

*My breast cancer therapy*

# INFORMATION ON TREATMENT WITH KISQALI



EARLY BREAST CANCER



 NOVARTIS

# About this brochure

Your doctor has prescribed you KISQALI® (active ingredient: ribociclib) to treat your breast cancer. This brochure will provide you with all the information that is important for you to start the therapy. The brochure can also be used as a small reference guide during the treatment. You can find here:



**Basic information about the medication and the therapy.**



**Practical tips for managing your therapy in everyday life.**

Additional information is available on the websites referenced in the individual chapters of the brochure. Please also read the *package leaflet* and talk to your doctor.



## Unclear technical terms?

At the end of the brochure you will find a list with explanations of the key terms and abbreviations. These terms and abbreviations appear *in italics* in the text the first time they are used.

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## What is Kisqali and why were you prescribed it?

- Who is the medication used for?
- In what ways can the therapy help?
- How does the medication work?
- Why does the adjuvant therapy have to be administered for several years?

# 1. What is Kisqali and why were you prescribed it?

A treatment plan has been developed for your cancer therapy which combines different types of treatments. Each of these treatments plays an equally important role in the overall goal of your therapy: to fight the cancer and reduce the risk of a relapse. The therapy with this medication is one of the components of your treatment plan.

This is a so-called **targeted therapy**, not *chemotherapy*. In contrast to chemotherapy, which attacks both normal and cancer cells, the aim of the targeted therapy in particular is to prevent the growth of cancer cells.

The medication is used **together with an antihormone therapy**.

## 1.1 Who is the medication used for?

Kisqali is used in male and female patients with *early breast cancer* (stage II or III; i.e., with or without involvement of the nearby lymph nodes but without *metastases* outside of the breast) who have already undergone surgery or received other initial therapy such as radiation and/or chemotherapy. In addition, the following conditions must be met:

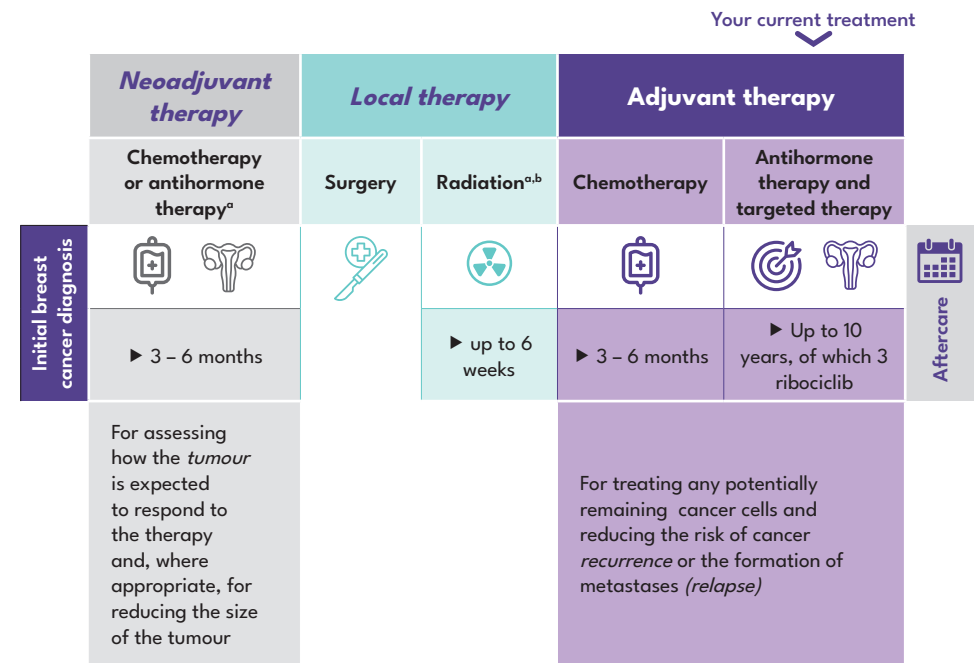
<b>HR+</b>	A laboratory test of the cancer cells has shown that the breast cancer is <i>hormone receptor-positive</i> (hormone sensitive). That means, it is likely to respond to an antihormone therapy.
<b>HER2-</b>	A laboratory test has found that the cancer cells do not contain excessive amounts of the <i>protein HER2</i> (human epidermal growth factor receptor 2).

## 1.2 In what ways can the therapy help?

The therapy with Kisqali is part of the so-called **adjuvant therapy**. These are therapeutic approaches that are carried out after **initial treatments** such as surgery or radiation in order to reduce the **risk of the breast cancer returning or the formation of metastases in other organs**.

The first stage of the adjuvant therapy in breast cancer is often chemotherapy. The second stage (or the first stage if no chemotherapy was given) may consist of the **combined use of antihormone therapy and targeted therapy with Kisqali**.

