Aromasin (chemical name: exemestane) is an aromatase inhibitor used to: Advertisement. to reduce the risk of hormone receptor-positive, early-stage breast cancer coming back (recurring) in post-menopausal women who have taken two to three years of tamoxifen; the women switch to Aromasin and complete 5 years of hormonal therapy after surgery.

??? CLICK HERE TO SHOP ONLINE ???

Exemestane: Uses, Dosage, Side Effects, Warnings - Drugs

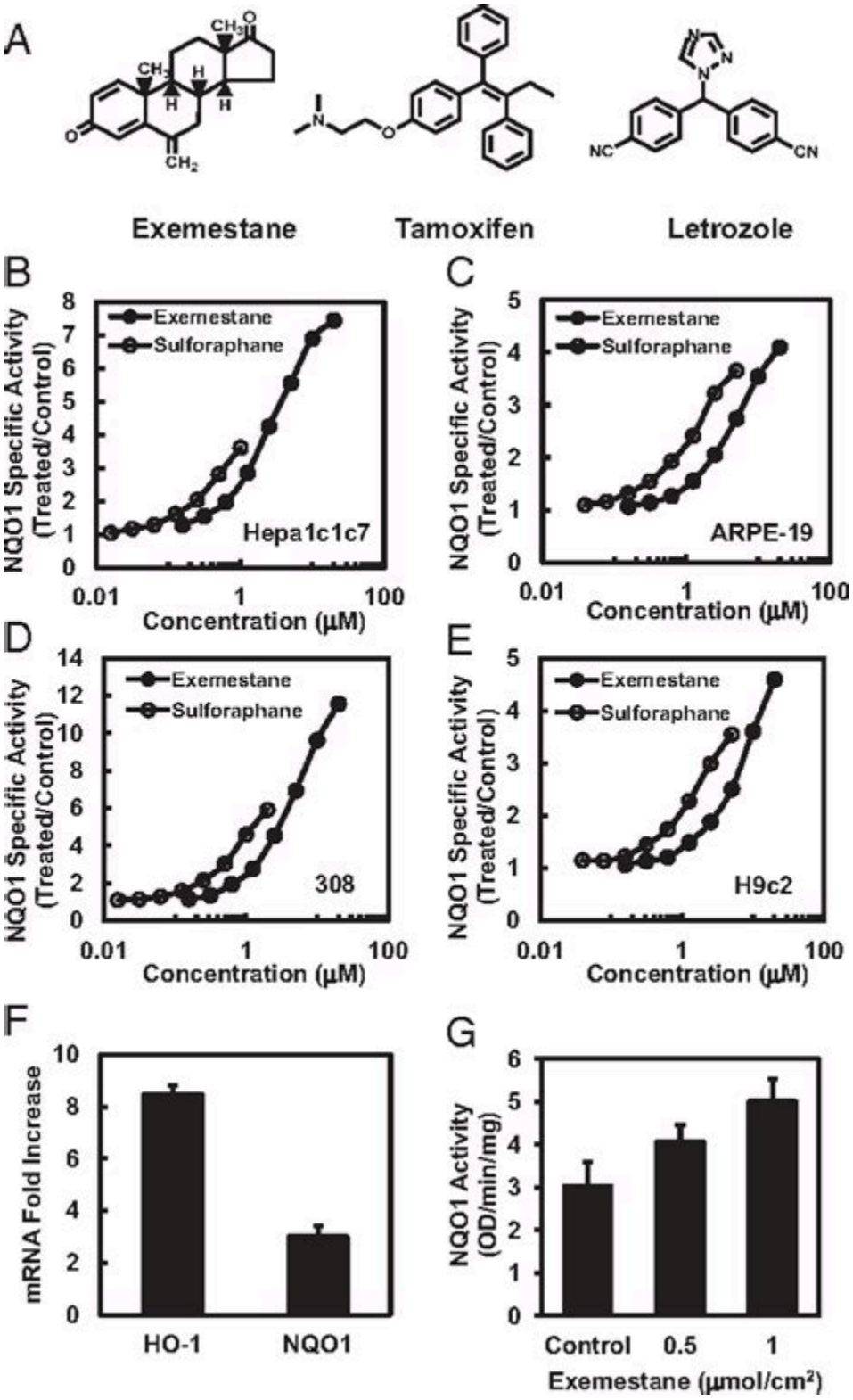
Exemestane, a synthetic steroid drug widely prescribed to fight breast cancers that thrive on estrogens, not only inhibits the production of the hormone, but also appears to protect cells throughout the body against damage induced by UV radiation, inflammation and other assaults, according to results of research by Johns Hopkins scientists.

