

Island Reproductive Services

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Letrozole (Femara) / Anastrozole (Arimidex) Information Sheet

Although these medications were originally designed as a therapy in women with breast cancer, they have since been found to be very effective for inducing ovulation. Letrozole comes in 2.5 mg tablets and Anastrozole comes in 1 mg tablets. The dose varies but is usually between 1-3 tablets per day for 5 consecutive days. The pill usually is started on the 2nd day of your menstrual bleeding. A menstrual period can be induced by your doctor with pills or a shot if necessary.

Both medications act by preventing the conversion of male to female hormones. They cause your body to think you have less estrogen and so the body makes more FSH (follicle stimulating hormone) in response. FSH causes the development of a follicle and ultimately an egg. As a result, many women will then ovulate (release the egg). If successful, most women will ovulate about 7-10 days after finishing the pills. Sometimes ovulation can be a little delayed. If ovulation does not occur, the dose can be increased or the medication can be changed.

These medications may be used in conjunction with intercourse or intrauterine insemination (IUI). Those treatments can be timed by various methods, including ultrasound and blood monitoring, home ovulation kits, or by having you taking a single injection of a medicine to induce ovulation.

Most women have no side effects when taking the medications. Some common side effects may include temporary hot flashes, vaginal dryness, headaches, or mood changes. Rarely women develop ovarian cysts as a result of overstimulation by the medications. The risk of multiple pregnancies is low: 5-10% for twins and much less than 1% for more than twins.

Letrozole and Anastrozole have been shown to be at least equally effective as Clomiphene for inducing ovulation in women with irregular menstrual periods. For women who do ovulate regularly, these medications may improve your hormone levels and may stimulate your ovary to make an extra egg. They do not typically cause the lining of the uterus to become thin and interfere with proper implantation of a pregnancy as can occur with Clomiphene.

Although early reports raised concern about a small increase in the incidence of birth defects in children conceived after aromatase inhibitor therapy, more recent data has not shown this to be the case.