

Ready to start planning your care? Call us at [800-525-2225](tel:800-525-2225) to make an appointment.

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[Back](#)

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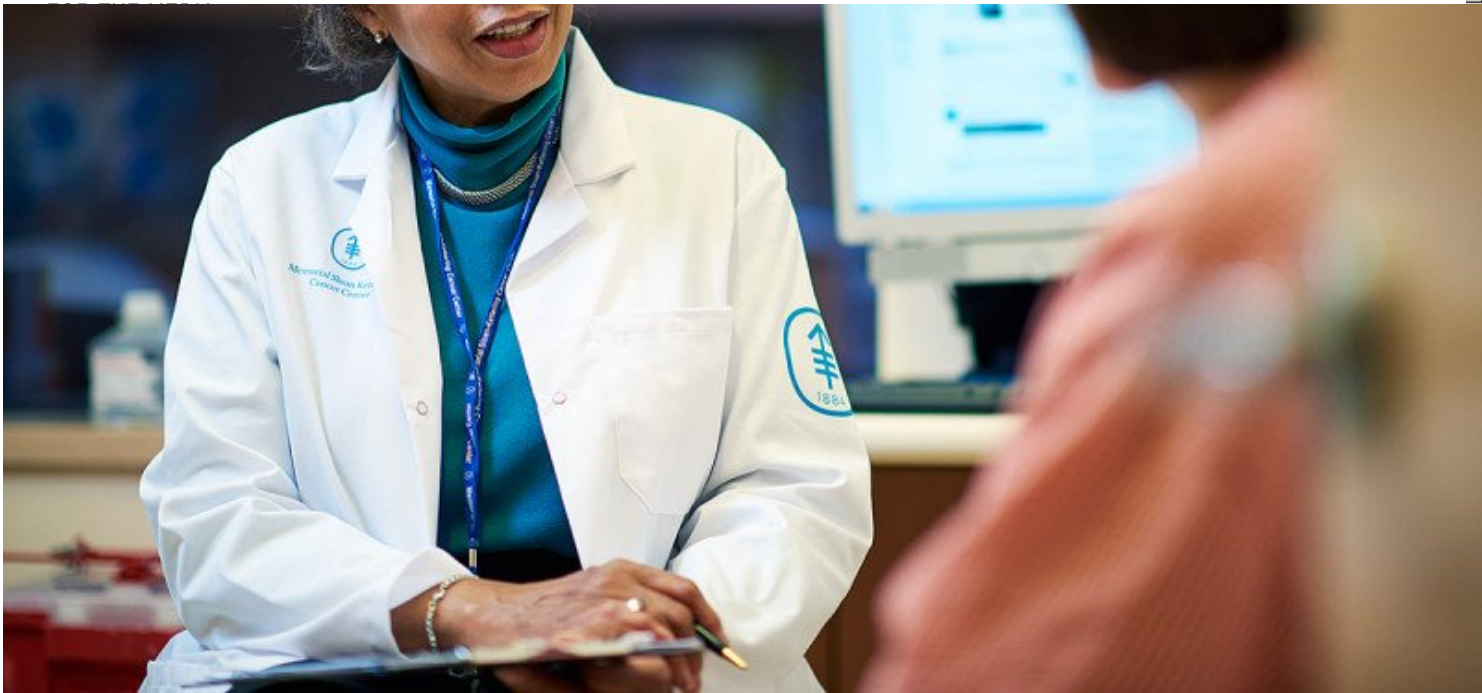
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[History](#)

[Equality, diversity & inclusion](#)

[Annual report](#)

[Give to MSK](#)



Medical oncologist Diana Lake studies hormonal therapies.

Some breast cancer cells rely on estrogen and other hormones to fuel their growth. Medicines that block or stop this action can potentially help in countering the cancer. The choice of hormonal therapy for you will depend on whether you've gone through menopause.

Premenopausal Women

If you haven't yet gone through menopause, we may recommend an estrogen receptor blocker, such as [tamoxifen](#). Or we may choose to add medications that suppress ovarian function, such as [leuprolide \(Lupron®\)](#) or [goserelin \(Zoladex®\)](#), and then use the same treatment we do for postmenopausal women. You may also be treated with surgical removal of the ovaries.

For Postmenopausal Women

If you've already gone through menopause, we may recommend an aromatase inhibitor, which blocks estrogen production and thereby starves cancer cells of the hormones they need for growth. Aromatase inhibitors include [anastrozole \(Arimidex®\)](#), [letrozole \(Femara®\)](#), and [exemestane \(Aromasin®\)](#).

Postmenopausal women can also be treated with an estrogen receptor blocker, such as [fulvestrant \(Faslodex®\)](#).

Common Side Effects

Because hormonal therapies can lead to a number of side effects, your care team will review these with you and talk about how you might handle them. Potential side effects include:

- menstrual irregularities
- infertility
- hot flashes
- decreased libido
- vaginal dryness
- bone aches

Request an Appointment

Call [646-497-9064](tel:646-497-9064)

Mon - Fri, 8:00 AM-6:00 p.m., ET

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