

PRODUCT MONOGRAPH
INCLUDING PATIENT MEDICATION INFORMATION

 **NOLVADEX® - D**

tamoxifen citrate

Tablets, 20 mg, Oral Use

British Pharmacopoeia (BP)

Antineoplastic Agent

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RECENT MAJOR LABEL CHANGES

7 WARNINGS AND PRECAUTIONS, Cardiovascular

11/2024

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Sections or subsections that are not applicable at the time of authorization are not listed.

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PART I: HEALTH PROFESSIONAL INFORMATION

1 INDICATIONS

NOLVADEX-D (tamoxifen citrate) is indicated for:

- the adjuvant treatment of early breast cancer in women with estrogen receptor positive tumours.
- the treatment of women with hormone responsive locally advanced/ metastatic breast cancer.

1.1 Pediatrics

Pediatrics (< 18 years of age): the use of NOLVADEX-D is not recommended in children, as safety and efficacy have not been established.

2 CONTRAINDICATIONS

NOLVADEX-D (tamoxifen citrate) is contraindicated in patients who are hypersensitive to this drug or to any ingredient in the formulation, including any non-medicinal ingredient, or component of the container. For a complete listing, see 6 DOSAGE FORMS, STRENGTHS, COMPOSITION AND PACKAGING.

NOLVADEX-D must not be given during pregnancy. There have been a small number of reports of spontaneous abortions, birth defects and fetal deaths after women have taken NOLVADEX-D, although no causal relationship has been established.

Women should be advised not to become pregnant while taking NOLVADEX-D and for nine months following the cessation of therapy and should use a barrier or other non-hormonal contraceptive methods if sexually active. Pre-menopausal patients must be carefully examined before treatment to exclude the possibility of pregnancy. Women should be informed of the potential risks to the fetus, should they become pregnant while taking NOLVADEX-D or within nine months of cessation of therapy.

When used in the prevention setting (an indication not approved in Canada), NOLVADEX-D is contraindicated in patients with a history of stroke, deep venous thrombosis or pulmonary embolism, and in patients who are at an increased risk of developing endometrial cancer.

3 SERIOUS WARNINGS AND PRECAUTIONS BOX

Serious Warnings and Precautions

NOLVADEX-D (tamoxifen citrate) was associated with serious and life-threatening events including uterine malignancies, stroke, pulmonary embolism, and deep vein thrombosis in the NSABP P-1 trial for the prevention of breast cancer. The use of NOLVADEX-D for breast cancer prevention is not an approved indication in Canada. In the NSABP P-1 trial, the relative risk of tamoxifen citrate compared to placebo was 3.1 for endometrial cancer, 4.0 for uterine sarcomas, 1.6 for stroke, 3.0 for pulmonary embolism, and 1.6 for deep vein thrombosis. These events were fatal in some patients. Health care providers should be aware of the possible risks associated with NOLVADEX-D therapy and should discuss them with their patients.

THE BENEFITS OF NOLVADEX-D THERAPY OUTWEIGH THE RISKS IN THE MAJORITY OF WOMEN BEING TREATED ACCORDING TO THE APPROVED CANADIAN INDICATION FOR THE TREATMENT OF BREAST CANCER.

4 DOSAGE AND ADMINISTRATION

4.1 Dosing Considerations

The duration of treatment with NOLVADEX-D (tamoxifen citrate) will depend on the patient's response. The drug should be continued as long as there is a favourable response.

With obvious disease progression, the drug should be discontinued. However, because an occasional patient will have a local disease flare or an increase in bone pain shortly after starting tamoxifen citrate, it is sometimes difficult during the first few weeks of treatment to determine whether the patient's disease is progressing or whether it will stabilize or respond to continued treatment (see 8 ADVERSE REACTIONS). There are data to suggest that, if possible, treatment should not be discontinued before a minimum of three to four weeks.

In clinical studies, the median duration of treatment before the onset of a definite objective response has been two months. However, approximately one-quarter of patients who eventually responded were treated for four or more months before a definite objective response was recorded.

4.2 Recommended Dose and Dosage Adjustment

The recommended daily dose of NOLVADEX-D is 20 to 40 mg in a single or two divided doses. The lowest effective dose should be used. In early disease, the recommended duration of therapy is 5 years. The optimal duration of therapy remains to be determined.

Pediatric Use: Health Canada has not authorized an indication for pediatric use.

4.4 Administration

NOLVADEX-D is for oral use only.

4.5 Missed Dose

If a patient misses a dose, they should take the next usual dose as soon as they remember. Do not take two doses at the same time.

5 OVERDOSAGE

Acute overdosage in humans has not been reported. Possible overdosage effects might include hot flushes, nausea, vomiting, and vaginal bleeding. No specific treatment for overdosage is known and treatment must be symptomatic.

In the case of accidental ingestion by a child, gastric emptying is suggested.

There have been reports in the literature that tamoxifen citrate given at several times the standard dose may be associated with prolongation of the QT interval of the ECG.

For management of a suspected drug overdose, contact your regional poison control centre.

6 DOSAGE FORMS, STRENGTHS, COMPOSITION AND PACKAGING

Table 1 – Dosage Forms, Strengths and Composition

Route of Administration	Dosage Form / Strength/Composition	Non-medicinal Ingredients
Oral Use	Tablet 20 mg	Corn starch, Croscarmellose sodium; Gelatin, Lactose, Macrogol 300, Magnesium stearate, Methylhydroxy propylcellulose, and Titanium dioxide.

NOLVADEX-D (tamoxifen citrate) tablets 20 mg are off-white to white, octagonal, film coated biconvex tablets containing 30.4 mg tamoxifen citrate equivalent to 20 mg of tamoxifen; they are intagliated with "NOLVADEX D" on one face and plain on the reverse. NOLVADEX-D 20 mg tablets are available in blister packs of 30 tablets.

7 WARNINGS AND PRECAUTIONS

Please see the 3 SERIOUS WARNINGS AND PRECAUTIONS BOX at the beginning of Part I: Health Professional Information.

General

NOLVADEX-D (tamoxifen citrate) should be used only for the conditions listed under the 1 INDICATIONS section.

Reduced efficacy on tamoxifen citrate has been reported with concomitant usage of some selective serotonin reuptake inhibitor (SSRI) antidepressants (e.g. paroxetine, a known CYP2D6 inhibitor) (see 9 DRUG INTERACTIONS).

Carcinogenesis and Mutagenesis

An increased incidence of uterine malignancies has been reported in association with tamoxifen citrate treatment. The underlying mechanism is unknown, but may be related to the estrogen-

like effect of NOLVADEX-D. Most uterine malignancies seen in association with tamoxifen citrate are classified as adenocarcinoma of the endometrium. However, rare uterine sarcomas, including malignant mixed Mullerian tumours, have also been reported. Uterine sarcoma is generally associated with a higher FIGO stage (III/IV) at diagnosis, poorer prognosis, and shorter survival. Uterine sarcoma has been reported to occur more frequently among long-term users (≥ 2 years) of tamoxifen citrate than non-users.

An increased incidence of endometrial cancer and uterine sarcoma (mostly malignant mixed Mullerian tumours) has been reported in association with tamoxifen citrate treatment. The incidence and pattern of this increase suggest that the underlying mechanism may be related to estrogenic properties of tamoxifen citrate. Any patients receiving NOLVADEX-D or having previously received NOLVADEX-D who report abnormal gynaecological symptoms, especially vaginal bleeding, should be promptly investigated.