The following overview illustrates the individual therapy steps of breast cancer therapy:



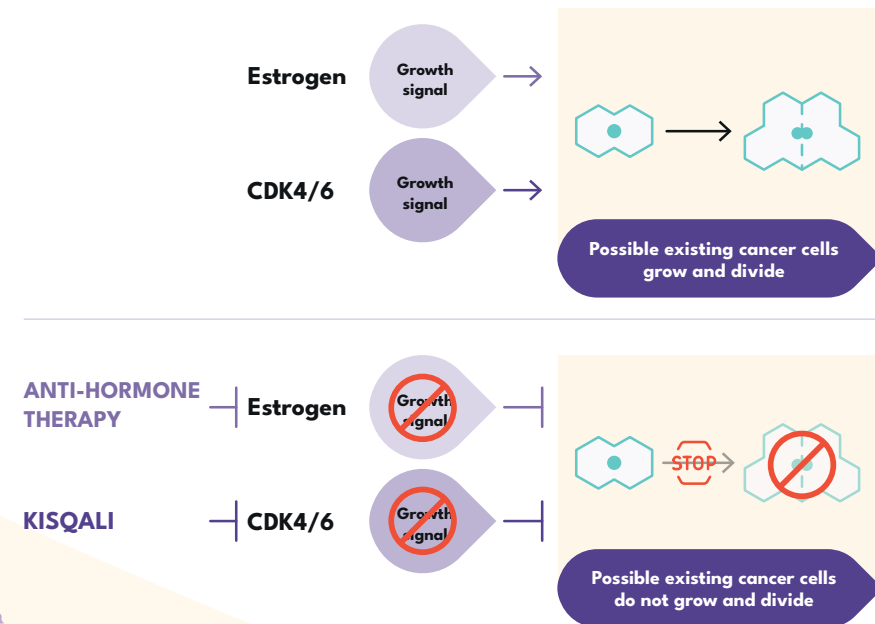
Treatment courses are individual and can differ from the duration and sequence; not all listed forms of therapy have to necessarily be carried out.

<sup>a</sup> If indicated.

<sup>b</sup> If both chemotherapy and radiation are indicated after the surgery, the chemotherapy is usually given first.

### 1.3 How does the medication work?

The active ingredient ribociclib in Kisqali works by **blocking the growth signals** controlled by the proteins *CDK4* and *CDK6*. This happens in those **cancer cells** that may have remained in the body after the first treatment and that could become active again. In the process, the medication works hand in hand with another therapy: the antihormone therapy. This inhibits the production of the hormone *oestrogen* and can thus suppress the growth of HR+, that is hormone-sensitive cancer cells.



#### Both therapies draw on different points:

- Ribociclib mainly acts on cancer cells and specifically inhibits specific molecules (CDK4/6 molecules) that control the growth signals.
- The antihormone therapy inhibits the production of the hormone oestrogen and thus the growth of hormone receptor-positive breast cancer.

### 1.4 Why does the adjuvant therapy have to be administered for several years?

The aim of the procedures at the start of the cancer treatment is to remove the cancer cells as far as possible. It is possible that cancer cells remain in the bloodstream or elsewhere in the body but are not detected by the imaging tests or laboratory tests. The aim of the adjuvant therapy is to prevent these cancer cells from becoming active again. This should reduce the risk of a relapse or the formation of metastases.



#### Cancer therapy means thinking in the long term

Important milestones in your treatment plan could be reached with the previous treatments. However, cancer therapy requires thinking in the long term. Because after the surgery or radiation, any cancer cells that may remain in the body pose a risk for a recurrence of the disease. In the case of hormone receptor-positive breast cancer, the risk of relapse peaks in the first three years after the diagnosis. The adjuvant therapy counteracts this in a targeted way during this period.



#### Important: stick with it consistently

**Your medications can only then take full effect if they are taken reliably.**

Consistently follow the dosing schedule that your doctor has prescribed you and address anything that is deterring you from taking the dose with your healthcare team. By doing this, you will contribute significantly to reducing the risk of the cancer returning.

On this, also refer to the tips on how to remember to take the daily dose.

# 2

## What you need to know when taking Kisqali

- What you need to clarify before starting the therapy
- How and when is the medication taken?
- What to do if you forget to take the medication
- Your practical aide: Your medication calendar

## 2. What you need to know when taking Kisqali

### 2.1 What you need to clarify before starting the therapy

Before starting your treatment, you should tell your healthcare team if you have any of the following symptoms or health problems:

- Fever, sore throat, or mouth ulcers due to an infection (possible evidence of a lack of *white blood cells*)
- Liver problems or past liver disease
- Heart problems or abnormal heart rhythms (currently or in the past)
- Allergies to the ingredients of the medication, such as the active ingredient ribociclib, peanut or soy – in this case Kisqali must not be taken

Your doctor will discuss these matters with you and decide when the therapy can start.

If your doctor changes the treatment or instructs you to temporarily stop treatment with Kisqali, you should observe the following points:

- Do not change the *dose* on your own initiative.
- Continue with the antihormone therapy<sup>a</sup>.
- Also continue the therapy with an *LHRH agonist* if this has been prescribed to you.

