hormone therapy is a vital step in your breast cancer treatment. It maintains the benefits of your previous treatments by stopping new cancer cells from growing. This is why some breast cancer doctors and nurses talk about hormone therapy being the 'belts and braces' of your treatment.

What happens if I forget?

Don't worry if you forget to take a tablet from time to time. If you miss one tablet, you will still get the benefits from taking hormone therapy.

If you forget a tablet and you remember on the same day, then you can take the tablet (e.g. if it should have been taken Wednesday morning and you remember Wednesday afternoon).

If you forget a tablet and you remember the next day, then don't take the missed tablet (e.g. if it should have been taken Wednesday morning and you remember Thursday morning, then just take Thursday's dose).

What happens if I regularly skip tablets?

It's very important that you take hormone therapy as prescribed. While you won't be able to see or feel the benefits, **the treatment is working hard inside your body to reduce the chance that the breast cancer will come back. If you skip tablets often, or stop taking it altogether, the hormone therapy will not work as well as it could.**

Tamoxifen works by blocking oestrogen from entering cancer cells. The less tamoxifen you take, the less it will be able to block the effects of oestrogen. Aromatase inhibitors work by stopping the production of oestrogen. If you don't take enough of this medicine, oestrogen levels in your body will rise. That's why it's important to keep taking hormone therapy every day.

Why do I need to take hormone therapy for the next 5-10 years?

Over the years, many different durations of hormone therapy have been tested in clinical trials. These trials have shown that the benefits of taking hormone therapy are greatest when treatment is taken every day for at least 5 years.

Extended treatment beyond 5 years is appropriate for some women. After you have taken hormone therapy for 5 years, your breast cancer team will help you weigh up the risks and benefits of continuing to take it. This will be based on your cancer, the treatments you have already had, and any side-effects you have experienced.

Questions about hormone therapy

Advice on all these questions were given by Debbie Fenlon, Professor of nursing. Debbie worked as a breast cancer nurse at the Royal Marsden Hospital for many years.

Q. I'm post-menopausal and my oestrogen levels are low, why do I need to take hormone therapy?

If you're post-menopausal you may think that because you don't have much oestrogen in your body - why should it matter to try and reduce the amount of oestrogen that you have? However, when your ovaries stop working, your body reduces the amount of oestrogen that there is by about 90% - but you still have a small amount of oestrogen left in your body that comes from other areas of the body such as fat cells and adrenal glands. Reducing this amount of oestrogen is what is really effective. What we know from the clinical trials of over hundreds of thousands of women that taking hormone therapy reduces the chances of breast cancer coming back, even in women who are post-menopausal.

Q. I look after myself, I eat a very healthy diet and keep active surely that's better than taking a tablet every day?

Keeping active and eating a healthy diet is very important for your general health after breast cancer. Keeping your weight within its normal limits may actually help reduce the chances of cancer coming back however exactly how this works, and whether there is enough scientific evidence to say that is the case is not entirely clear yet. Exercise is also very important for your general health and to keep your bones strong after the menopause. But what is clear is that even in women with very healthy lifestyles, hormone therapy does prevent cancer coming back in many people. So, the single greatest thing you can do is take your hormone therapy every day for as long as is instructed by your health care team.

Q. How does hormone therapy work?

Hormone therapy is used for people with oestrogen receptor positive breast cancer, or otherwise known as ER+ve breast cancer. What this means is that breast cancer cells have got receptors on their cell surface which then bind to oestrogen. And the oestrogen binds to oestrogen receptors which then stimulates growth both in normal breast cells, as well as breast cancer cells. Cancer cells which have got

oestrogen receptors still resemble the breast tissue that they originally rose from, and in some ways this is good news – it can mean they are a little less aggressive. It also means we have another treatment we can use to control them which is hormone therapy. So, breast cancer cells use oestrogen to stimulate them to grow and if there is less oestrogen in the body, then there is less stimulation for the breast cancer cells to grow. Hormone therapies work in one of two ways. It either reduces the level of oestrogen in the body or it blocks the oestrogen receptors, so that the oestrogen cannot do its job.