Incidence rates for the following events were estimated from a long-term clinical study called the National Surgical Adjuvant Breast and Bowel Project Breast Cancer Prevention (NSABP P-1) Trial. In this trial, high-risk patients were randomized to either tamoxifen citrate therapy or placebo, for the prevention of breast cancer. Uterine malignancies were separated into cases of endometrial adenocarcinomas and uterine sarcomas. The relative risk of tamoxifen citrate compared to placebo was 3.1 for endometrial cancer, 4.0 for uterine sarcomas, 1.6 for stroke, 3.0 for pulmonary embolism, and 1.6 for deep vein thrombosis.

Hepatocellular carcinomas have been reported in a 2 year oncogenicity study in rats receiving tamoxifen citrate (see 16 NON-CLINICAL TOXICOLOGY). In addition, gonadal tumours have been reported in mice receiving tamoxifen citrate in long-term studies (see 16 NON-CLINICAL TOXICOLOGY). The clinical relevance of these cancer findings has not been established.

A number of second primary tumours, occurring at sites other than the endometrium and the opposite breast, have been reported in clinical trials, following the treatment of breast cancer patients with tamoxifen citrate. No causal link has been established and the clinical significance of these observations remains unclear.

Cardiovascular

An increased risk of stroke has been found to be associated with tamoxifen citrate therapy in high-risk patients being treated for the prevention of breast cancer. The use of NOLVADEX-D for the prevention of breast cancer is not an approved indication in Canada.

At the recommended dose, NOLVADEX-D may prolong the QTc interval on the electrocardiogram (ECG) in patients with underlying risks for QT prolongation and cardiac comorbidities. ECG and electrolyte monitoring are recommended before and during treatment in such patients.

Driving and Operating Machinery

NOLVADEX-D is unlikely to impair the ability of patients to drive or operate machinery. However, fatigue and asthenia have been reported with the use of NOLVADEX-D and caution should be observed when driving or operating machinery while such symptoms persist.

Endocrine and Metabolism

As with other additive hormonal therapy (estrogens and androgens), hypercalcemia has been reported in some breast cancer patients with bone metastases within a few weeks of starting treatment with tamoxifen citrate. Any symptoms suggestive of hypercalcemia should be

evaluated promptly. Patients who have metastatic bone disease should have periodic serum calcium determinations during the first few weeks of tamoxifen citrate therapy. If hypercalcemia is present, appropriate measures should be taken and, if severe, NOLVADEX-D should be discontinued.

The first patient follow-up should be done within one month following initiation of treatment. Thereafter, examinations may be performed at one to two-month intervals. Bone pain, if it should occur, may require the use of analgesics.

Hematologic

NOLVADEX-D should be used cautiously in patients with existing thrombocytopenia or leukopenia. Decreases in platelet counts, usually to 80,000 - 90,000/mm³, infrequently lower, have been observed occasionally during treatment with tamoxifen citrate. However, no hemorrhagic tendency has been reported, and the platelet counts returned to normal levels even though treatment with tamoxifen citrate was continued.

There have been uncommon reports of leucopenia and/or thrombocytopenia, sometimes in association with anemia. Neutropenia, including cases of agranulocytosis, have also been reported on rare occasions. Complete blood counts, including platelet counts, should be obtained periodically.

There is evidence of an increased incidence of thromboembolic events, including deep vein thrombosis and pulmonary embolism, occurring commonly during tamoxifen citrate therapy (see 8 ADVERSE REACTIONS). When tamoxifen citrate is co-administered with chemotherapy, there may be a further increase in the incidence of thromboembolic effects (see 9.4 Drug-Drug Interactions). For treatment of breast cancer, the risks and benefits of NOLVADEX-D should be carefully considered in women with a history of thromboembolic events.

As tamoxifen citrate has been associated with increased rates of thromboembolic events, NOLVADEX-D may increase the risk of complications after microvascular breast reconstruction. A retrospective study found that women taking tamoxifen citrate within 28 days of undergoing delayed breast reconstruction had a higher rate of complications (21.5%), including total flap loss (3.9%), compared to women who had not received tamoxifen citrate within 28 days of surgery (15% and 0.4%, respectively). Of the total flap losses, 90% were due to either venous or arterial thrombosis. Consideration should be given to temporarily interrupt NOLVADEX-D before undergoing delayed microvascular breast reconstruction after a careful individual benefit/risk assessment.

When NOLVADEX-D is co-administered with coumarin-type anticoagulants, a significant increase in anticoagulant effect may occur (see 9.4 Drug-Drug Interactions).

Hepatic/Biliary/Pancreatic

Elevations in alanine aminotransferase (ALT), aspartate aminotransferase (AST) and gamma-glutamyl transpeptidase (GGT) levels have been reported commonly during tamoxifen citrate therapy. On occasion, severe liver diseases have occurred from which some patients taking tamoxifen have died. Liver abnormalities reported include fatty liver, cholestasis and hepatitis, liver failure, cirrhosis, and hepatocellular injury (including hepatic necrosis). Occasionally, cases of hepatic cyst and peliosis hepatitis have also been reported (see 8 ADVERSE REACTIONS). Monitoring liver function tests during treatment with NOLVADEX-D is recommended.

Immune

Hypersensitivity reactions including rare reports of erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, cutaneous vasculitis, bullous pemphigoid and angioedema have been reported (see 8 ADVERSE REACTIONS).

In patients with hereditary angioedema, NOLVADEX-D may induce or exacerbate symptoms of angioedema (see 8 ADVERSE REACTIONS).

Monitoring and Laboratory Tests

Estrogen and progesterone receptors status should be determined by a laboratory using a validated test.

Musculoskeletal

Myalgia has been reported commonly in patients receiving tamoxifen citrate. In these cases, discontinuation of treatment resulted in resolution of symptoms (see 8 ADVERSE REACTIONS).

Ophthalmologic

Cataracts were also reported in the 2-year oncogenicity study in rats, and since then it has been established that treatment with tamoxifen citrate has been associated with an increased incidence of cataracts.

Visual disturbances include retinal crystals, macular edema, keratopathy, and rare reports of corneal changes have occurred. Rare cases of optic neuropathy and optic neuritis have been reported in patients receiving tamoxifen and, in a small number of cases, blindness has occurred (see 8 ADVERSE REACTIONS). Patients should be advised to seek medical attention if they experience any visual disturbances.

Reproductive Health: Female and Male Potential

Disturbances of menstrual function, including oligomenorrhea and amenorrhea, have been reported in a proportion of pre-menopausal women receiving tamoxifen citrate for the treatment of breast cancer. Available information indicates that in those women receiving tamoxifen citrate for up to two years for the treatment of early breast cancer who develop disturbances of menstrual function on treatment, a proportion return to normal cyclical bleeding on cessation of therapy.

7.1 Special Populations

7.1.1 Pregnant Women

NOLVADEX-D must not be given during pregnancy. There have been a small number of reports of spontaneous abortions, birth defects and fetal deaths after women have taken NOLVADEX-D, although no causal relationship has been established (see 2 CONTRAINDICATIONS).

7.1.2 Breast-feeding

It is not known if tamoxifen citrate is excreted in human milk and, therefore, the drug is not recommended during lactation. The decision either to discontinue nursing or discontinue NOLVADEX-D should take into account the importance of the drug to the mother.