Please contact your doctors if you have any questions or uncertainties and for any concerns you have in relation to your breast cancer therapy. Always follow their instructions as a matter of priority. The treatment decisions are based on your individual medical situation, whereas the brochure can only provide general information.

<sup>a</sup> Unless your doctor has explicitly prescribed this in another way.



### Regularly attend the follow-ups!

The targeted therapy with the medication is taken in combination with the antihormone therapy over a period of three years. The antihormone therapy is given for a total of five years or more. This is precisely why it is important to attend the regular follow-ups. In this way, it is possible to precisely follow how well the therapy is working and whether there are any possible *side effects* that are not causing any obvious symptoms.

### 2.2 How and when is the medication taken?

Kisqali is always administered in combination with an antihormone therapy. The antihormone therapy is given using medications called *aromatase inhibitors* (e.g., *letrozole*, *anastrozole*). Both medications are taken as tablets.



The recommended dose is **two tablets of Kisqali once daily** (400 mg in total) and **one tablet of the aromatase inhibitor**.



#### Please note:

For *pre- or perimenopausal* women and for men, the therapy should be combined with a so-called luteinising hormone-releasing hormone (LHRH) agonist. Other names for these medications include: GnRH agonists (GnRH = gonadotropin-releasing hormone), GnRH analogue, LHRH analogue.

All information regarding the storage of the tablets can be found in the package leaflet.

## The treatment in cycles

The medication is administered together with an antihormone therapy (aromatase inhibitor) in a 28-day *cycle*.

28-day cycle	Week 1	Week 2	Week 3	Week 4
<b>Kisqali</b> 400 mg, 1x daily <sup>a</sup> 3 weeks of taking the medication, 1 week break	✓	✓	✓	✗
<b>Aromatase inhibitor</b> 1 x daily continuous intake	✓	✓	✓	✓

- ✓ The treatment will be administered once daily during the appropriate week in the cycle.
- ✗ The treatment will not be administered during the appropriate week in the cycle.

<sup>a</sup> According to the prescription, 2 tablets (400 mg) or 1 tablet (200 mg). In certain cases, your doctor may reduce the daily dose of two tablets to one tablet. Please note that a dose reduction may only be carried out in consultation with your medical team.






**For women before or during the *menopause* and for men, the therapy should be combined with a so-called LHRH agonist. The LHRH agonist is administered by injections given at the prescribed intervals.**

Please always follow the treatment cycle prescribed by your doctor.





## How long does the therapy last?

Overall, a treatment duration of **three years** is envisaged for the treatment with Kisqali in early breast cancer. The antihormone therapy must be continued even after this period. Depending on the medical prescription, their dosing period is between 5 and a maximum of 10 years. Kisqali can be added within the first 12 months after starting the antihormone therapy.

## When taking your Kisqali tablets, please note the following instructions for ingestion:

-  Take once daily at the same time, preferably in the morning
-  Swallow the tablets whole with a glass of water. Do not chew, crush or split the tablets before swallowing!
-  To be taken with or without food
-  Avoid grapefruit and grapefruit juice during the therapy
-  Certain medications and dietary supplements may have an impact on the effect of the medication. Please refer to the package leaflet for further details. Please talk to your doctors before taking any medications or dietary supplements.

## Tips to help you remember to take your daily dose

-  Put a tick every day when you have taken your tablets – e.g., in the medication calendar provided on the packaging for this purpose and/or in your treatment diary.
-  Take the tablets as part of a daily activity, such as with breakfast, after brushing your teeth, or doing your morning exercise.
-  Ask family and friends to remind you to take it.
-  On your smartphone, allow for example the reminding function to instruct you to take your medication.

## 2.3 What to do if you forget to take the medication

If you have made an error when taking the medication, then observe the following notes:

### If you have forgotten to take your tablets:

- ▶ Do **not** take double the amount of tablets.
- ▶ Instead, wait until it is time for the next dose and then take the usual number of tablets.

### If you had to vomit after taking your tablets:

- ▶ Do not take any additional tablets, but continue taking them the next day as usual.

### If you have accidentally taken too many tablets:

- ▶ Contact your treating doctor immediately or contact the hospital.

**Note:** never change the dose or dosing schedule without first consulting your healthcare team.



You will find a medication calendar on the packaging of your tablets. Tick off your daily intake either here or as described on the next page in your **treatment diary** – or both.

## 2.4 Your practical aide: Your medication calendar

You can use the medication calendar in your treatment diary to track your tablet intake. Simply tick the circles and tablets shown each day when you have taken the respective medication. If you are not yet in menopause or if you are a man and are also receiving an **LHRH agonist**: On the day you received your injection, also tick the syringe in the grey line.

Example calendar

### Medication calendar

Treatment cycle 1, Week 1: DATE FROM ...05/01/2024... TO ...02/02/2024...

