

# Patient Information

## CONSUMER INFORMATION

This leaflet is part III of a three-part “Product Monograph” published when ESTRACE® was approved for sale in Canada and is designed specifically for Consumers. This leaflet is a summary and will not tell you everything about ESTRACE®. Contact your doctor or pharmacist if you have any questions about the drug.

## ABOUT THIS MEDICATION

### What the medication is used for:

- Symptomatic relief of menopausal symptoms (hot flashes, dryness, itching and burning in and around the vagina)
- ESTRACE® may also contribute to the prevention of osteoporosis, when combined with other important therapeutics such as diet, calcium and vitamin D intake, smoking cessation and regular physical weight bearing exercises. Osteoporosis is a thinning of the bones that makes them weaker and easier to break.

Use of ESTRACE® is to be considered in light of other available therapies for the prevention of postmenopausal osteoporosis. Adequate diet, calcium and vitamin D intake, cessation of smoking as well as regular physical weight bearing exercise are required in addition to the administration of ESTRACE®.

ESTRACE® should be used only under the supervision of a doctor, with regular follow-up at least once a year to identify side effects associated with its use. Your first follow-up visit should be within 3 to 6 months of starting treatment. Your visit may include a blood pressure check, a breast exam, a Pap smear and pelvic exam. You should have a mammogram before starting treatment and at regular intervals as recommended by your doctor. Your doctor may recommend some blood tests.

You should carefully discuss the risks and benefits of hormone replacement therapy (HRT) with your doctor. You should regularly talk with your doctor about whether you still need treatment with HRT.

## **IMPORTANT**

If you still have your uterus (womb), talk to your doctor about adding a progestin (another female hormone) to ESTRACE® to prevent cancer of the uterus.

### What it does:

ESTRACE® replaces diminishing estrogen production by the body. Estrogens are female hormones that are produced by the body and are necessary for the normal sexual development and the regulation of menstrual periods during the childbearing years. Low estrogen levels in menopause can also cause osteoporosis, which is a thinning of the bones that make them weaker and easier to break. Estrogens can help prevent osteoporosis related to menopause.

### When it should not be used:

You should not take ESTRACE® if you:

- have migraines
- have liver disease
- have (or have had) a personal history of known or suspected estrogen dependent cancer such as breast cancer or cancer of the uterus
- have abnormal growth of the lining of the uterus (endometrial hyperplasia)
- have unusual or undiagnosed genital bleeding
- may be pregnant or are nursing
- have (or have had) a stroke or coronary heart disease (including heart attack and/or angina)
- have (or have had) blood clot disorders, including blood clots in the legs or lungs or thrombophlebitis (blood clot and inflammation of the veins).
- have partial or complete loss of vision due to blood vessel disease in the eye
- are allergic to estradiol or any other ingredient in ESTRACE® tablets (see **What the medicinal ingredient is** and **What the important non-medicinal ingredients are**)

**What the medicinal ingredient is:**

17 $\beta$ -estradiol

**What the important nonmedicinal ingredients are:**

Acacia, cornstarch, dibasic calcium phosphate, lactose, magnesium stearate, silicon dioxide, talc and colour dyes {FD&C Blue #1 and D&C Red #27 aluminum lake (1 mg tablet), FD&C Blue #1 and FD&C Yellow #5 aluminum lake (tartrazine) (2 mg tablet)}.

**What dosage forms it comes in:**

The dosage form is a tablet. ESTRACE® is provided in 0,5 mg, 1 mg and 2 mg strength tablets.

**IMPORTANT: PLEASE READ****WARNINGS AND PRECAUTIONS****Serious Warnings and Precautions:**

The Women's Health Initiative (WHI) trial assessed the health benefits and risks of oral combined *estrogen plus progestin* therapy and *estrogen-alone* therapy in postmenopausal women.

The *estrogen plus progestin* arm of the WHI trial indicated increased risk of myocardial infarction (heart attack), stroke, invasive breast cancer, pulmonary emboli (blood clots in the lungs) and deep vein thrombosis (blood clots in the large veins) in postmenopausal women receiving treatment with conjugated equine estrogens (an estrogen medication) and medroxyprogesterone acetate (a progestin medication).

The *estrogen-alone* arm of the WHI trial indicated an increased risk of stroke and deep vein thrombosis in women with prior hysterectomy (surgical removal of the uterus) receiving treatment with conjugated equine estrogens.

Therefore, you should seriously consider the following:

- There is an increased risk of developing invasive breast cancer, heart attack, stroke and blood clots in both lungs and large veins with the use of *estrogen plus progestin* therapy.
- There is an increased risk of stroke and blood clots in the large veins with the use of *estrogen-alone* therapy.
- Estrogens with or without progestins should not be used for the prevention of heart disease or stroke.
- Estrogens with or without progestins should be used at the lowest effective dose and for the shortest period of time possible. Regular medical follow-up is advised.