Q. Is hormone therapy safe for me?

Some people are concerned about taking “too much” medicine. However, hormone therapy has been used to prevent breast cancer from coming back for nearly 50 years. It has been tested in hundreds of thousands of women. **The dose you take has been tested to make sure it is a safe amount that still reduces the chances of the breast cancer coming back.**

As well as being tested in clinical trials, all drugs have to go through regulatory processes and assessments by organisations such as the National Institute for Health and Care Excellence (NICE). NICE strongly recommends the use of hormone therapy in breast cancer.

Q. Do I still need to attend breast screening if I am taking hormone therapy?

Even though taking hormone therapy will reduce your risk of breast cancer coming back, it is still important that you attend your regular breast screenings (mammograms) and check-ups. These appointments are important because they can help to detect breast cancer early. These appointments can also be a good opportunity for you to check in with your breast care team and make sure everything is ok.

Q. I have been through the menopause – why do I need to take hormone therapy?

Women who have been through the menopause have lower oestrogen levels in their bodies than women who have not. Although the ovaries do not produce oestrogen after the menopause, some oestrogen is still produced in other parts of the body. **This oestrogen has to be controlled to reduce the chance of breast cancer coming back. This is why women who have been through the menopause are still advised to take hormone therapy.**

Q. What is the difference between hormone therapy and hormone replacement therapy (HRT)?

Hormone therapy controls the oestrogen in your body to keep the level low. Hormone replacement therapy - or HRT - is a medicine that can be used by women to manage the symptoms of natural menopause. It replaces oestrogen (and sometimes other hormones) in your body. This means that it increases the oestrogen in your body. So, hormone therapy, and hormone replacement therapy do opposite things.

Q. Can I take hormone replacement therapy (HRT) while taking hormone therapy?

Taking hormone replacement therapy (HRT) is not generally recommended for women who have had hormone sensitive (ER+) breast cancer. This is because HRT increases the level of oestrogen in your body, and this can increase the risk of breast cancer returning.

The only exception to this is "topical" HRT treatments for vaginal dryness, which specialists might prescribe. You can read more about these in the section **What can help with vaginal dryness and pain**.

Q. I eat healthily and keep active – do I still need to take hormone therapy?

Yes.

Although there is some evidence that looking after yourself – for example, keeping physically active and eating a healthy diet – might help reduce the chances of the breast cancer coming back.

But, research shows that the best way to reduce your chance of the breast cancer coming back is to take hormone therapy every day.

Q. Should I avoid any other medicines while I am taking hormone therapy?

In general, hormone therapy does not normally interact with other prescribed medicines. Your breast cancer team will consider your other medications when they prescribe your hormone therapy. However, if you have concerns, you should speak to your breast cancer team, GP or pharmacist.

St John's Wort is a plant that can help with depression or low mood. Women prescribed hormone therapy should not take St John's Wort as it can interfere with the way the body breaks down the medicine, meaning it will not work as well.

Q. Do I have to pay for my hormone therapy?

No, prescriptions are free for people who have had cancer.

Questions about the risks and benefits of hormone therapy

Q. Why can hormone therapy cause so many side effects?

Some women do not experience many side effects at all from hormone therapy, and can feel quite well on it. Hormones effect every part of our bodies so it is possible for hormone therapy to have many different kinds of side effects. There are oestrogen receptors all over the body such as in the brain, the skin, the bones and in the vagina and perineum urethra area. Anywhere with oestrogen receptors can be affected by hormone therapy. All the changes that you might see with normal menopause such as hot flushes, night sweats, weight gain, thinning bones, aching joints, and dryness of the vagina leading to painful sex can all be side effects of hormone therapy and can actually be worse than the menopause. Even when you have gone through the menopause you can still get these side effects. Lots more information about side effects from hormone therapy can be found in the HT&Me website.