Weekday	Kisqali 1 x daily (as prescribed) <sup>a</sup>	Aromatase inhibitor 1x daily (as prescribed)	where required, LHRH agonist <sup>1</sup>
1. Friday		+	
2. Saturday		+	
3. Sunday		+	
4. Monday		+	
5. Tuesday		+	
6. Wednesday		+	
7. Thursday		+	

<sup>a</sup> 2 or 1 tablet, according to the prescription.



The **treatment diary** can be found in your **Starter Kit**. If you need another copy: ask your healthcare team or order the diary Monday to Friday between 8:00 a.m. and 6:00 p.m. via the Novartis InfoService Hotline:

Telephone: 0911 – 273 12 100

Email: [infoservice.novartis@novartis.com](mailto:infoservice.novartis@novartis.com)



## How can you support your treatment?

- How to manage any side effects
- Why is it so important to keep up with it?
- Why are follow-up examinations necessary?
- Recommendations for a healthy lifestyle



## 3. How can you support your treatment?

### 3.1 How to manage any side effects

You will be given Kisqali in combination with an aromatase inhibitor. Each of these two treatments can cause side effects. There may also be interactions, so it is not always easy to distinguish which side effect is attributed to which medication.

Here are some side effects that may occur:

#### Kisqali

- Signs of respiratory tract infections (such as fever, cough, sore throat and others)
- Decrease in the number of white blood cells
- Nausea
- Discomfort in the chest, light-headedness and dizziness
- Lung symptoms
- Liver problems

#### Antihormone therapy

- Severe tiredness (*fatigue*)
- Hair loss
- Skin rash
- Headaches
- Gastrointestinal problems (such as diarrhoea or constipation)

- Joint pain and stiffness
- Hot flushes
- Outbreaks of sweating
- Vaginal dryness
- Bone pain
- Mood swings
- Depression
- Loss of libido
- Formation of venous blood clots
- Osteoporosis

Please note: This is not a complete list of all possible side effects and the occurrence of the symptoms listed under one therapy is not excluded for the other therapy. Please refer to the package leaflet for your medications with regard to this.

#### In general, the following applies:

Unlike chemotherapy, which involves damage to both cancer cells and normal body cells, the adjuvant therapy with the medication is specifically designed to stop the growth of cancer cells. The possible side effects of this therapy are therefore different from those that you may be aware of from your chemotherapy. The occurrence or severity of side effects is not an indicator of whether a therapy is successful.

#### Your contacts

Contact your treating doctors if you notice any side effects or if you need assistance in dealing with side effects! This also applies to side effects that are not listed here or in the package leaflet.





## Recommendations for handling side effects



### In the case of nausea and vomiting

- Take your medication with food and not on an empty stomach.
- Eat more small meals and a snack at bedtime.
- Drink clear liquids (preferably cold), such as water or herbal tea, to avoid dehydration.
- Avoid foods that can make nausea worse (e.g., spicy, high-fat, or high-sugar foods).
- Choose foods that are easy to digest like turkey, rusk, porridge, lye pastries, rice or soup broth.
- Avoid alcohol and nicotine.
- Be active and get some fresh air.



### In the case of diarrhoea

- Eat several smaller meals throughout the day.
- Avoid dairy products, alcohol, tobacco, caffeinated beverages, and spicy, fat-rich dishes (e.g., fried or food baked in fat) and fibre-rich dishes (e.g., wholegrain foods and legumes).
- Avoid raw fruits and vegetables as well as acidic fruits or juices.
- Drink large amounts of clear fluids, such as water or herbal tea, to avoid dehydration.



### In the case of feeling weak and fatigue

- Spread your physical activities throughout the day.
- Ensure you get enough regular sleep.
- Take short naps.
- Eat a balanced diet.
- Be active and get some fresh air. Just 15 minutes of movement can increase your energy level considerably. Try to increase a little bit each day (e.g., always walking for a few more minutes).
- Do not drive a vehicle or use machines if you feel weak and dizzy.



### In the case of hair thinning/hair loss

- Wash and brush your hair gently.
- Use an SPF 30 or higher sun cream and wear a hat to protect the scalp from the sun.

## Follow-up visits

The treatment with Kisqali may also cause side effects that are not readily identifiable by certain symptoms. That is why regular follow-ups with your doctor are important. He or she will perform check-ups such as various **blood tests**, an **electrocardiogram (ECG)** and, if necessary, other clinically necessary examinations. In this way, side effects that cannot be directly noticed can also be detected early.

Mood	Symptoms										Other therapies and dietary supplements <sup>a</sup>	Additional notes <sup>a</sup>	
	Nausea, vomiting	Diarrhoea	Fatigue, weakness	Mood swings	Hot flashes, outbreaks of sweating	Vaginal dryness	Joint and muscle pain, stiffness	Headaches	Loss of appetite	Cough			
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## TIP!