7.1.3 Pediatrics

Pediatrics (< 18 years of age): the use of NOLVADEX-D is not recommended in children, as safety and efficacy have not been established.

8 ADVERSE REACTIONS

8.1 Adverse Reaction Overview

Side effects can be classified as either due to the pharmacological action of the drug, e.g., hot flushes, vaginal discharge, pruritus vulva, or those requiring further investigations, such as vaginal bleeding (to exclude the possibility of endometrial malignancy) and tumour flare (to exclude the possibility of progressive disease). Side effects can also be classified as more general in nature such as gastrointestinal intolerance (including such events as nausea, vomiting, constipation and diarrhea), headache, light-headedness and occasionally fluid retention and alopecia. When such side effects are severe, it may be possible to control them by a simple reduction of dosage (within the recommended dose range) without loss of control of the disease.

8.2 Clinical Trial Adverse Reactions

Clinical trials are conducted under very specific conditions. The adverse reaction rates observed in the clinical trials; therefore, may not reflect the rates observed in practice and should not be compared to the rates in the clinical trials of another drug. Adverse reaction information from clinical trials may be useful in identifying and approximating rates of adverse drug reactions in real-world use.

Unless specified, the following frequency categories were calculated from the number of adverse events reported in the control arm of a large phase III study conducted where 3094 postmenopausal women patients with operable breast cancer were treated for 5 years with tamoxifen citrate and where no account was taken of whether the investigator considered it to be related to the study medication.

Table 2 Adverse Drug Reactions (ADR) seen with Tamoxifen Citrate*

Frequency	System Organ Class (SOC)	ADR
Very common (≥10%)	Gastrointestinal disorders	• Nausea
	General disorder and administrative site conditions	• Fatigue/Asthenia
	Metabolism and nutrition	• Fluid retention
	Psychiatric Disorders	• Depression
	Reproductive system and breast	• Vaginal bleeding • Vaginal discharge
	Skin and subcutaneous tissue	• Skin Rash
	Vascular	• Hot flushes

Table 2 Adverse Drug Reactions (ADR) seen with Tamoxifen Citrate*

Frequency	System Organ Class (SOC)	ADR
Common (≥1% and <10%)	Blood and lymphatic system	<ul style="list-style-type: none"> • Anemia
	Eye disorders	<ul style="list-style-type: none"> • Cataracts • Retinopathy
	Immune system disorders	<ul style="list-style-type: none"> • Hypersensitivity reactions
	Investigations	<ul style="list-style-type: none"> • Elevated triglycerides
	Musculoskeletal and connective tissue	<ul style="list-style-type: none"> • Leg cramp • Myalgia
	Neoplasms benign, malignant and unspecified	<ul style="list-style-type: none"> • Uterine fibroids • Tumour Flare^a
	Nervous system	<ul style="list-style-type: none"> • Ischemic cerebrovascular events • Headache • Light headedness • Paresthesia
	Reproductive system and breast	<ul style="list-style-type: none"> • Pruritus vulva • Endometrial changes (including hyperplasia and polyps)
	Skin and subcutaneous tissue	<ul style="list-style-type: none"> • Alopecia
	Gastrointestinal disorders	<ul style="list-style-type: none"> • Vomiting • Diarrhea • Constipation
	Hepatobiliary disorders	<ul style="list-style-type: none"> • Changes in liver enzymes • Fatty liver
	Multiple SOC Terms	<ul style="list-style-type: none"> • Thromboembolic events (including deep vein thrombosis, microvascular thrombosis and pulmonary embolism)

* Adverse event rates may not apply to premenopausal women or women treated for locally advanced or metastatic disease.

^a Exact frequency not known but known to occur at ≤ 0.1% from the ATAC study (A Randomized, Double-Blind Trial Comparing ARIMIDEX to NOLVADEX-D).

Skin rashes and commonly, hypersensitivity reactions have been reported.

Cataracts and retinopathy have been commonly reported in association with the administration of tamoxifen citrate (see 7 WARNINGS AND PRECAUTIONS).

Paresthesia (tingling, pricking and numbness of skin) has been commonly reported in patients receiving NOLVADEX-D (tamoxifen citrate).

There is evidence of an increased incidence of ischemic cerebrovascular and thromboembolic events, including deep vein thrombosis and pulmonary embolism, occurring commonly during tamoxifen citrate therapy (see 7 WARNINGS AND PRECAUTIONS). An increased incidence of microvascular thrombosis has also been reported in women treated with tamoxifen citrate undergoing delayed microvascular breast reconstruction (see 7 WARNINGS AND PRECAUTIONS).

In the prevention setting, treatment with tamoxifen citrate has been associated with an increased risk of stroke (see 7 WARNINGS AND PRECAUTIONS). When tamoxifen citrate is used in combination with cytotoxic agents, there is an increased risk of thromboembolic events occurring.

Myalgia has been reported commonly in patients receiving tamoxifen citrate. In these cases, discontinuation of treatment resulted in resolution of symptoms. The use of some hormonal agents in breast cancer therapy has been associated with myalgia. Myalgia has been reported in patients receiving NOLVADEX-D in clinical trials. In clinical trials, the incidence of myalgia was similar between patients treated with tamoxifen or an aromatase inhibitor reported to be associated with this event.

Elevations in alanine aminotransferase (ALT), aspartate aminotransferase (AST) and gamma-glutamyl transpeptidase (GGT) levels have been reported commonly during tamoxifen citrate therapy. On occasion, severe liver diseases have occurred from which some patients taking tamoxifen have died. Liver abnormalities reported include fatty liver.

Fatigue and asthenia have been reported very commonly in patients taking NOLVADEX-D.

8.3 Less Common Clinical Trial Adverse Reactions

Table 3 Adverse Drug Reactions (ADR) seen with Tamoxifen Citrate*

Frequency	System Organ Class (SOC)	ADR
Uncommon (≥ 0.1% and <1%)	Blood and lymphatic system	<ul style="list-style-type: none">• Thrombocytopenia• Leukopenia• Pancytopenia
	Eye disorders	<ul style="list-style-type: none">• Visual disturbances
	Gastrointestinal disorders	<ul style="list-style-type: none">• Pancreatitis
	Metabolism and nutrition	<ul style="list-style-type: none">• Hypercalcemia (in patients with bony metastases)

Table 3 Adverse Drug Reactions (ADR) seen with Tamoxifen Citrate*

Frequency	System Organ Class (SOC)	ADR
	Neoplasms benign, malignant and unspecified	<ul style="list-style-type: none"> • Endometrial cancer
	Nervous system	<ul style="list-style-type: none"> • Dysgeusia
	Respiratory, thoracic and mediastinal disorders	<ul style="list-style-type: none"> • Interstitial pneumonitis
	Hepatobiliary disorders	<ul style="list-style-type: none"> • Cirrhosis of the liver
Rare (≥ 0.01% and <0.1%)	Blood and lymphatic system disorders	<ul style="list-style-type: none"> • Neutropenia^a
	Eye disorders	<ul style="list-style-type: none"> • Agranulocytosis^a • Corneal changes • Optic neuropathy^a
	Neoplasms benign, malignant and unspecified (incl cysts and polyps)	<ul style="list-style-type: none"> • Uterine Sarcoma (mostly malignant mixed Mullerian tumours)^a
	Reproductive system and breast disorders	<ul style="list-style-type: none"> • Vaginal polyps^a • Endometriosis^a • Cystic ovarian swelling^a
	Nervous system	<ul style="list-style-type: none"> • Optic neuritis
	Hepatobiliary disorders	<ul style="list-style-type: none"> • Hepatitis • Cholestasis^a • Hepatic failure^a • Hepatocellular injury^a • Hepatic necrosis^a
	Skin and subcutaneous tissue	<ul style="list-style-type: none"> • Angioedema • Stevens-Johnson syndrome^a • Cutaneous vasculitis^a • Bullous pemphigoid^a • Erythema multiforme^a • Cutaneous lupus erythematosus^b
	Congenital, familial and genetic disorders	<ul style="list-style-type: none"> • Porphyria cutanea tarda^b

