

# Nursing Perspectives on Fulvestrant for the Treatment of Postmenopausal Women With Metastatic Breast Cancer

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Fulvestrant is an estrogen receptor antagonist indicated for the treatment of hormone receptor-positive metastatic breast cancer (MBC) in postmenopausal women with disease progression following antiestrogen therapy. Fulvestrant has a different mechanism of action than other hormonal therapies, including aromatase inhibitors and tamoxifen. In clinical trials of postmenopausal women with MBC, fulvestrant was effective and well tolerated compared to anastrozole after failure of tamoxifen. The monthly injection regimen of fulvestrant provides nurses with an additional opportunity to improve patient adherence to hormonal therapy, reinforce patient education, and monitor side effects. Several ongoing trials will elucidate the role of fulvestrant in the treatment of MBC. Issues that are being addressed in those trials include alternative doses and schedules, efficacy and safety in other patient populations, and the development of novel treatment combinations. This article provides oncology nurses with the knowledge needed to educate patients on the use of fulvestrant, to effectively administer this medication, and to prevent and manage potential side effects.

**A**bout 70% of breast tumors are hormone receptor-positive (HR+) and express either estrogen receptors, progesterone receptors, or both (Normanno et al., 2005). Women with HR+ breast cancer are treated with endocrine agents, also referred to as hormonal therapy, in the adjuvant setting. Patients with recurring cancer after primary hormonal therapy often receive subsequent lines of hormonal agents to delay the need for cytotoxic chemotherapy, provided their tumors continue to respond to hormonal therapy (National Comprehensive Cancer Network, 2011). In postmenopausal women with HR+ metastatic breast cancer (MBC), the most commonly used hormonal therapies include aromatase inhibitors (e.g., anastrozole, letrozole, exemestane) and estrogen receptor antagonists (e.g., tamoxifen, fulvestrant [Faslodex®]) (National Comprehensive Cancer Network, 2011). Selection of hormonal therapy for MBC is based on numerous factors, including prior hormonal therapies, duration of response to prior treatment, treatment

## At a Glance

- ◆ Fulvestrant delays disease progression and is well tolerated in postmenopausal women with metastatic breast cancer progressing after antiestrogen therapy.
- ◆ Fulvestrant is a monthly injection; therefore, nurses are uniquely positioned to educate patients on the drug, provide additional support, and monitor and manage side effects of metastatic breast cancer treatment.
- ◆ With the approval of a 500 mg fulvestrant dose, nurses need to understand the rationale and data behind this regimen.

goals, patient preference and adherence, and quality-of-life considerations.

The estrogen receptor antagonist fulvestrant has been approved by the U.S. Food and Drug Administration (FDA) for the

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