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Fertility Treatment using Letrozole Tablets

Information for Patients

What is Letrozole and why is it prescribed?

Letrozole tablets works by temporarily stopping the ovaries and other tissues from producing a hormone called oestrogen. It 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 licence to allow treatment for fertility and as such it is not officially approved for ovulation induction.

It is however being increasingly used as a treatment by fertility specialist to support the development of eggs and induce ovulation (release of eggs from the ovary). It is used in women who are not ovulating regularly. It is used in women with polycystic ovarian syndrome who are not releasing eggs and aims to increase ovulation and increase the chance of you becoming pregnant. Letrozole has been used as a fertility treatment for many years and its use appears to be safe.

When to consider using Letrozole?

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

What are the benefits of Letrozole?

- Letrozole aims to increase ovulation and increase the chance of you becoming pregnancy
- Letrozole has been shown to have better rates of successful ovulation
- Letrozole is not associated with negative effects on the lining of the womb (which may be seen with the use of Clomid) and so results in higher birth rates
- Letrozole is associated with more cycles where only one follicle develops so has a lower rate of multiple pregnancies (compared to Clomid)

What are the alternative treatments to Letrozole?

There are a few different treatment options to induce ovulation:

- Clomid (clomiphene citrate)
- Metformin (may be combined with Clomid) in women with PCOS
- Laparoscopic (key hole surgery) ovarian 'drilling' of the ovaries in women with PCOS
- Specialist treatments (available in the IVF clinic setting)
 - Injections of follicle stimulating hormones (FSH)
 - Assisted conception treatments (IVF/ICSI)

How to take Letrozole

Letrozole is a tablet taken by mouth. The starting dose is usually 2.5mgs a day, to be taken from day 2 to day 6 of your menstrual cycle (period), day 1 being the first full day of bleeding. To help you remember to take Letrozole, take it around the same time every day. If you do forget to take a dose, speak with your doctor, as you may need to change your treatment cycle. **Do not take two doses together to make up for a forgotten dose.**

When is the optimal time to have intercourse?

You are recommended to have sexual intercourse at least 2-3 times per week, evenly timed throughout the month when trying to achieve a pregnancy. When taking Letrozole, the best time to have intercourse is from 5 days after the last Letrozole tablet (day 10 in the cycle) every other day for one week

How is the response to treatment monitored?

You will be asked to attend for a blood test on day 21 of the first cycle to check your progesterone level. This will enable us to check if you have ovulated. It may take 3-4 days for the progesterone result to be available.

Please contact the fertility secretary for the result **01873 732148**.

If the blood test shows you have ovulated, the same dose of Letrozole can be repeated in the following cycles again from day 2 to day 6.

If ovulation has not occurred, you will be advised to increase the dose to 5mg, this will again need to be taken daily from day 2 to day 6 of your cycle. You will also be sent a prescription with more tablets if the dose is increased. **Do not** increase the dose yourself.

A further progesterone level blood test will be needed on day 21 of your cycle if you have been advised to increase the dose. If the test confirms ovulation, the same dose of Letrozole can be repeated in the following cycles. If bleeding does not occur by 6 weeks after your last Letrozole tablet, you should perform a pregnancy test.

If you are pregnant, you will not require further treatment and should report to your GP. If your pregnancy test is negative, repeat the test in one week to confirm the result. If you are not pregnant, start another cycle of Letrozole treatment at the same dose as above, on your next period between day 2 to day 6 of your cycle.

Duration of treatment

It is recommended that Letrozole is taken for **no more than six cycles initially**. If a pregnancy has not occurred after six cycles, you will be asked to see the consultant to plan further management. Some patients may not ovulate at all on Letrozole. Under these circumstances alternative treatments will be discussed.

What if you have no menstrual cycle?

If you do not have regular, or have very infrequent periods, you will be given a progestin tablet (such as Provera) to induce bleeding. Then commence the Letrozole on the second day after your induced period has started and follow the above instruction.

What side effects can this medication cause?

Side effects with Letrozole are not common.

More frequent symptoms include:

- Hot flushes, headache, dizziness, occasional fatigue
 - Abdominal discomfort (bloating or soreness)
 - Ovarian cysts
 - Ovarian hyperstimulation (where the ovaries have over responded) (the risk is thought to be much less with Letrozole). If you experience stomach swelling, weight gain or shortness of breath you must also contact your doctor immediately.
 - Multiple pregnancy - the incidence of twins is estimated to be about 1 in 30 women (3.4%) (this is lower than that seen when using Clomid).
- **Visual symptoms** (uncommon) can occur, including blurred or double vision and visual spots or flashes. **If these occur, you must stop treatment and inform your doctor immediately.**

You will find a full list in the manufacturer's information leaflet supplied with your medicine. If any other symptoms which you think may be due to these tablets speak to your doctor or pharmacist for advice.

Response to treatment

There are many factors that will 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 Clomid.

If you have any further questions, wish to speak to the fertility link nurses or wish to arrange an appointment, please contact the fertility secretary on 01873 732148

Useful websites NHS Choices:

[Fertility Network \(fertilitynetworkuk.org\)](http://fertilitynetworkuk.org)

[Saving babies' lives - Charity for Babies | Tommy's \(tommys.org\)](http://tommys.org)

**This document is available in Welsh/
Mae'r ddogfen hon ar gael yn Gymraeg**