- * Adverse event rates may not apply to premenopausal women or women treated for locally advanced or metastatic disease.
- ^a Exact frequency not known but known to occur at $\leq 0.1\%$ from the ATAC study (A Randomized, Double-Blind Trial Comparing ARIMIDEX to NOLVADEX-D).
- ^b The event was not observed in other major clinical studies. The frequency has been calculated using the upper limit of the 95% confidence interval for the point estimate (based on $3/X$, where X represents the total sample size of 13,357 patients in the major clinical studies). This is calculated as $3/13,357$ which equates to a frequency category of 'rare'.

Rare reports of erythema multiforme, Stevens-Johnson syndrome, cutaneous vasculitis, and bullous pemphigoid, and angioedema, have been reported.

Increased bone and tumour pain and also local disease flare have occurred. These are sometimes associated with a good tumour response. Patients with soft tissue disease may have sudden increases in the size of pre-existing lesions, sometimes associated with marked erythema within and surrounding the lesions, and/or the development of new lesions. When they occur, the bone pain or disease flare are seen shortly after starting tamoxifen citrate and generally subside rapidly. Uncommonly, patients with bony metastases have developed hypercalcemia on initiation of therapy (see 7 WARNINGS AND PRECAUTIONS).

Visual disturbances include retinal crystals, macular edema, keratopathy, and rare reports of corneal changes. Rare cases of optic neuropathy and optic neuritis have been reported in patients receiving tamoxifen and, in a small number of cases, blindness has occurred.

Dysgeusia (taste loss and perversion) has been uncommonly reported in patients receiving NOLVADEX-D.

Decreases in platelet counts, usually only to 80,000 - 90,000 per cu mm but occasionally lower, have been uncommonly reported in patients taking tamoxifen citrate.

There have been uncommon reports of leucopenia and/or thrombocytopenia, sometimes in association with anemia. Neutropenia, including cases of agranulocytosis, have also been reported on rare occasions (see 7 WARNINGS AND PRECAUTIONS).

Liver abnormalities reported include cholestasis and hepatitis, liver failure, cirrhosis, and hepatocellular injury (including hepatic necrosis). Occasionally, cases of hepatic cyst and peliosis hepatitis have also been reported.

Uncommon incidences of endometrial cancer and rare instances of uterine sarcoma (mostly malignant mixed Mullerian tumours) have been reported in association with tamoxifen citrate treatment (see 7 WARNINGS AND PRECAUTIONS).

Infrequent incidence of distaste for food has been observed in patients receiving NOLVADEX-D.

Cutaneous lupus erythematosus and porphyria cutanea tarda have been observed rarely in patients receiving NOLVADEX-D. In these cases, discontinuation of treatment resulted in resolution of symptoms.

8.5 Post Market Adverse Reactions

The following adverse reactions have been identified during post approval use of NOLVADEX-D:

Immune: Cases of exacerbation of angioedema in patients with hereditary angioedema

Musculoskeletal: Myalgia

Psychiatric: Depression

Skin and subcutaneous tissue: Toxic epidermal necrolysis

Cases of radiation recall have been reported in patients receiving NOLVADEX-D in the post-marketing setting. The reaction is usually reversible upon temporary cessation of therapy and re-challenge may result in a milder reaction. Treatment with NOLVADEX-D was continued in most cases.

9 DRUG INTERACTIONS

9.2 Drug Interactions Overview

The known principal pathway for tamoxifen citrate metabolism in humans is demethylation, catalyzed by CYP3A4 enzymes. A pharmacokinetic interaction with the CYP3A4 inducing agent rifampicin, involving a reduction in tamoxifen citrate plasma levels has been reported in the literature. The relevance of this to clinical practice is not known.

Pharmacokinetic interaction with CYP2D6 inhibitors, showing a reduction in plasma level of an active tamoxifen citrate metabolite, 4-hydroxy-N-desmethyltamoxifen (endoxifen), has been reported in the literature. Chronic use of CYP2D6 inhibitors can lead to reduced plasma concentrations of an active metabolite (see 7 WARNINGS AND PRECAUTIONS).

9.4 Drug-Drug Interactions

NOLVADEX-D (tamoxifen citrate) is a pro-drug requiring metabolic activation by CYP2D6. Low CYP2D6 activity that occurs in patients harbouring certain CYP2D6 alleles (i.e. *4) or from the chronic use of CYP2D6 inhibitors can lead to persistent reductions in plasma concentrations of an active metabolite of tamoxifen citrate (endoxifen). Reduced efficacy on tamoxifen citrate has been reported with concomitant usage of some selective serotonin reuptake inhibitor (SSRI) antidepressants (e.g. paroxetine, a known CYP2D6 inhibitor). Concurrent chronic use of CYP2D6 inhibitors that may affect tamoxifen citrate efficacy should be avoided if possible (see 7 WARNINGS AND PRECAUTIONS).

The interactions listed below are based on either drug interaction case reports or studies, or potential interactions due to the expected magnitude and seriousness of the interaction (i.e., those identified as contraindicated).

When tamoxifen citrate is used in combination with coumarin-type anticoagulants, a significant increase in anticoagulant effect may occur (see 7 WARNINGS AND PRECAUTIONS). Where such coadministration exists, careful monitoring of the patient's prothrombin time is recommended.

When tamoxifen citrate is used in combination with cytotoxic agents, there is increased risk of thromboembolic events occurring (see 7 WARNINGS AND PRECAUTIONS).

The use of tamoxifen citrate in combination with an aromatase inhibitor as adjuvant therapy has not shown improved efficacy compared with tamoxifen citrate alone. Coadministration of anastrozole and tamoxifen citrate in breast cancer patients reduced anastrozole plasma concentration by 27% compared to those achieved with anastrozole alone. However, clinical

significance of this reduction is unknown.

10 CLINICAL PHARMACOLOGY

10.1 Mechanism of Action

Tamoxifen citrate, the active ingredient, is a non-steroidal agent which has demonstrated potent antiestrogenic properties in animal test systems. The antiestrogenic effects are related to its ability to compete with estrogen for binding sites in target tissues such as breast and uterus. Tamoxifen citrate inhibits the induction of rat mammary carcinoma induced by dimethylbenzanthracene (DMBA) and causes the regression of already established DMBA-induced tumours. In this rat model, tamoxifen citrate appears to exert its antitumour effects by binding to estrogen receptors.

In cytosols derived from human endometrium and human breast and uterine adenocarcinomas, tamoxifen competes with estradiol for estrogen receptor protein.

10.2 Pharmacodynamics

In women with estrogen receptor-positive/unknown breast tumours, adjuvant tamoxifen citrate has been shown to significantly reduce recurrence of the disease and improve 10-year survival, achieving a significantly greater effect with five years treatment than with one or two years treatment. These benefits appear to be largely irrespective of age, menopausal status, tamoxifen citrate dose and additional chemotherapy.