### Record any side effects

In your **treatment diary** you will find a table in which you can easily record possible side effects. Simply tick off or record as an addition!

### 3.2 Why is it so important to keep up with it?

The most important point to prevent a possible relapse of your cancer is the **regular intake** of the medications prescribed as part of the adjuvant therapy.

The risk of the cancer coming back will persist even years after the diagnosis. It is therefore important that you keep up with the adjuvant therapy **for the entire duration** of the prescription (Kisqali + antihormone therapy for 3 years, whereby the total intake period of the antihormone therapy is at least 5 years and a maximum of 10 years, depending on the medical prescription).

#### Duration of the adjuvant breast cancer therapy

<b>3 years</b>	<b>Kisqali + antihormone therapy</b>
<b>up to 7 additional years</b>	<b>Antihormone therapy only</b>

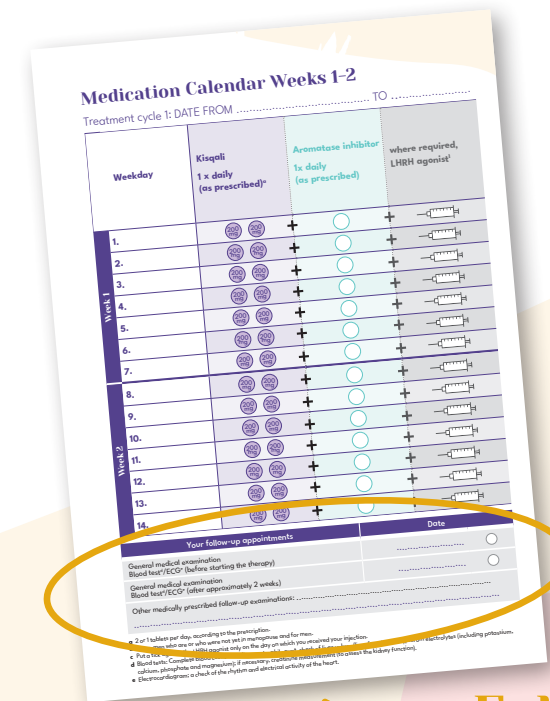
Even when it may not always be easy to take medication every day: stay consistent and make taking the tablets a **part of your daily routine**. The tips in the section **“How and when is the medication taken?”** can help you with this.

And finally: don't be discouraged by small setbacks. If you forget to take your tablets for any reason, just carry on with it the next day. **Every day offers the opportunity for positive change!**

### 3.3 Why are follow-up examinations necessary?

Before and during your treatment with Kisqali and an antihormone therapy, your doctor will perform certain tests to determine if the therapy is well tolerated. The goal here is also to identify those side effects that do not cause obvious symptoms and therefore are not easily noticed by you.

Please make sure to keep to your scheduled follow-up appointments as predetermined by your doctor.



## Follow-up appointments

To help you remember, you can use your therapy diary to record when the next follow-up appointment with your doctor is due. This will help you to keep on top of things.

### 3.4 Recommendations for a healthy lifestyle

In addition to consistently carrying out your adjuvant breast cancer therapy, you also have other ways to strengthen your body:

#### Make sure you get a restful night's sleep.

Our body regenerates during sleep. Therefore, it is particularly important for cancer patients to get restful sleep. At times this is not so easy – especially if you have thoughts about the cancer going round your head and what will happen in the future.

Look for ways in which you can relax. Relaxation during the day makes it easier to rest at night. The following can help you with this:

- Relaxation techniques such as autogenous training or progressive muscle relaxation
- Relaxing sports such as yoga or tai chi
- Breathing exercises to support emotional balance
- Regular walks in nature



#### Use sleeping pills with care

Although many sleeping pills can help you fall asleep and stay asleep, the sleep is not as restful as “natural” sleep. It would be better to focus on relaxation to help you fight the sleep problems at the root cause. However, there is nothing against using home remedies such as valerian tea or hot milk with honey.

If you are unable to manage without sleeping pills despite all your efforts, please discuss with your healthcare team what sleeping pills are right for you before taking them.

#### Be physically active

Even if you often still feel tired and weak after the first part of your cancer therapy that has been completed in the meantime: Try to incorporate regular movement into your daily life. Physical activity can make you feel more alive and more energetic. This is because exercise releases certain messenger substances that positively affect the metabolism and mental well-being.

However, the prerequisite for these mobilising effects of physical activity is that you do **not overexert yourself**. Therefore, discuss with your healthcare team beforehand what kind of exercise and level of activity is right for you. And: Feel free to start small for now. Even a **daily walk in the fresh air** can make a big difference. If you walk a little further each day, you'll achieve a noticeable training effect over time!

For much more information on the topic of movement and exercise with breast cancer, and a series of illustrative videos with exercises, visit the website

[www.leben-mit-brustkrebs.de](http://www.leben-mit-brustkrebs.de)

Simply click on **“Bewegung und Sport”** [“Movement and exercise”] under **“Mit Brustkrebs leben”** [“Living with breast cancer”] or scan the adjacent QR code using your smartphone.



