

Ovulation induction using Letrozole Tablets - For women with anovulatory cycles secondary to polycystic ovaries

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 doctors 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).

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 Clomiphene), 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 Clomiphene (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 may include:

- 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

What are the alternative treatments to Letrozole?

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

- Tamoxifen tablets
- Clomiphene tablets
- Metformin (may be combined with Clomiphene) 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. Mr Naji will discuss and recommend the most appropriate treatment option for you.

How do I take Letrozole tablets?

The usual dose of Letrozole is 2.5-5mg and it is taken by mouth. It is to be taken for five days per month from day 2-6 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.

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 like a period. The first day of the bleed can be counted as day one of your cycle. Mr Naji 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. Mr Naji may also discuss other treatment options with you.

If you are advised to have a day 21 progesterone blood test, please contact us about two days after the blood test for the 6 results, and further advice on adjusting your Letrozole dose (if required).

Telephone: 02031287079 or email: contact@rylonclinic.com. You may not receive the advice immediately but we will contact you after consulting with Mr Naji 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 8-12 of your cycle. You may need more than one scan. Once a mature follicle is seen on scan, you will be advised to have an unprotected sexual intercourse once a day for the next 3-4 days, and we may arrange a blood test for a few days later to check whether you have ovulated.

If you have been advised by Mr Naji to have a scan specifically to monitor your response to Letrozole, you will need to contact us on day 1 of your period to arrange this. Telephone: 02031287079 or email:contact@rylonclinic.com

Not everyone needs a scan of the ovaries and most women would be adequately monitored on blood tests alone. Mr Naji 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 Clomiphene. Letrozole may not be suitable for every woman and Mr Naji will advise you if alternative treatment options are more appropriate.


Ovulation Induction with Letrozole Tablets (step-by-step guide)

This is an outline of the steps you will follow for a Timed Intercourse (TI)

1. You need to call on Day 1-2 of the cycle (period) and you may be advised to book a scan for Day 2-5 of the cycle if no previous scans were performed:
2. Start taking the Clomiphene (Clomid) or Letrozole tablets on day 2 of your cycle and continue for 5 days to day 6.
3. Your next scan will be arranged for Day 8-12 of your cycle.
4. After the scan, if your **endometrial thickness is >7.0mm** and your **follicle/s are >17mm** you will be advised to do ovulation test kits to detect a natural LH surge. Some women may need further scans until they are ready. If too many follicles grow (usually more than 3) we will advise cancelling the cycle to reduce the risks of multiple pregnancies.
5. Once an LH surge has been detected (or if no surge is detected and the follicle is >22mm) you will be advised to return 1 week later to confirm ovulation with:
 - a. A Progesterone blood test and/or
 - b. An Ultrasound scan
6. The ideal timing for intercourse is in the 3 days preceding ovulation to one day after the ovulation.
7. Contact your doctor following this blood test for confirmation of the result and further instructions.



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8. If the cycle confirms normal ovulation, you may be advised to continue the use of letrozole at home for period of up to 6 months without the need for scan monitoring.
 - a. Good growth of the follicle
 - b. Progesterone blood test > 30
 - c. Signs of ovulation at last scan

Confirmation of ovulation
9. If ovulation has not been confirmed a plan for subsequent treatment will be discussed.

Who can I contact if I have further questions?

We advise that you ring The Rylon Clinic who will advise you further. Please contact us on 02031287079 or contact@rylonclinic.com