Ranges as large as 0-300 fmol/mg protein have been reported in histologically comparable portions of the same tumour. In addition, the collection, transport and storage of tumour specimens can affect the validity of current estrogen receptor assays.

The apparent discrepancy in correlation between estrogen receptor status and clinical response may also be explained by recent *in vitro* evidence indicating that not all of the growth inhibiting effects of tamoxifen citrate are mediated through the estrogen receptor. Tamoxifen citrate has been shown to have a low affinity for the androgen receptor and on a binding site distinct from the estrogen receptor. The possibility also exists that tamoxifen citrate interferes with the action of hormonal steroids on cell growth, that it could modulate the action of peptide hormones at their receptors by effects on cell membranes, and that it inhibits prostaglandin synthetase thereby having the potential to limit tumour growth. It is recognized that tamoxifen citrate also displays estrogenic-like effects on several body systems including the endometrium, bone and blood lipids.

10.3 Pharmacokinetics

Metabolism: Preliminary pharmacokinetics in women using radiolabeled tamoxifen citrate have shown that most of the radioactivity is slowly excreted in the feces, with only small amounts appearing in urine. The drug is excreted mainly as conjugates, with unchanged drug and hydroxylated metabolites accounting for 30% of the total. Blood levels of total radioactivity following single oral doses of approximately 0.3 mg/kg reached peak values of 0.06-0.14 µg/mL at 3-7 hours after dosing, with only 20-30% of the drug present as tamoxifen citrate. There was an initial half-life of 7-14 hours with secondary peaks four or more days later. The prolongation of blood levels and fecal excretion is believed to be due to enterohepatic circulation.

11 STORAGE, STABILITY AND DISPOSAL

NOLVADEX-D (tamoxifen citrate) should be stored at room temperature (15 to 30°C) and protected from light.

12 SPECIAL HANDLING INSTRUCTIONS

Not Applicable.

PART II: SCIENTIFIC INFORMATION

13 PHARMACEUTICAL INFORMATION

Drug Substance

Proper name: Tamoxifen citrate

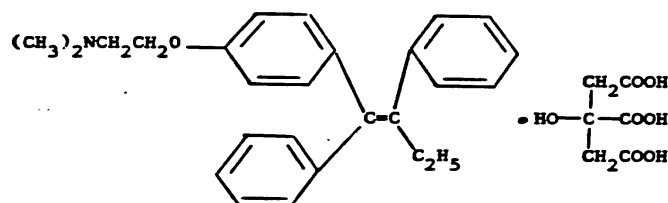
Chemical name: (Z)-2-[4-(1,2-diphenyl-1-butenyl)phenoxy]-N,N-dimethylethanamine 2-hydroxy-1,2,3-propanetricarboxylate (1:1)

Molecular formula and molecular mass:

$C_{32}H_{37}NO_8$

563.62 Daltons

Structural formula:



NOLVADEX-D is the trans-isomer of a triphenylethylene derivative.

Physicochemical properties: Tamoxifen citrate is a fine, white, essentially odorless, crystalline powder with a melting range between 142.0 and 144.5°C. It is hygroscopic and photosensitive.

14 CLINICAL TRIALS

14.1 Clinical Trials by Indication

The original data on which the indication was approved is not available.

15 MICROBIOLOGY

No microbiological information is required for this drug product.

16 NON-CLINICAL TOXICOLOGY

General Toxicology

Acute Toxicity

Tamoxifen citrate has a low acute toxicity in all species studied, including mice, rats, rabbits, and marmosets. The acute oral LD₅₀ is greater than 1 g/kg in all species treated.

Multiple Dose Toxicity Studies

Chronic toxicity studies were conducted in rats, dogs and marmosets. In the 3 month rat study, tamoxifen citrate was administered daily at doses of 2, 20, and 100 mg/kg as a mixture containing approximately 10% of the corresponding cis-isomer, an estrogen. The changes

induced were reduction in weight of ovaries, testes, seminal vesicles, and ventral prostate when related to body weight. Decreased numbers of corpora lutea and follicular cysts, as well as reduction in uterine size, were noted.

The endometrium of all dosed rats showed a complete absence of glands, the epithelium consisting of a single layer of columnar cells with small areas of flattening and occasional squamous metaplasia. The endometrial stroma was somewhat condensed giving it a more fibrous appearance.

High-dose male rats showed cessation of maturation of spermatozoa. Seminiferous epithelium showed scattered necrotic cells. A similar, but less severe change, was seen in males receiving the intermediate dose. The testes in rats which received a low dose showed reduced numbers of spermatocytes and occasional atrophic tubules.

A few treated rats showed a marginal increase in the height of the thyroid epithelium and all treated rats showed a thin zone of adrenal cortical congestion and edema.

In a 6 month rat study tamoxifen citrate was administered orally at doses of 0.05 mg, 0.8 mg, 2.4 mg, 4.8 mg and 9.6 mg/kg. Changes produced by tamoxifen citrate were observed mainly in rats treated with 2.4, 4.8 and 9.6 mg/kg. The reproductive organs showed severe atrophic changes increasing with dose from 2.4 to 9.6 mg/kg. Serum alkaline phosphatase and sodium levels were raised and alanine aminotransferase, aspartate aminotransferase and albumin levels were lowered.

No significant histological findings were observed in the liver.

In the 3 month dog study, doses of 1, 10, and 50 mg/kg were administered orally. The same cis-trans mixture was used as in the 3 month rat study. The treated males in all groups showed a decrease in weight of the testes and pituitary. The females showed an increase in weight of the uterus. Histological observations were as follows:

The testes were atrophic in all dosed dogs. The seminiferous epithelium in most tubules comprised only a layer of spermatogonia and Sertoli cells. There was a considerable increase in the fibrous stroma around the tubules due to the condensation of the normal interstitial tissue as a result of atrophy. This change was attributed to the "estrogenic" effect of the cis-trans mixture.

The ovaries of the dosed females showed reduced numbers of follicles, cessation of ovulation, and hyperplasia of the germinal epithelium. This last change is an exaggeration of the physiological changes seen in metestrus. These changes were less marked in the dogs receiving the lower doses.

In the uterus of all dosed females, there was squamous metaplasia of the endometrium with severe endometritis. The myometrium showed separation of the muscle bundle by a markedly edematous connective tissue which resulted in an "attenuated" appearance of the muscle. However, it was unlikely that there was an alteration in the total bulk of the muscle.

The livers of three males and one female in the highest dosage group showed bile plugs in the bile canaliculi and pigment in the Kupffer cells. The liver was normal apart from slight thinning of the cell cords. These findings are in keeping with the biochemical observation of raised serum alkaline phosphatase. It should be remembered that the dose in this case is 500 times that required to prevent implantation in the dog. All other organs were within normal limits.

Chronic dosing in the marmoset involved one 6 month study. Tamoxifen citrate was administered orally at doses of 0.8, 4.0 and 8.0 mg/kg. The only treatment related, pathologically significant effect due to dosing was the formation of cystically enlarged follicles in the ovaries of the females treated at 8.0 mg/kg.