## Maintain a healthy diet

With a healthy, balanced diet, you can support the metabolic processes in your body, strengthen your *immune system* and, if it exists, reduce excess weight. All of this can have a positive effect on the course of the disease and can also contribute significantly to your individual well-being.

Here are some tips – based on the recommendations of the **Deutsche Gesellschaft für Ernährung: [German Society for Nutrition]:<sup>a</sup>**



Eat as **varied** a diet as possible. This is the best way to provide your body with all of the important nutrients.



Eat plenty of fresh **fruits, vegetables and legumes**. **Nuts** (in moderation) are also very healthy!



For bread, pasta, rice and flour, choose **wholegrains variants**. Wholegrain products contain more fibre and make you feel full for longer.



Have **dairy products** daily and eat **fish** once or twice a week. Limit your **meat consumption** to 300 to 600 g per week.



Use **wholesome fats**, such as canola oil, olive oil, soybean oil, walnut oil, and linseed oil. These contain a lot of Omega-3 fatty acids.



If possible, try to reduce **sugar** intake and avoid adding too much **salt** to your food.



When cooking, be mindful of **sparing preparation**: Fry in a small amount of fat, stew in little liquid and avoid lengthy cooking times.



**Drink a sufficient amount** – about 1.5 litres per day. Water and unsweetened tea are best. If possible, avoid sweet drinks such as fizzy drink and cola.

<sup>a</sup> <https://www.dge.de/gesunde-ernaehrung/dge-ernaehrungsempfehlungen/10-regeln>

## The enjoyment factor

All the same, do not lose sight of the enjoyment of eating – a small “sin” here and there is allowed in any case. In this sense, also make sure you have a quiet and relaxed atmosphere when eating!



Would you like to get even more suggestions for a healthy diet? Then visit the website

[www.leben-mit-brustkrebs.de](http://www.leben-mit-brustkrebs.de)

Simply click on “**Ernährung**” [“**Diet**”] under “**Mit Brustkrebs leben**” or scan the adjacent QR code with your smartphone or tablet.



The app developed by the Tumorzentrum München [Tumour Centre Munich] offers you a wealth of recipes for a healthy diet when you have cancer<sup>b</sup>



 **HealthFood**

To install the app on your smartphone or tablet, enter “**HealthFood**” in Google Play (for Android) or in the App Store (for iPhone) or visit the website of the Tumorzentrum München via the adjacent QR code.

## Seeking support

Having cancer is a major turning point in life. You do not have to cope with this change along with all the stress it brings on your own. Therefore, do not shy away from seeking professional support, such as from a psychologist or psycho-oncologist. Your mental health is just as important as your physical health. With professional guidance and support, you can do a lot to improve your well-being.

<sup>b</sup> Novartis Pharma GmbH was not involved in the development of the app and has no influence on the design or the content provided. The responsibility for the “HealthFood” app lies exclusively with the provider.



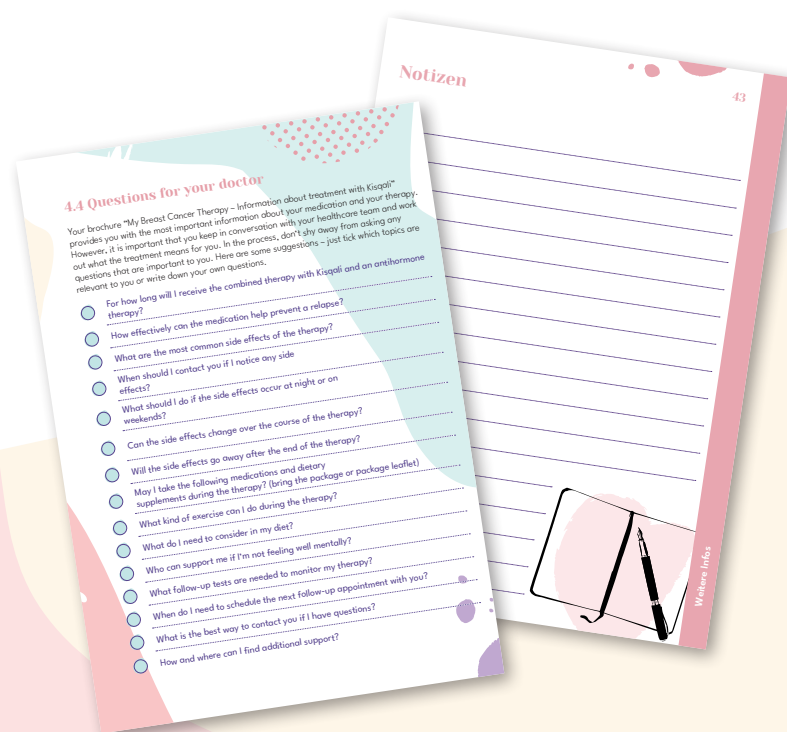
## 4 Further information

- Explanation of important technical terms and abbreviations
- Further information and contact details
- Personal notes
- Questions for your doctor

## 4. Further information

If you still have questions after reading this brochure, your doctors are the correct point of contact in the first instance. Please reach out to them with any of your concerns in relation to your breast cancer therapy.