Q. Is there anything I can do about the side effects?

There is a lot that you can do to help with side effects from hormone therapy and I suggest you go and have a good look at the side effects section on the HT&Me website as there is a lot there to help you. The side effects do vary quite a lot for people, but generally keeping fit and healthy, eating well and doing regular exercise can all help as part of managing side effects. If you are concerned it is important to talk to your health care team about side effects as they maybe able to switch medication or offer some other treatment to help you.

Q. How long do side effects last for?

How long side effects can last for is different for everyone. Side effects vary from women to women, some get better on their own, however others may need

treatment. Hot flushes do generally fade, although this may take a while. But, some side effects won't get better unless they are treated such as dry vagina, and you do need to keep your bones strong from exercise and from the medication that the doctor gives you, the doctor will be monitoring your bones. It's worth having a discussion with your doctor or health care team if you have got any side effects that are troubling you as there may be treatments they can give you that will help.

Q. Can I use alternative therapies to help with the side effects?

Some alternative therapies such as relaxation, yoga and acupuncture can be really helpful in helping you to manage your side effects. But you should be careful with which herbal remedies you take, because some of them (such as St John's Wort) may interact with hormone therapy or have other effects which can be dangerous. You need to consider if a herbal remedy has got a hormonal effect to treat side effects (such as red clover for hot flushes, which can be effective for some people), because they may also be having a hormonal effect on your breast cancer too, so this is not advised. Taking herbs as part of your natural diet is not a problem, but any supplements in a concentrated form can have unwanted effects. So speak to your health care team if you take any herbal supplements just to make sure they are safe.

Q. What are the possible side effects?

Like any medicine, hormone therapy can cause side effects. However, everyone reacts differently to medicines and you may not experience any of these side effects. **There are oestrogen receptors all over the body, including in the skin, bones and vaginal tissue.** All of these areas can be affected by hormone therapy. **Because hormone therapy controls oestrogen in the in your body, many of the side effects are the same as you might see with the menopause.**

Some of the most common side effects are:

- hot flushes or night sweats, which can lead to sleep disturbance or fatigue
- joint aches and pains
- loss of sex drive.

The good news is that there is plenty that you can do to help with them. You can read more about this in the **Dealing with side effects** section on the HT&Me website.

Q. Can I switch to another type of hormone therapy?

If you're experiencing troublesome side effects from your hormone therapy, **you can discuss with your breast care team or GP whether it may be worth trying to switch to a different type of hormone therapy.**

If you take an aromatase inhibitor (e.g., anastrozole, letrozole, exemestane), you may be able to switch to a different aromatase inhibitor (e.g., if you are taking anastrozole, you could switch to letrozole or exemestane) or possibly tamoxifen.

You may find that you experience side effects differently depending on the type of hormone therapy you take. For example, you may find that whilst taking anastrozole you have severe hot flushes, however if you switch to letrozole you may find that your hot flushes are easier to manage, but your joint pain and fatigue may feel worse. You may therefore find it helpful to weigh up the pros and cons of switching your hormone therapy to help you decide which is the best option for you.

If you have not yet gone through the menopause and take tamoxifen, you cannot switch to an aromatase inhibitor unless you are also taking another medicine to suppress your ovarian function, such as goserelin (e.g., Zoladex®).

You would need to discuss the options with your breast care team.

You could also try switching to a different brand of hormone therapy. While all brands of hormone therapy have the same active ingredients and work equally well, many women find they can tolerate some brands better than others.

The decision to switch your hormone therapy for another type or brand is not a decision that you need to make on your own. You can speak to your GP or pharmacist about any concerns that you may have about switching your hormone therapy. Together you can work out what the best decision is for you. You may also find it helpful to speak to a partner, close friends or family about this decision.

If you have found a brand which suits you better, you can ask your GP or your pharmacist to help you stick to this brand. Your GP may be able to state this brand on your repeat prescription. Some pharmacists may also be able to make sure they get the same brand in stock for you. You can find some tips about how to speak to your GP or pharmacist about this in the section Help & Support.