Carcinogenicity

In a 2 year carcinogenicity study, rats received 5, 20 and 35 mg/kg tamoxifen citrate by gavage (all of which represent significant multiples of the recommended human dose of 20 - 40 mg/day). Hepatocellular carcinomas were reported at all doses. The incidence of these tumours was greater among rats given 20 or 35 mg/kg/day (69%) than those given 5 mg/kg/day (14%). In addition, there appears to be a dose related increase in cataracts.

The studies comparing tamoxifen citrate with conventional estrogens showed the estrogenic activity of tamoxifen in mice was responsible for gonadal tumours. Chronic studies in mice included an initial 15-month study where the cis-trans mixture described above was administered orally at doses of 5 and 50 mg/kg. This was followed by a 13 month study where the pure cis and trans forms were compared with the cis-trans mixture at a dose of 20 mg/kg and with stilbestrol and ethinyl estradiol. An additional study of 14 months was conducted using a dose of 0.1 mg/kg to investigate the effects of lower doses of the cis, trans, and cis-trans mixture of tamoxifen citrate with stilbestrol and ethinyl estradiol. Interstitial cell tumours of the testes and granulosa cell tumours of the ovary were found and were compound related. After six months of treatment, the mice developed a spinal deformity with kyphosis. The lesion was characterized as elongation of vertebral bodies. In addition, there was increased opacity of long bone due to ossification of the medullary cavity. Some of these can be attributed to estrogenic activity; others were of unknown etiology and did not occur at lower doses.

Genotoxicity

Tamoxifen citrate was genotoxic in some *in vitro* tests and *in vivo* genotoxicity tests in rodents.

Mutagenicity

Tamoxifen citrate is not mutagenic in a range of *in vitro* and *in vivo* mutagenicity studies.

Reproductive and Developmental Toxicology

Reproductive toxicology studies in rats, rabbits and monkeys have shown no teratogenic potential.

In rodent models of fetal reproductive tract development, tamoxifen was associated with changes similar to those caused by estradiol, ethynylestradiol, clomiphene and diethylstilboestrol (DES). Although the clinical relevance of these changes is unknown, some of them, especially vaginal adenosis, are similar to those seen in young women who were exposed to DES in utero and who have a 1 in 1000 risk of developing clear-cell carcinoma of the vagina or cervix. Only a small number of pregnant women have been exposed to tamoxifen citrate. Such exposure has not been reported to cause subsequent vaginal adenosis or clear-cell carcinoma of the vagina or cervix in young women exposed in utero to tamoxifen citrate.

Teratogenic studies were conducted in rats and rabbits. Since tamoxifen citrate inhibits implantations, some difficulties were encountered in these studies. Doses in rats ranged from 0.02 to 4.0 mg/kg orally and in rabbits from 0.01 to 2.0 mg/kg (administered in the feed). The only drug-induced abnormality which was detected occurred in rats and consisted of a reversible rib deformity which, under certain conditions, had an incidence as high as 50%. Evidence is presented which suggests that the cause of the deformity is mechanical due to the

failure of uterine growth caused by the antiestrogenic property of the compound.

Special Toxicology

An additional study of two months duration was conducted in rats where the activity of tamoxifen was compared with that of pure cis-isomer and pure trans-isomer at an oral dose of 20 mg/kg. The reproductive tissue changes were similar to those listed above for all treatment groups, but the adrenal and thyroid lesions were seen only in those rats which received the cis-isomer. A reversibility test was conducted in female rats using tamoxifen citrate administered orally at doses of 0.5 and 2.0 mg/kg for three months; one-third of the animals were held without drug for an additional three months. Changes similar to those described above were noted in ovaries and uteri after 3-months dosing. These were not present in rats held an additional three months without dosing with tamoxifen citrate.

A reversibility study was conducted in female dogs in which tamoxifen citrate was compared with stilbestrol and clomiphene. Tamoxifen citrate was administered at a dose of 0.1 mg/kg for three months with one animal out of four left untreated for an additional month to test for reversibility.

Squamous metaplasia was not present in the uterus of dogs dosed with tamoxifen citrate. In the myometrium, there was a diminution of collagen with fragmentation of the bundles. The muscle bundles were separated by edema. Withdrawal of tamoxifen citrate produced an effect similar to a mild estrogenic change with increased collagen in thick bundles. The ovaries showed cessation of ovulation and slight hyperplasia of the germinal epithelium.

A series of three tests were conducted to evaluate the ocular toxicity of tamoxifen citrate as compared to compounds which caused ocular lesions and have a similar chemical structure such as clomiphene and triparanol. In the first two tests, female rats were mated and treated with tamoxifen citrate, clomiphene or clomiphene B on day 11 of pregnancy and killed on day 19 or 20. In addition to observations on the uterine and fetal changes, the eyes of the fetuses were examined histologically. In the third experiment, the pregnant females were given clomiphene on day 11 of pregnancy and the fetuses delivered by cesarean section on day 22. They were immediately fostered to control animals and allowed to develop to weaning, when they were killed and examined for cataracts. The results of the first two studies showed no significant increase in embryonic or fetal deaths in any of the treatment groups. Hydramnios was observed in treated rats together with an increase in placental weight and a decrease in uterine weight. Fetal cataracts were observed with clomiphene and clomiphene B, but not with tamoxifen citrate. The incidence of cataracts induced by clomiphene in fostered neonates in the third test was 9.5%.

Antiestrogenic Effect

In those species in which tamoxifen citrate is an estrogen antagonist, this property is manifest in various ways. Thus in spayed rats, vaginal cornification in response to the daily subcutaneous injection of estradiol can be prevented by concomitant oral dosing with tamoxifen citrate and in immature rats the uterotrophic effect of estrogen can be similarly inhibited.

Also in rats, tamoxifen citrate will terminate early pregnancy by preventing implantation of the blastocysts. It is known that, in rats, estrogen secreted by the ovaries on day 4 of pregnancy initiates implantation (on day 5). There is evidence that, at the lowest dose needed to prevent implantation, tamoxifen citrate acts by counteracting this estrogen. In normal female rats having regular estrous cycles, ovulation can be delayed by administration of a single dose of tamoxifen

citrate given on or before the day of diestrus. In the rat (and other spontaneously ovulating species), it appears that the ovulatory discharge of luteinizing hormone (LH) from the pituitary is "triggered" by the action of estrogen on the hypothalamus and/or pituitary. The secretion of estrogen from the ovaries reaches a peak before this LH discharge. The inhibitory effect of tamoxifen citrate on ovulation is attributed to interference with the "feedback" action of estrogen at the hypothalamic and/or pituitary level.

In the pig-tailed monkey (*M. nemestrina*), the activity of tamoxifen citrate as an estrogen antagonist is shown by its effect on the response to estrogen of the perineal region ("sexual skin"). Mature females of this species menstruate regularly at intervals of about 28 days. An edematous swelling of the "sexual skin" develops during the follicular phase of the cycle and subsides more rapidly at about the presumed time of ovulation. The swelling is due to endogenous estrogen and is not seen in the ovariectomized animals unless estrogen is given. In an ovariectomized pig-tail, large daily doses of tamoxifen citrate caused no swelling of the "sexual skin". On the other hand, the swelling induced by daily injection of estradiol was reduced almost to zero by small (oral) doses of tamoxifen citrate given at the same time.

Although the capacity of tamoxifen citrate (demonstrated in spayed rats and monkeys) to inhibit the response to estrogen suffices to explain its effects, outlined above, in intact animals of these species, the possibility that it may also inhibit the endogenous production of estrogen cannot yet be excluded.