## Breast Cancer

In the *estrogen plus progestin* arm of the WHI trial, among 10,000 women over a one-year period there were:

- 8 more cases of invasive breast cancer.

In the *estrogen-alone* arm of the WHI trial of women with prior hysterectomy, among 10,000 women over a one-year period there was:

- No meaningful difference in the rate of invasive breast cancer.

Estrogens should not be taken by women who have a personal history of breast cancer. In addition, women with a family history of breast cancer or women with a history of breast lumps, breast biopsies or abnormal mammograms (breast x-rays) should consult with their doctor before starting hormone replacement therapy.

Women should have a mammogram before starting HRT and at regular intervals during treatment as recommended by their doctor.

Regular breast examinations by a doctor and regular breast self-examinations are recommended for all women. You should review the technique for breast self-examination with your doctor.

## Overgrowth of the lining of the uterus and cancer of the uterus

The use of *estrogen-alone* therapy by post menopausal women who still have a uterus increases the risk of developing endometrial hyperplasia (overgrowth of the lining of the uterus), which increases the risk of endometrial cancer (cancer of the lining of the uterus). If you still have your uterus you should take a progestin medication (another hormone drug) regularly for a certain number of days of each month to reduce the risk of endometrial hyperplasia.

You should discuss progestin therapy and risk factors for endometrial hyperplasia and endometrial carcinoma with your doctor. You should also report any unexpected or unusual vaginal bleeding to your doctor.

If you have had your uterus removed you are not at risk of developing endometrial hyperplasia or endometrial carcinoma. Progestin therapy is therefore not required as part of hormone replacement therapy in women who have had a hysterectomy.

## Heart Disease and Stroke

In the *estrogen plus progestin* arm of the WHI trial, among 10,000 women over a one-year period there were:

- 8 more cases of stroke
- 7 more cases of coronary heart disease

In the *estrogen-alone* arm of the WHI trial of women with prior hysterectomy, among 10,000 women over a one-year period, there were/was:

- 12 more cases of stroke
- No meaningful difference in the rate of coronary heart disease.

## Abnormal Blood Clotting

In the *estrogen plus progestin* arm of the WHI trial, among 10,000 women over a one-year period there were:

- 18 more cases of blood clots in the lungs and large veins.

In the *estrogen-alone* arm of the WHI trial of women with prior hysterectomy, among 10,000 women over a one-year period, there were:

- 7 more cases of blood clots in the lungs and large veins.

The risk of blood clots also increases with age, if you or a family member has had blood clots, if you smoke or if you are severely overweight. The risk of blood clots is also temporarily increased if you are immobilized for long periods of time and following major surgery. You should discuss risk factors for blood clots with your doctor since blood clots can be life-threatening or cause serious disability.

## Gallbladder Disease

The use of estrogens by postmenopausal women has been associated with an increased risk of gallbladder disease requiring surgery.

## Dementia

The Women's Health Initiative Memory Study (WHIMS) was a substudy of the WHI trial involving women aged 65 and older. In the *estrogen plus progestin* arm of the WHIMS, among 10,000 women over a one-year period there were:

- 23 more cases of probable dementia (loss of memory and intellectual function).

In the *estrogen-alone* arm of the WHIMS involving women with prior hysterectomy, among 10,000 women over a one-year period there was:

- No meaningful difference in the rate of probable dementia.

## **BEFORE you use ESTRACE® talk to your doctor or pharmacist if you:**

- Have a history of allergy or intolerance to any medications or other substances
- Have a personal history of breast disease (including breast lumps) and/or breast biopsies, or a family history of breast cancer
- Have experienced any unusual or undiagnosed vaginal bleeding
- Have a history of uterine fibroids or endometriosis (tissue from the endometrium, found outside the uterus (generally in the pelvic cavity)).
- Have a history of liver disease, jaundice (yellowing of the eyes and/or skin) or itching related to estrogen use or during pregnancy
- Drink alcohol
- Have a history of migraine headache
- Have a history of high blood pressure
- Have a personal or family history of blood clots, or a personal history of heart disease or stroke
- Have a history of kidney disease, asthma or epilepsy (seizures)
- Have a history of bone disease (this includes certain metabolic conditions or cancers that can affect blood levels of calcium or phosphorus)
- Have been diagnosed with diabetes
- Have been diagnosed with porphyria (a disease of blood pigment)
- Have a history of high cholesterol or high triglycerides
- Are pregnant or may be pregnant
- Have had a hysterectomy (surgical removal of the uterus)
- Smoke
- Recent or future surgery

## INTERACTIONS WITH THIS MEDICATION

Drugs that may interact with ESTRACE® include:

- Certain drugs used to:

- Prevent blood clots
- Control diabetes
- Control high blood pressure
- Prevent inflammation (containing phenylbutazone)
- Control epilepsy (e.g. phenobarbital, phenytoin, or carbamazepine)
- Control anxiety (e.g. meprobamate)
- Treat bacterial infection such as antibiotics containing rifampicin (also called rifampin)

- Some herbal products (e.g. St. John's wort) available over-the-counter may also interact with ESTRACE.

