ECOG E1Z11
A Cohort Study to Evaluate Genetic Predictors of Aromatase Inhibitor Musculoskeletal Symptoms (AIMSS)

Objective: To look at side effects of Anastrazole and see if genes have an effect on how it impacts patients. Questionnaire and blood sample study only.

Patient Population:
Open to Asian women ONLY

- Female and post-menopausal (defined per protocol); use of LHRH agonists is not allowed
- Must have estrogen and/or progesterone receptor positive histologically confirmed Stage I-III adenocarcinoma of the breast
- Must have completed planned local therapy and adjuvant chemotherapy for breast cancer
- Must not have received prior AI therapy with exemestane, letrozole, or anastrozole as preoperative/adjuvant therapy or for prevention of breast cancer. Prior tamoxifen is allowed
- Plan to treat with anastrozole for at least 12 months
- Must be disease-free of other prior invasive malignancies for ≥ 5 years with the exception of curatively-treated basal or squamous cell carcinoma of the skin or carcinoma in situ of the cervix. Prior early stage breast cancers are allowed as long as prior treatment did not include aromatase inhibitors
- Must not be currently taking (or have taken in the past 6 months) medication for active, chronic conditions. Note: patients taking daily low dose aspirin are allowed to participate
- Must not have a prior history of deep vein thrombosis or pulmonary embolism in the past 5 years
- Must have worst pain rated as no worse than 3 out of 10 on the following question: "In the past week, how much pain have you had on a scale of 0 to 10, where 0 equals no pain and 10 means the worst pain you can imagine"
- Must have adequate hepatic, hematologic, and renal functioning to be able to be administered anastrozole

<u>Treatment Plan</u>

- Anastrozole 1 mg, oral, daily for 12 months. Treatment should start within 3 working days after registration. The patient will be given a pill diary. Please note anastrozol given separately outside of study.
- Patients should be instructed that when they develop joint pain or stiffness that they should call their MD (and stay on the medication until seen). The MD or provider should see the patient within 2 weeks of the patient's call to assess for the likelihood of rheumatologic disease, and determines clinically if the patient has AIMSS. The patient completes the questionnaires
- Patient discusses with MD whether to continue or discontinue the drug or start a treatment for AIMSS. A holiday (drug-free interval of 6 weeks or less) is also an option, as is switching to a different AI, tamoxifen, or participating in a treatment study
- If and when the patient decides to discontinue anastrozole, the patient will be asked to complete questionnaires. If this was part of a holiday plan, the drug will be considered discontinued if the patient refuses to restart the medication
    - When a patient discontinues the medication, she will be asked for the reasons, and asked to rank them. If pain or other symptoms such as stiffness are the first or second reason, then it will be considered a discontinuation because of AIMSS
    - The MD will check in with the patient 4-6 weeks later and the patient will complete questionnaires again
- If the patient is to continue anastrozole beyond the 12 months on study, a final questionnaire will be completed