In very large doses, tamoxifen citrate causes a limited increase in uterine weight and incomplete vaginal cornification in spayed rats, indicating that it has some degree of estrogenic activity. In one species, the mouse, it behaves as an estrogen without demonstrable estrogen antagonistic activity at any dose.

PATIENT MEDICATION INFORMATION

READ THIS FOR SAFE AND EFFECTIVE USE OF YOUR MEDICINE

NOLVADEX® - D **tamoxifen citrate tablets**

Read this carefully before you start taking **NOLVADEX-D** and each time you get a refill. This leaflet is a summary and will not tell you everything about this drug. Talk to your healthcare professional about your medical condition and treatment and ask if there is any new information about **NOLVADEX-D**.

Serious Warnings and Precautions

- NOLVADEX-D was linked with serious and life-threatening events in a breast cancer prevention study. These included uterine cancer, stroke, blocked blood vessel in the lungs (pulmonary embolism), and blood clots forming in deep veins like the legs (deep vein thrombosis). These events were fatal in some patients. **NOLVADEX-D is not approved for the prevention of breast cancer in Canada.**
- The benefit of NOLVADEX-D outweighs the risks in most women who receive NOLVADEX-D for the treatment of their breast cancer. In Canada, NOLVADEX-D is approved for the treatment of breast cancer (see “What is NOLVADEX-D used for?”).
- Talk to your healthcare professional if you have any questions about your treatment with NOLVADEX-D and any potential side effects.

What is NOLVADEX-D used for?

NOLVADEX-D is used in women to treat:

- Early-stage breast cancer after surgery, radiation or chemotherapy in patients with tumours that are estrogen receptor positive.
- Breast cancer that is called hormone responsive locally advanced or metastatic.

NOLVADEX-D should only be used for the conditions listed above.

How does NOLVADEX-D work?

NOLVADEX-D blocks the effects of the hormone estrogen in your body.

The exact way that tamoxifen works against cancer is not known. It may be related to the way it blocks the effects of estrogen in the body.

What are the ingredients in NOLVADEX-D?

Medicinal ingredients: tamoxifen citrate

Non-medicinal ingredients: corn starch, croscarmellose sodium, gelatin, lactose, macrogol 300, magnesium stearate, methylhydroxy propylcellulose and titanium dioxide.

NOLVADEX-D comes in the following dosage forms:

Tablets; 20 mg

Do not use NOLVADEX-D if:

- you are allergic to tamoxifen citrate, or to any other ingredients in this medicine or part of the container.
- you are pregnant.
- you are under 18 years of age.
- you have had a stroke in the past.
- you have had a pulmonary embolism in the past which is when a blood vessel in your lungs is blocked.
- you have had blood clots in the past, including deep vein thrombosis which is when blood clots form in deep veins like the legs.
- you are taking medicines called anticoagulants used to prevent blood clots, like warfarin.
- you have been told by your healthcare professional that you have an increased risk of developing cancer of the endometrium.

To help avoid side effects and ensure proper use, talk to your healthcare professional before you take NOLVADEX-D. Talk about any health conditions or problems you may have, including if you:

- are breastfeeding or intend to breastfeed.
- are taking or have recently taken antidepressant medicines such as paroxetine used to improve mood or symptoms of hot flashes.
- have cataracts or other eye problems.
- have decreased white blood cells or platelets in your blood.
- are taking medicines called aromatase inhibitors used for endocrine therapy, such as anastrozole, letrozole or exemestane.
- are taking medicines called cytotoxic agents used to destroy cancer cells.
- have metastatic bone disease or elevated calcium levels (hypercalcemia).
- have a history of hereditary angioedema. This is an inherited condition where fluid builds up outside of the blood vessels. Taking NOLVADEX-D may cause symptoms of hereditary angioedema or make them worse.
- have any heart conditions including heart rhythm problems (arrhythmia, torsade de pointes). The risk of heart rhythm problems (QT interval prolongation) may be increased when using NOLVADEX-D. Your healthcare professional will check your heart function and electrolyte levels before you start taking NOLVADEX-D and during treatment.

Other warnings you should know about:***Pregnancy:***

Tell your healthcare professional if you are planning to become pregnant or if you think you might have become pregnant. You must not take NOLVADEX-D if you are pregnant. This is because it may harm your unborn baby. You must use effective birth control while you are taking NOLVADEX-D and for nine months after you stop taking it. Talk to your healthcare professional about effective methods of birth control.

Breast reconstruction surgery:

Tell your healthcare professional if you are planning to have breast reconstruction surgery called microvascular breast reconstruction. This is where your own tissue is used to make a new breast. It can occur weeks to years after your primary cancer surgery. Taking NOLVADEX-D when you have microvascular breast reconstruction surgery can increase your risk of complications.

Endometrial and uterine cancer and fibroids:

Taking NOLVADEX-D can increase your risk of getting endometrial or uterine cancer or uterine fibroids (non-cancerous tumours in your uterus). Tell your healthcare professional right away if you have any unusual vaginal bleeding or pelvic pain or pressure when you are taking NOLVADEX-D or anytime afterwards. This is because a number of changes to the lining of the endometrium and uterus may occur, some of which may be serious and could include cancer.

If you go into the hospital, let medical staff know you are taking NOLVADEX-D.

Driving and using machines:

NOLVADEX-D may make you tired and weak. This may affect your ability to drive and use machines. Before driving or using machines, wait until you are feeling well again.

Tell your healthcare professional about all the medicines you take, including any drugs, vitamins, minerals, natural supplements or alternative medicines.

The following may interact with NOLVADEX-D:

- Medicines called Selective Serotonin Reuptake Inhibitors (SSRIs) used to treat depression such as paroxetine, a known CYP2D6 inhibitor.
- Medicines used to prevent blood clots such as warfarin.
- Cytotoxic agents.
- Medicines called aromatase inhibitors, which are used to treat breast cancer and include anastrozole, letrozole or exemestane.

How to take NOLVADEX-D:

- Take NOLVADEX-D exactly as your healthcare professional tells you to.
- It is important to keep taking NOLVADEX-D even if you start to feel ill. Do not change your dose or stop taking this medicine without talking to your healthcare professional.
- Stay under your healthcare professional's care while taking NOLVADEX-D.

Usual dose:

The recommended daily dose of NOLVADEX-D is 20 to 40 mg in a single dose or in two divided doses. The lowest effective dose should be used. Your healthcare professional will tell you how much NOLVADEX-D to take and when to take it.

Overdose:

If you think you, or a person you are caring for, have taken too much NOLVADEX-D, contact a healthcare professional, hospital emergency department, or regional poison control centre immediately, even if there are no symptoms.

Missed Dose:

If you miss a dose, take the dose as soon as you remember. Do not take two doses at the same time to make up for a missed dose.

What are possible side effects from using NOLVADEX-D?

These are not all the possible side effects you may feel when taking NOLVADEX-D. If you experience any side effects not listed here, contact your healthcare professional.