Tell your doctor or pharmacist if you are taking any other medications, including prescription medications, over-the-counter medications, vitamins or herbal products.

## PROPER USE OF THIS MEDICATION

### **Usual dose:**

Your doctor will prescribe the lowest dose of estrogen needed to prevent menopausal symptoms or the development of osteoporosis. Estrogen is usually administered for the first 21 days to 25 days of each month. Take one tablet of ESTRACE® at the same time each day.

- Treatment of menopausal symptoms: Initial treatment consists of a 1 mg tablet per day. Every 3 to 6 months, you and your doctor should discuss whether you should reduce the dose of ESTRACE® or stop taking ESTRACE®.
- Prevention of osteoporosis: Initial treatment consists of a 0.5 mg tablet per day as soon as possible after menopause. If your uterus has been removed (hysterectomy) you will take ESTRACE® every day of the month. If you have a uterus, you will take ESTRACE® on certain days of the month as directed by your doctor. You will also take a progestin on certain days of the month to prevent abnormal growth of the lining of your uterus. Your doctor may adjust the dose according to your individual needs.

### **Overdose:**

In women, overdosage of ESTRACE® may cause nausea, breast discomfort, fluid retention, and vaginal bleeding. In case of overdose call the nearest hospital or poison control center.

### **Missed Dose:**

If you miss a dose, take it as soon as possible. However, if it is almost time to take your next dose, skip the missed dose and go back to the regular dosing schedule. Do not double dose.

## **SIDE EFFECTS AND WHAT TO DO ABOUT THEM**

Women rarely have severe side effects from taking estrogens. However if you have any of the symptoms listed below you must speak with your doctor immediately.

- Unexpected or undiagnosed vaginal bleeding
- Loss of or change in vision
- Fainting
- Pains in chest, groin, legs
- Sudden or severe headache
- Sudden loss of coordination
- Sudden and unexplained shortness of breath
- Sudden slurring of speech
- Pains in stomach, side or abdomen
- Swelling of feet and lower legs
- Lumps or discharge from the breasts
- Yellow eyes or skin

### **Side effects that usually do not need medical attention**

These side effects go away during treatment as your body adjusts to the medicine. However, check with your doctor if they continue or become bothersome:

- Nausea
- Bloating
- Stomach cramps
- Headaches (mild)
- Dizziness (mild)

Also, many women who are taking estrogens with a progestin will start having monthly vaginal bleeding, similar to menstrual periods again. This effect will continue for as long as the medicine is taken. However, monthly bleeding should not occur in women who have had their uterus removed by surgery (hysterectomy).

### **Other possible side effects**

- Breast pain and swelling
- Irregular vaginal bleeding or spotting
- Vaginal itching/discharge or pain
- Depression, nervousness, and/or irritability
- Allergic reaction and rash
- Hair loss or abnormal hair growth
- Increased blood sugar levels
- Change in blood pressure
- Acne
- Change in cholesterol and/or triglyceride levels
- Change in weight

***\*This is not a complete list of side effects. For any unexpected effects while taking ESTRACE®, contact your doctor or pharmacist.***

## HOW TO STORE IT

Store the bottle at room temperature (15°C-30°C). Keep container tightly closed and protect from light.

**Keep out of the reach of children.**

### **REPORTING SUSPECTED SIDE EFFECTS**

To monitor drug safety, Health Canada collects information on serious and unexpected effects of drugs. If you suspect you have had a serious or unexpected reaction to this drug you may notify Health Canada by:

Toll-free telephone: 866-234-2345

Toll-free fax: 866-678-6789

By email: [cadrmp@hc-sc.gc.ca](mailto:cadrmp@hc-sc.gc.ca)

By regular mail:

Canadian Adverse Drug Reaction Monitoring Program (CADRMP)  
Marketed Health Products Safety and Effectiveness Information Division  
Marketed Health Products Directorate  
Health Canada  
Tunney's Pasture, AL 0701C  
Ottawa ON K1A 0K9

***NOTE: Before contacting Health Canada, you should contact your physician or pharmacist.***