# New Data Show It May Never Be Too Late For Women To Protect Themselves From Breast Cancer Recurrence

(NAPSA)—Postmenopausal breast cancer patients treated with five years of tamoxifen immediately following surgery may reduce their risk of their cancer returning by starting treatment with Femara (letrozole tablets), according to information published in a recent issue of the Journal of Clinical Oncology. Results from an exploratory analysis found that women who started Femara from less than one to seven years after finishing tamoxifen may cut their risk of the cancer returning or spreading.

A common misperception is that remaining disease-free for five years means a "cure." In reality, more than half of all recurrences happen five or more years after diagnosis. Therefore, continuous management of hormone-responsive breast cancer to minimize the risk of recurrence may be necessary.

"The important message is that it may never be too late for women with breast cancer to do more to protect themselves against the ongoing risk of disease recurrence," said Paul Goss, M.D., Ph.D., of the Massachusetts General Hospital in Boston, who led the MA-17 study. "These data reinforce the need for women diagnosed with breast cancer to go

back to their doctors and continue to discuss ways to reduce their risk of recurrence."

Researchers have known for several years that starting Femara within three months of completing tamoxifen helped postmenopausal women reduce their risk of breast cancer coming back or spreading to other parts of the body. However, this new information shows the potential benefit of treatment with this particular aromatase inhibitor for women who have been off tamoxifen, even for many years.

Dr. Goss suggests that women who have finished tamoxifen begin a conversation about further reducing their risk of recurrence with their doctor by asking the following questions:

- Is it too late for me to start additional treatment?
- Am I a candidate for Femara?
- What else can I do to reduce my risk of a recurrence?

Femara is approved for the adjuvant (following surgery) treatment of postmenopausal women with hormone receptor-positive early-stage breast cancer. The benefits of Femara in clinical trials are based on 24 months of treatment. Further follow-up will be needed to determine long-term results, safety and efficacy.

Femara is also approved for the extended adjuvant treatment of early stage breast cancer in postmenopausal women who are within three months of completion of five years of tamoxifen therapy. The benefits of Femara in clinical trials are based on 24 months of treatment. Further follow-up will be needed to determine long-term results, including side effects.

In addition, Femara is approved for the treatment of postmenopausal women with estrogen receptor-positive or estrogen receptor-unknown breast cancer that has spread to another part of the body (metastatic cancer).

For more information about Femara, talk to your doctor and visit www.Femara.com or www.NovartisOncology.com.

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**Note to Editors: Important Safety Information**

*You should not take Femara if you are premenopausal. Your doctor should discuss the need for adequate birth control if you have the potential to become pregnant, if you are not sure of your postmenopausal status, or if you recently became postmenopausal. Femara is only indicated in postmenopausal women. Talk to your doctor if you're allergic to Femara or any of its ingredients. You should not take Femara if you are pregnant as it may cause fetal harm. Some women reported fatigue and dizziness with Femara. Until you know how it affects you, use caution before driving or operating machinery. Some patients taking Femara had an increase in cholesterol. Additional follow-up is needed to determine the risk of bone fracture associated with long-term use of Femara.*

*In the adjuvant setting, commonly reported side effects are generally mild to moderate. The most common side effects seen with Femara include hot flashes, joint pain, night sweats, weight gain, nausea, tiredness, other heart-related events and bone fractures. Other less commonly reported side effects include vaginal bleeding, blood clots, other cancers, osteoporosis, stroke, heart attack and endometrial cancer.*

*In the extended adjuvant setting, commonly reported side effects are generally mild to moderate. Commonly reported side effects for Femara include hot flashes, fatigue, joint pain, headache, increase in sweating, swelling due to fluid retention, increase in cholesterol, dizziness, constipation, nausea, cardiovascular ischemic events, muscle pain, osteoporosis, arthritis and bone fracture.*

*In the metastatic cancer setting, commonly reported side effects are generally mild to moderate and may include bone pain, hot flashes, back pain, nausea, joint pain, shortness of breath, tiredness, coughing, constipation, limb pain, chest pain and headache.*

*Femara is a once-daily convenient prescription tablet.*

*For additional safety information, please see the accompanying prescribing information.*

*For more information about Femara visit online at www.femara.com or call toll-free 1-866-44-FEMARA (1-866-443-3627).*

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