Q. What are the long term effects of taking tamoxifen?

Taking tamoxifen can also sometimes result in some long term health effects described below.

Blood clots

Women who are taking tamoxifen are at increased risk of blood clots. Blood clots can be harmful, but they are very treatable. It's important that you tell your doctor immediately if you have any symptoms of a blood clot – such as pain, redness or swelling in a leg or arm, breathlessness or chest pain.

Effects on the womb (Endometrium)

There is some evidence that taking tamoxifen can increase the risk of womb cancer. However, this is a very small risk, and the benefits of taking tamoxifen far outweigh the risk of womb cancer. Only around 1 woman in 1000 women who are taking tamoxifen will develop womb cancer.

Because of this risk, any incidence of womb cancer is likely to be caught early. When caught early, treatment for womb cancer is very successful. It is therefore important that you tell your doctor if you have any unexpected or irregular vaginal bleeding. Your doctor will then arrange for an examination to look for any changes to the lining of the womb.

Positive benefits

As well as potential adverse effects, tamoxifen also brings some benefits. Tamoxifen has been shown to help lower cholesterol levels and also helps to slow down bone thinning in post-menopausal women. In women who are post-menopausal there is evidence that tamoxifen actually slows down the process of bone loss, thus reducing the risk of osteoporosis.

Q. What are the long term effects of taking aromatase inhibitors?

Aromatase inhibitors (e.g., letrozole, anastrozole, exemestane) can, over time, cause osteoporosis (thinning of the bones). This is because they reduce the amount of oestrogen in the body.

Your specialist will usually check the strength and thickness of your bone (bone density) with a scan before or shortly after you start taking hormone therapy. The scan is called a DEXA scan. Your bone density may then be checked every two to three years while you're taking an aromatase inhibitor, depending on the results from the initial scan or whether your specialist has any concerns.

Your doctor may advise you to take calcium and vitamin D supplements to help strengthen your bones. Sometimes, if the scan shows you are at risk of developing osteoporosis, your cancer doctor may prescribe drugs called bisphosphonates to protect your bones.

There are other things you can do to help keep your bones healthy. You may want to eat more foods that are rich in calcium, such as milk, cheese, yoghurt and cereals. For vitamin D, you can increase the amount of oily fish, mushrooms and eggs you eat. Stopping smoking and doing regular resistance exercise can also help keep your bones strong.

To read more about how to eat healthily you can go to the **Healthy Living, Healthy Mind** section and click **Healthy Eating**.

To read more about how to be more active you can go to the **Healthy Living, Healthy Mind** section and click **Being Active**.

Q. Will taking tamoxifen influence my fertility?

If you are pre-menopausal and you have been prescribed tamoxifen, it is likely that your ovaries will continue to work and it is therefore possible to become pregnant while taking tamoxifen.

However, tamoxifen may be harmful to a developing baby. It's therefore best to use a non-hormonal method of contraception whilst taking tamoxifen (such as condoms, diaphragm or a non-hormonal intrauterine device (IUD)).

You may find that your periods become lighter, less regular, or completely stop while you are taking tamoxifen. They will return to normal after a few months of stopping tamoxifen. If you have gone through the menopause while you were on the medicine, your periods won't come back. Your breast care team can do a blood test to see whether you have gone through the menopause.

If you're planning to have children, you should discuss this with your breast care team and they can advise on the best treatment for you.

Q. Taking hormone therapy reminds me of my cancer, what do I do?

Some women avoid taking their hormone therapy because it reminds them of their breast cancer. It may help think about this differently and turn it into something more positive.

You have been prescribed hormone therapy because your breast cancer was oestrogen receptor positive. Knowing this means **you can take a treatment that works for the specific type of breast cancer that you have. In this way you can see taking hormone therapy as something you yourself are doing to do to reduce your risk of breast cancer coming back.**

However, this isn't always easy and if you are struggling with negative feelings around taking hormone therapy, it may help you to speak to someone about it. You could discuss your concerns with your friends and family or contact one of these specialist support services.