A few suggestions are provided at the end of the brochure as incentive and aide.



## 4.1 Explanation of important technical terms and abbreviations

### A

**Adjuvant therapy** Therapy used after the surgical removal of the tumour to reduce the risk of cancer recurrence and to improve the long-term chances of recovery

**Anastrozole** A medication to reduce the hormone oestrogen produced by the body, which can slow down the growth of hormone receptor-positive cancer; belongs to the active substance group of aromatase inhibitors

**Antihormone therapy** Medical treatment of tumours with active substances that counteract the sex hormone-derived impulse for cell division

**Aromatase** An *enzyme* that converts hormone precursors to the female sex hormone oestrogen

**Aromatase inhibitors** Also called aromatase inhibitors, is a group of drugs that blocks the protein aromatase, so that the production of the hormone oestrogen is prevented

### C

**CDK4/6** Cyclin-dependent *kinases* 4 and 6; their activity is increased in the case of hormone receptor-positive breast cancer and stimulates excessive cell proliferation

**Chemotherapy** Drugs based on cytotoxins to treat cancer

### D

**Dosage** Quantity in which a medication is administered

### E

**Electrocardiogram (ECG)** A test that presents the activity of the heart as a line graph; a change in the heart that an ECG can detect is, for example, QTc prolongation, in which the time between heartbeats is longer than normal

**Enzymes** Proteins in the body that start and/or speed up numerous chemical processes in the body (e.g. in the case of digestion) without being consumed themselves

**F**

**Fatigue** Extreme tiredness and exhaustion, even during the day and despite adequate sleep

**Early breast cancer** Breast cancer that has not yet spread to distant organs of the body (distant metastases)

**G**

**Package leaflet** Also called the package insert or patient information leaflet, is an official document that is enclosed with each medicinal product and which contains detailed information about the medicinal product that is relevant for the use

**H**

**HER2** Abbreviation for human epidermal growth factor receptor 2. Tissue characteristic of cells that may be more prevalent in breast cancer and then has an unfavourable predictive value for the course of the disease (prognosis)

**HER2-negative** The fine tissue test does not show an increase in the characteristic HER2

**Hormone** Chemical substance in the body that affects the activities of cells or organs

**Hormone receptor** Receiving structures on the surface of cells in the breast to which hormones bind and thereby send a growth impulse into the cell

**Hormone receptor-positive (HR+)** Indicates cancer cells with hormone receptors. Through these receptors, hormones enter cells and promote tumour growth

**I**

**Immune system** A complex network of cells, tissues, organs, and the substances they produce. They help the body fight infections and other diseases

**K**

**Kinases** Enzymes that play an important role in the sending of signals within the cell

**L**

**Letrozole** A drug used to reduce the amount of oestrogen produced by the body, which can slow down the growth of hormone receptor-positive cancer; belongs to the active substance group of aromatase inhibitors

**LHRH** Abbreviation for luteinising hormone-releasing hormones; control hormone produced by the diencephalon that controls the production of certain sex hormones via the pituitary gland

**Local therapy** A treatment that is directed at the tumour. Examples of this are surgery and radiation therapy

**LHRH agonist** A medication that mimics the hormone LHRH and thereby reduces the production of the female sex hormone oestrogen in the body

**M**

**Menopause** Time of the last menstrual period in life

**Metastasis** Secondary tumour of a malignant tumour

**U**

**Undesirable effect** An adverse effect caused by a treatment

**Neoadjuvant therapy** Indicates a therapy that is used before the surgical tumour removal

**O/O**

**Oncology** Medical speciality that deals with the discovery (diagnostics) and treatment (therapy) of cancer – in short: cancer medicine

**Oestrogen** Female sex hormone

**P**

**Perimenopausal** Transitional phase leading up to menopause

**Protein** Large molecule consisting of a chain of small chemical compounds called amino acids; proteins determine the structure of all cells and control their function

**Premenopausal** The time before the menopause

**R**

**Receptors** Receiving structures on the surface of cells where certain messenger substances can accumulate and produce an effect

**Relapse** Recurrence of a disease. In the case of cancer: re-growth of a tumour from the same tissue

**S**

**Stage** A number that describes the severity of a cancer in the body

**T**

**Tumour** An abnormal tissue mass that forms when cells divide more than they should or do not die when they should. Tumours may be benign (no cancer) or malignant (cancer)

**W**

**White blood cells** A type of blood cell used by the body to fight infection

**T**

**Targeted therapy** Targeted medical treatment that is directed at a specific target

**Cycle (in relation to medications)** Treatment phase that is repeated regularly with periods of rest

## 4.2 Further information and contact details

Would you like to know more? Below are some helpful websites and resources for you:

