

Patient Information

Fertility Treatment using Letrozole Tablets

For women with polycystic ovary syndrome

Women's Services



Introduction

This information leaflet is for women undergoing fertility treatment who have been prescribed Letrozole tablets.

What is Letrozole?

Letrozole belongs to a class of drugs called aromatase inhibitors. Treatment with Letrozole for ovulation induction is off-licence as the drug company has not applied for a specific license to allow treatment for fertility and therefore, is not officially approved for ovulation induction.

However, it is being increasingly used as a treatment by fertility specialists to aid the development of ovarian follicles. Its use appears to be safe and has been in practice for many years. It works by lowering the levels of oestrogen which then enables your ovaries to produce eggs (ovulate).

Letrozole can be considered for use in the following situations:

- It may be recommended by your doctor as an alternative to Clomifene or Tamoxifen
- If you have polycystic ovarian syndrome (PCOS) and have not responded to Clomifene or Tamoxifen ovulation induction treatment
- If you persistently develop more follicles in response to ovulation induction treatment
- If you are unable to tolerate Clomifene or Tamoxifen
- If the normal development of the lining of the womb is affected by Clomifene or Tamoxifen treatment

What are the benefits of Letrozole?

The aim is to increase ovulation and increase the chance of you becoming pregnant. Many studies have recently shown that using Letrozole for ovulation induction has better rates of successful ovulation. It is not associated with adverse effects on the lining of the womb (something that can be seen with Clomifene) resulting in higher birth rates than with standard treatment. Letrozole is also associated with more cycles where only one follicle develops, hence lower multiple pregnancies compared with Clomifene (3.4% v 7.4% respectively).

What are the risks of Letrozole?

There are a few small risks and side effects as with most medications. The most common side effects of taking Letrozole are hot flushes and occasional fatigue and dizziness, others include:

- Multiple pregnancy - Approximately 1 in 10 women who conceive using Clomifene have twins whereas the risk of twin pregnancy with Letrozole is lower; estimated to be about 1 in 30 women (3.4%)
- Headaches
- Abdominal pain
- Ovarian cysts
- Blurring of vision (uncommon)
- Ovarian hyperstimulation (where the ovaries have over responded to the medications) – this risk is thought to be much less with Letrozole

There were some initial reports of an increased risk of birth defects (congenital malformations) but current data suggests that the risk of birth defects in babies appears to be lower than with Clomifene and is comparable with babies conceived naturally.

What are the alternative treatments to Letrozole?

There are a few different treatment options to induce ovulation which include:

- Tamoxifen tablets
- Clomifene tablets
- Metformin (may be combined with Clomifene) in women with PCOS
- Laparoscopy (key hole surgery) and 'drilling' of ovaries in women with PCOS
- Injections of follicle stimulating hormone (FSH)
- Assisted conception treatment, e.g. IVF/ICSI

These different treatment options may not be suitable for everyone. Your doctor or nurse would discuss and recommend the most appropriate treatment option for you.

How do I take Letrozole tablets?

The usual dose of Letrozole is 2.5mg and it is taken by mouth.

It is to be taken for five days per month from day two to day six of your menstrual cycle. Day one is the first day of your period (the day you start to bleed).

You need to take this tablet at the same time every day for the best results.

You should have regular intercourse (on average two to three times a week) during fertility treatment to improve your chances of getting pregnant.

How long can I take Letrozole for?

If ovulation has occurred but you are not pregnant, in the next cycle you should take the same dose of Letrozole. Once ovulation has been confirmed, it is usual to continue on the same dose for up to six cycles in total.

If a pregnancy has not occurred after six ovulatory cycles, you will be asked to see your consultant to review and discuss your treatment options.

What if my menstrual cycle is irregular?

If your cycle has been irregular in the past and you are not sure when your next period is due, you may be given a progestogen (hormone produced by the ovary during the menstrual cycle) tablets to 'bring on' a period.

Taking the progestogen tablet will cause you to have a 'withdrawal' bleed similar to a period. The first day of the bleed can be counted as day one of your cycle. The doctor or nurse will explain this further to you at your appointment.

How will I know if Letrozole is working?

Day 21 progesterone blood test

You may be asked to have a blood test during the menstrual cycle in which you are taking Letrozole. We usually take this blood sample on day 21 of your menstrual cycle and measure levels of the female hormone called progesterone. A level of 30 nmol/L or more is a good result. If the level is lower than 30 nmol/L (suboptimal) we may increase your dose of Letrozole and re-check your blood level on day 21 in your next cycle. The doctor or nurse may also discuss other treatment options with you.

If you are advised to have a day 21 progesterone blood test, please contact the fertility team about two days after the blood test for the

results, and further advice on adjusting your Letrozole dose (if required).

Telephone: 0758 450 9341 or email: fertility.enh-tr@nhs.net

You may not receive the advice immediately but we will contact you by post or telephone with the plan regarding your Letrozole dosage. **Do not increase the dose yourself without medical advice.**

A scan of the ovaries

If you are advised to have a scan of your ovaries, this is usually done from day 10 of your cycle. You may need more than one scan. Once a mature follicle is seen on scan, we may arrange a blood test for a few days later to check whether you have ovulated.

If you have been advised by your doctor or nurse to have a scan specifically to monitor your response to Letrozole, you will need to contact the fertility team on day one of your period to arrange this.

Telephone: 0758 450 9341 or email: fertility.enh-tr@nhs.net

Not everyone needs a scan of the ovaries and most women would be adequately monitored on blood tests alone. Your doctor or nurse will advise you on the method of monitoring your response to Letrozole.

What if I do not have a period after taking Letrozole?

If your period is more than a week late, you must perform a pregnancy test. If you are not pregnant, it is likely you did not ovulate in that cycle and we may advise you to increase your Letrozole dose with further monitoring.

What is my predicted response to treatment with Letrozole?

There are many factors that would influence your response to the treatment and whether you achieve a live birth. In women with PCOS, the likelihood of live birth is increased up to 40-60% with Letrozole compared to Clomifene.

Letrozole may not be suitable for every woman and your doctor or nurse will advise you if alternative treatment options are more appropriate.

Who can I contact if I have further questions?

If you have any concerns about Letrozole or need further information, then please do not hesitate to contact the fertility team (please see the back cover for contact details).

Please use this space to write down any questions you may wish to ask.

Useful contact details

Lister Hospital, switchboard

☎ 01438 314333

Fertility Team

☎ 0758 450 9341

Email: fertility.enh-tr@nhs.net

Further Information

NHS Choices

www.nhs.uk/conditions/infertility/treatment/

Human Fertilisation and Embryology Authority (HFEA)

www.hfea.gov.uk

National Institute of Clinical Excellence (NICE)

www.nice.org.uk/guidance/CG156

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Date of publication: February 2020

Author: AK Gebeh

Version: 01

Review Date: February 2023

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