You may find it helpful to use the confidential '**Ask our nurses**' email service on the Breast Cancer Now website, especially if you find it difficult to talk to someone in person.

Q. Are there any other benefits of taking hormone therapy?

Taking tamoxifen lowers cholesterol which reduces the risk of cardiovascular (heart) problems, and offers some protection against thinning of the bones (osteoporosis) for women who are post-menopausal.

Hormone therapy and other breast cancer treatments

You might have other breast cancer treatments alongside oral hormone therapy – such as ovarian suppression or trastuzumab/Herceptin®.

What is ovarian suppression?

If you have not yet gone through the menopause (pre-menopausal), you may have been treated with ovarian suppression. This treatment “turns off” the ovaries and stops them from producing oestrogen. It is usually given as an injection once a month. There are three main types of ovarian suppression: goserelin (e.g. Zoladex®), leuprorelin (e.g. Prostag®) and triptorelin (e.g. Decapeptyl®). You might have one of these brands or an equivalent unbranded (generic) version.

The ovaries can also be suppressed by chemotherapy or could be removed surgically (oophorectomy).

Ovarian suppression does not stop oestrogen production everywhere in the body – that is why you also need oral hormone therapy (e.g., tamoxifen, anastrozole, letrozole, exemestane). Research shows that the combination of ovarian suppression

and oral hormone therapy is very effective at reducing the risk of the breast cancer coming back in premenopausal women.

What is trastuzumab/Herceptin?

Some women may also be prescribed trastuzumab (the drug Herceptin® or an equivalent unbranded (generic) version) alongside their hormone therapy.

Herceptin is not a hormone therapy. You will be prescribed trastuzumab if your cancer contains large amounts of a receptor (protein) called human epidermal growth receptor factor 2 (HER2). This is known as HER2 positive breast cancer.

In these cancers, activation of HER2 stimulates the cancer cells to divide and grow. Trastuzumab interferes with this process and encourages the immune system to kill cancer cells. It is usually given as an injection or an infusion and the treatment lasts for around a year.

If your cancer is HER2 negative then you will not benefit from trastuzumab.

Making a plan for taking your hormone therapy

Making a plan can help you build taking hormone therapy into your daily routine. When you make it part of your routine, you won't have to think about it taking it every day.

If you build taking hormone therapy into your daily routine, taking it becomes automatic and then you don't have to remember each day.

Try taking your tablet at the same time each day. Taking your tablet after/before something that you do every day can really help, such as having your cup of tea in the morning, or brushing your teeth at night. Doing this activity (drinking tea, brushing teeth etc.) will remind you that you also need to take your tablet.

Soon enough taking a tablet will be something that you always do after your breakfast or after brushing your teeth at night!

Making a plan for how you will take the tablet can help you to build it into your daily routine.

Here are two examples:

If it is [write time]

7am

And I am [write place]

in the kitchen

And I have [write activity]

Made my breakfast

Then

I will take my tamoxifen

If it is [write time]

bedtime

And I am [write place]

in the bathroom

And I have [write activity]

brushed my teeth

Then

I will take my anastrozole

You can set your own plan on the HT&Me website by clicking on **Make a plan**, under the **Taking hormone therapy** section.

Or, you can set one below:

If it is [write time]

And I am [write place]

And I have [write activity]

Then

Now you can try and put this plan into practice over the next few weeks. You might find it helpful to read this plan aloud to yourself several times or display it on a note somewhere.

Top tips for taking hormone therapy every day

Here are some top tips to help you to take your hormone therapy every day.

Keep the tablets handy

You may find it useful to **keep your tablets where you can see them**. Seeing the tablets will remind you that you need to take one.

If you do this, make sure to keep them in a safe spot away from small children or pets and away from direct sunlight.