### General information about breast cancer

**Arbeitsgemeinschaft Gynäkologische Onkologie (AGO) e. V.**  
www.ago-online.de

**Arbeitsgemeinschaft Internistische Onkologie (AIO)**  
www.aio-portal.de

**Deutsche Gesellschaft für Senologie e. V.**  
www.senologie.org

**Deutsche Krebsforschungszentrum**  
www.krebsinformationsdienst.de

**Deutsche Krebsgesellschaft e. V.**  
www.krebsgesellschaft.de

**PINK!**  
www.pink-brustkrebs.de

**German Breast Group (GBG)**  
www.germanbreastgroup.de

**Nord-Ostdeutsche Gesellschaft für Gynäkologische Onkologie (NOGGO)**  
www.noggo.de

**Westdeutsche Studiengruppe (WSG)**  
www.wsg-online.com

### Patient organisations/Self-help groups

#### **Brustkrebs Deutschland e. V.**

Lise-Meitner-Str. 7  
85662 Hohenbrunn  
Tel.: 089 41 61 98 00  
Free hotline: 0800 0 117 112  
Email: [online@brustkrebsdeutschland.de](mailto:online@brustkrebsdeutschland.de)  
[www.brustkrebsdeutschland.de](http://www.brustkrebsdeutschland.de)

#### **Allianz gegen Brustkrebs e. V.**

Schankstättenweg 19  
97215 Weigenheim  
Tel.: 09842 93 60 12  
Email: [info@allianz-gegen-brustkrebs.de](mailto:info@allianz-gegen-brustkrebs.de)  
[www.allianz-gegen-brustkrebs.de](http://www.allianz-gegen-brustkrebs.de)

#### **Frauenselbsthilfe nach Krebs Bundesverband e. V.**

Thomas-Mann-Str. 40  
53111 Bonn  
Tel.: 0228 33 88 94 00  
Email: [kontakt@frauenselbsthilfe.de](mailto:kontakt@frauenselbsthilfe.de)  
[www.frauenselbsthilfe.de](http://www.frauenselbsthilfe.de)

#### **mamazone – Frauen und Forschung gegen Brustkrebs e. V.**

Postfach 310220  
86063 Augsburg  
Tel.: 0821 2684191 0  
Email: [info@mamazone.de](mailto:info@mamazone.de)  
[www.mamazone.de](http://www.mamazone.de)

#### **MyTime Initiative – Making Moments Valuable**

A collaboration project by “Mamma Mia! The Breast Cancer Magazine”,  
Brustkrebs Deutschland e. V. and Novartis  
Facebook: [@MyTime.LebenmitBrustkrebs](https://www.facebook.com/MyTime.LebenmitBrustkrebs)  
[www.leben-mit-brustkrebs.de/mehr-infos/initiative-my-time](http://www.leben-mit-brustkrebs.de/mehr-infos/initiative-my-time)

### Advisory service

#### **Krebsinformationsdienst (KID) of the Deutsche Krebsforschungszentrum (DKFZ) Heidelberg**

Free hotline: 0800 420 30 40  
Email: [krebsinformationsdienst@dkfz.de](mailto:krebsinformationsdienst@dkfz.de)  
[www.krebsinformationsdienst.de](http://www.krebsinformationsdienst.de)

### LITERATURE RECOMMENDATION

#### **Mamma Mia! – The Breast Cancer Magazine**

atp Verlag GmbH  
Maria-Hilf-Straße 15  
50677 Cologne  
[www.mammamia-online.de](http://www.mammamia-online.de)

4.3 Personal notes:

Space for your thoughts ...

A large area of the page is filled with horizontal dotted lines, providing space for personal notes. The lines are evenly spaced and extend across most of the page width.







You can find more information on the topic of breast cancer and many practical tips on everyday life with cancer, on coping with the disease, on the topic of partnership, on legal and financial questions and on numerous other topics on this website:

[www.leben-mit-brustkrebs.de](http://www.leben-mit-brustkrebs.de)

Do you have any medical questions about Novartis products or your condition that is being treated with Novartis products, e.g.:

- Intake
- Effect
- Possible side effects or complaints
- Combinations, interactions with other medications?

Our medical InfoService is available to assist you **Monday to Friday** from **8:00 a.m. to 6:00 p.m.** at the following contact details:

<b>Telephone</b>	0911 – 273 12 100
<b>Fax</b>	0911 – 273 12 160
<b>Email</b>	<a href="mailto:infoservice.novartis@novartis.com">infoservice.novartis@novartis.com</a>
<b>Website</b>	<a href="http://www.infoservice.novartis.de">www.infoservice.novartis.de</a>
<b>Live chat</b>	<a href="http://www.chat.novartis.de">www.chat.novartis.de</a>

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An informational brochure  
on the topic of breast cancer from  
Novartis Pharma GmbH  
Nuremberg

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