- Hot flushes
- Itching around the vagina
- Vaginal discharge
- Nausea, vomiting, diarrhea and constipation
- Bad taste in the mouth, loss of taste or distaste to food
- Headaches
- Light-headedness
- Sensory changes (including taste disorder and numbness or tingling in the skin)
- Hair loss
- Leg cramps
- Tingling, numbness or prickling of the skin
- Muscle pain
- Tiredness and weakness
- Disturbances of menstrual function, irregular or missed menstrual periods
- Increased levels of fats in the blood, sometimes with pain or tenderness in the upper abdomen

Serious side effects and what to do about them			
Symptom / effect	Talk to your healthcare professional		Stop taking drug and get immediate medical help
	Only if severe	In all cases	
VERY COMMON			
Depression: feeling sad, sleeping a lot more or a lot less than usual, changes in weight, withdrawal from social situations, family gatherings and activities with friends, and reduced sex drive.		✓	
Fluid retention (excess fluid build-up inside the body): Swelling of the hands, feet or ankles.	✓		
COMMON			
Anemia (decreased red blood cells): Dizziness, feeling tired and weak, loss of energy, shortness of breath.		✓	
Cataracts (change to the cornea or disease of the retina): Disturbances of vision or difficulties in seeing properly.		✓	
Endometrial changes (non-cancerous mass in the inner lining of the vagina): Vaginal bleeding, irregular periods with heavy bleeding.		✓	
Fatty liver (formation of fatty liver cells): Fatigue, malaise, upper abdominal discomfort, general feeling of being unwell, with or without jaundice (yellowing of the skin and eyes).		✓	

Serious side effects and what to do about them			
Symptom / effect	Talk to your healthcare professional		Stop taking drug and get immediate medical help
	Only if severe	In all cases	
Hypersensitivity Reactions (allergic reactions): Develop 'nettle rash' or 'hives' (urticaria).			✓
Ischemic cerebrovascular events (stroke): Numbness, paralysis or weakness of the arms or legs, dizziness or confusion, slurred/loss of speech, sudden difficulty walking, difficulty in holding things.			✓
Liver test abnormalities (blood tests showing elevations in liver enzymes): Abdominal pain, nausea, vomiting, abdominal distension, with or without jaundice (yellowing of the skin and eyes).		✓	
Radiation recall (inflammation of skin due to radiation): Redness, peeling, swelling, and/or blistering of the skin in areas previously exposed to radiation therapy.		✓	
Thromboembolic events, including deep vein thrombosis, microvascular thrombosis and pulmonary embolism (clot in blood vessels): Pain, swelling or redness of the calf or leg which may indicate a blood clot in the deep veins of leg. Chest pain or shortness of breath which may indicate a blood clot in lungs.			✓
Tumour Flare (inflammation of visible tumour): Increased bone and tumour pain.		✓	
Uterine fibroids (non-cancerous tumours in your uterus): Vaginal bleeding, pelvic discomfort or irregular periods with heavy bleeding.		✓	
UNCOMMON			
Endometrial cancer (cancers of the inner lining of the endometrium): Vaginal bleeding, pelvic discomfort, irregular periods with heavy bleeding.		✓	
Hypercalcemia (increased calcium levels in the blood): Excessive nausea, vomiting or thirst.		✓	
Interstitial pneumonitis (inflammation of the lungs): Breathlessness and cough.		✓	

Serious side effects and what to do about them			
Symptom / effect	Talk to your healthcare professional		Stop taking drug and get immediate medical help
	Only if severe	In all cases	
Leukopenia (low white blood cell counts): Aches, feeling tired, fever, flu-like symptoms, infections.		✓	
Liver cirrhosis (scarring of the liver): General feeling of being unwell, with or without jaundice (yellowing of the skin and eyes).		✓	
Pancreatitis (inflammation of the pancreas): Prolonged severe abdominal pain with or without vomiting, pain may spread out towards the back, pain or tenderness in upper abdomen.		✓	
Thrombocytopenia (decreased platelets in the blood): Bleeding, bruising, fatigue, weakness.		✓	
Visual disturbances, including retinal crystals, macular edema, keratopathy (abnormal vision, red eye and damage to the retina of the eye): Change in eye colour, difficulty seeing at night or in poor light, eye pain, eye swelling and redness, watery eyes, vision changes, and sensitivity to light.		✓	
RARE			
Agranulocytosis (decreased white blood cells) and Neutropenia (decreased counts of neutrophils): Aches, feeling tired, fever, flu-like symptoms, infections.		✓	
Angioedema (swelling due to allergic reaction): Difficulty in breathing with or without swelling of the face, lips, tongue and/or throat and/or swelling of the face, lips, tongue and/or throat which may cause difficulty swallowing.			✓
Bullous pemphigoid (large fluid-filled blisters on skin): Redness, itching of skin and/or blistering of the skin, lips, eyes or mouth.			✓
Cutaneous lupus erythematosus (inflammation of the skin): Rash or redness on areas exposed to light.		✓	
Cutaneous vasculitis (inflammation of the blood vessels): Red spots on skin that don't change colour when pressed, bruise-like marks on the skin, raised skin lumps.		✓	

Serious side effects and what to do about them			
Symptom / effect	Talk to your healthcare professional		Stop taking drug and get immediate medical help
	Only if severe	In all cases	
Endometriosis (abnormal growth of the uterus lining): Painful periods with excessive bleeding, pain on urination or pelvic discomfort/pain.		✓	
Erythema multiforme (allergic skin reaction): Raised red or purple skin patches, possibly with blister or crust in the centre, possibly with mild itching or burning; possibly swollen lips.			✓
Liver abnormalities, including cholestasis, hepatitis, hepatic failure, hepatocellular injury, hepatic necrosis (Liver Injury): General feeling of being unwell, with or without jaundice, nausea and vomiting (yellowing of the skin and eyes).		✓	
Optic nerve diseases, including optic neuropathy, optic neuritis (damage to optic nerve): Blurred vision, blindness.		✓	
Ovarian cysts (enlargement of the ovaries): Pressure, bloating, swelling or pain in the lower abdomen on the side of the cyst.		✓	
Porphyria cutanea tarda (skin lesions): Skin blisters in areas exposed to the light.		✓	
Severe skin reactions including Stevens-Johnson syndrome and Toxic Epidermal Necrolysis: Fever, redness, blistering and/or peeling of the skin and/or inside of the lips, eyes, mouth, nasal passages or genitals, accompanied by fever, chills, headache, cough, body aches or swollen glands.			✓
Uterine cancer (cancers of the uterus): Vaginal bleeding, pelvic discomfort, irregular periods with heavy bleeding.		✓	
Vaginal polyps (non-cancerous mass in the inner lining of the vagina): Vaginal bleeding, irregular periods with heavy bleeding.		✓	

If you have a troublesome symptom or side effect that is not listed here or becomes bad enough to interfere with your daily activities, tell your healthcare professional.

Reporting Side Effects

You can report any suspected side effects associated with the use of health products to Health Canada by:

- Visiting the Web page on Adverse Reaction Reporting (<https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada/adverse-reaction-reporting.html>) for information on how to report online, by mail or by fax; or
- Calling toll-free at 1-866-234-2345.

NOTE: Contact your health professional if you need information about how to manage your side effects. The Canada Vigilance Program does not provide medical advice.

Storage:

- Store at room temperature (15 to 30°C). Protect from light.
- Keep out of reach and sight of children.

If you want more information about NOLVADEX-D:

- Talk to your healthcare professional.
- Find the full product monograph that is prepared for healthcare professionals and includes this Patient Medication Information by visiting the Health Canada website (<https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/drug-product-database.html>); the manufacturer's website www.astrazeneca.ca, or by calling 1-800-668-6000.
- This Patient Medication Information is current at the time of printing. The most up-to date version can be found at www.astrazeneca.ca.

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