You can also **post a sticky note reminder somewhere where you can see it**, for example on the fridge. This may help you to get into the routine!

Set reminders on the HT&Me website

On the HT&Me homepage you can go to **My Hormone Therapy Diary** and click set a reminder to take hormone therapy. There you can **let us know whether you'd like to receive a text message or an email that will remind you about taking your tablet**. You can also choose the time when you would like to receive these reminders.

To turn this off later simply untick the box next to the reminder you set.

Tick 'done' in the HT&Me diary after you've taken your tablet

Sometimes it's hard to remember if you have already taken your tablet or not. To avoid having to count your tablets, try using the **My Hormone Therapy Diary** and get in the habit of recording each tablet taken.

Organise your prescriptions

It is likely that you will be advised to take hormone therapy for 5-10 years. That will mean many repeat prescriptions. You can make this easier for yourself by talking to your GP and pharmacist about what options are available for repeat prescriptions.

Some women have found that keeping a copy of their prescription in their purse can be helpful, especially if you lose your tablets or run out unexpectedly.

You may be able to order the prescription online or through an app, or your GP may be able to send the repeat prescription to the pharmacy or to your house automatically.

On the HT&Me website, in the My Hormone Therapy Diary you can set yourself reminders for when your prescriptions are due.

You can also add contact details for your GP and pharmacy. To do this go to the **My Contacts** page at the top of the HT&Me website homepage.

Plan for what to do when your routine changes

Routines work well until we are thrown off course by a night away or a holiday.

Think about how you will adjust your routine while you are away. If you cannot keep your same home routine, **maybe you can link taking your tablets to another part of your daily routine. You can use the HT&Me website to set new reminders – e.g. for a different time of a day.**

Do your best to plan ahead to make sure that you have enough medicine for your whole trip. Keep your tablets in your hand luggage when you are travelling. If you are going for a long trip, and your prescription will run out when you are away, speak to your GP about whether they can issue an earlier repeat prescription.

Organise your medication

Pill organisers or dosette boxes are plastic trays which you can use to sort your medicines for different days of the week.

You can buy them online or through the pharmacy. These can be useful if you are taking more than one medicine. Set aside a short amount of time each week to organise your medicines for that coming week.

If you are taking a weekly bisphosphonate (a drug for bone density), you may also want to add this to your pill organiser.

Further information

Potential side effects of hormone therapy

To find out more information on possible side-effects associated with different types of hormone therapy, type the following weblinks into your browser:

To find information on side effects associated with **tamoxifen**:

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

The links below will take you to more information on side effects associated with **aromatase inhibitors**:

- To find out more about the side effects of letrozole:
<https://breastcancernow.org/information-support/facing-breast-cancer/going-through-breast-cancer-treatment/side-effects-letrozole-femara>
- To find out more about the side effects of anastrozole:
<https://breastcancernow.org/information-support/facing-breast-cancer/going-through-breast-cancer-treatment/side-effects-anastrozole-arimidex>
- To find out more about the side effects of exemestane:
<https://breastcancernow.org/information-support/facing-breast-cancer/going-through-breast-cancer-treatment/side-effects-exemestane-aromasin>

You can read more about how to deal with the potential side effects of taking hormone therapy by taking a look at the **Dealing with side effects** section within the HT&Me website.

Pregnancy and hormone therapy

To find out more about planning pregnancy after breast cancer treatment:
<https://breastcancernow.org/information-support/facing-breast-cancer/breast-cancer-in-younger-women/fertility-pregnancy-breast-cancer-treatment/planning-pregnancy-after-breast-cancer-treatment>

Breast cancer recurrence

To read more about recurrence, please type the following links into your web browser:

- To go to Breast Cancer Now: <https://breastcancernow.org/information-support/facing-breast-cancer/diagnosed-breast-cancer/your-primary-cancer-has-come-back-recurrence>
- To go to Cancer Research UK: <https://www.cancerresearchuk.org/about-cancer/breast-cancer/treatment/if-your-cancer-comes-back>