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I'm Dr. Sandhya Pruthi. I'm at the Mayo Clinic and I'm the director of the breast diagnostic clinic. The title of the article is *Managing Aromatase Inhibitors in Breast Cancer Survivors: Not just for Oncologists*. And this article is to come out in June 2010 of Mayo Clinic *Proceedings*.

The role of general internists are becoming increasingly more important in the care of breast cancer survivors, primarily because of the increasing number of women who are living with breast cancer today. Further, a large percent of the breast cancer diagnosed are estrogen and progesterone receptor positive. And we know that adjuvant hormonal therapy is very beneficial in treating breast cancer survivors or breast cancer patients.

Aromatase inhibitors are increasingly becoming the preferred treatment for adjuvant hormonal therapy for newly diagnosed breast cancer. So primary care doctors do need to become more familiar with the indications, the adverse effects, and the efficacy of these anti-estrogens.

So there are three main side effects associated with aromatase inhibitor use, one are hot flashes. And for this, we are discussing the use of selective serotonin re-uptake inhibitors. The other is arthralgias, and management includes exercise, but even the use of non-steroidal anti-inflammatory drugs.

Vaginal dryness and atrophy is a significant problem for many women. And the management of this condition could include vaginal lubricants, moisturizers, but even for very severe vaginal atrophy, which can become quite bothersome and impact a woman's quality of life, is the use of low dose estrogen in intravaginal estrogen preparation.

There are other adverse effects. And another one that is most commonly associated with the use of aromatase inhibitors is the development of osteoporosis. And particularly, how do you manage and evaluate women for osteoporosis who are on aromatase inhibitor?

The mechanism of action of the aromatase inhibitor is significant suppression of the estrogen. And therefore, that makes it the more beneficial and effective drug for managing newly diagnosed breast cancer, particularly those that are hormone dependent.

Therefore, it's paramount that the primary care physicians are familiar with the adverse effects of these drugs. But also, to prevent discontinuation and improve compliance that they're able to manage women, and hopefully, improve their quality of life.

NARRATOR:

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