Exemestane: MedlinePlus Drug Information

Interactions Exemestane is metabolized by the liver enzyme CYP3A4. While the CYP3A4 inhibitor ketoconazole had no significant effect on exemestane levels in a clinical trial, the strong CYP3A4 inductor rifampicin significantly cut exemenstane levels about in half (AUC −54%, C max −41% for a

single dose), potentially compromising its effectiveness.

Relevance of anti-inflammatory and antioxidant activities of exemestane .



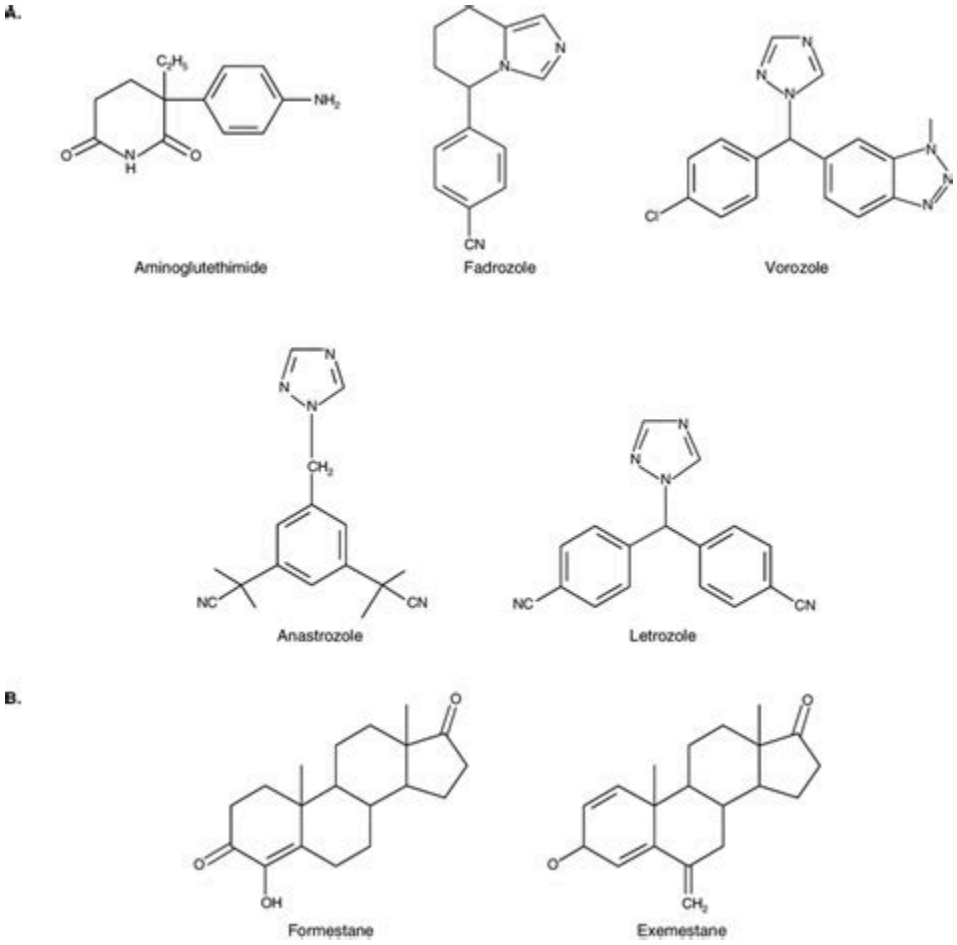
Exemestane is in a class of medications called aromatase inhibitors. It works by decreasing the amount

of estrogen produced by the body. This can slow or stop the growth of some breast tumors that need estrogen to grow. How should this medicine be used? Exemestane comes as a tablet to take by mouth. It is usually taken once a day after a meal.

Exemestane, a new steroidal aromatase inhibitor of clinical relevance

Exemestane is a steroidal Aromatase Inhibitor (AI) that is most commonly known as Aromasin. In fact, the Aromasin brand name is the only pharmaceutical grade brand of the Exemestane AI due to the tight patent Upjohn has maintained on the product.

Nonsteroidal and Steroidal Aromatase Inhibitors in Breast Cancer

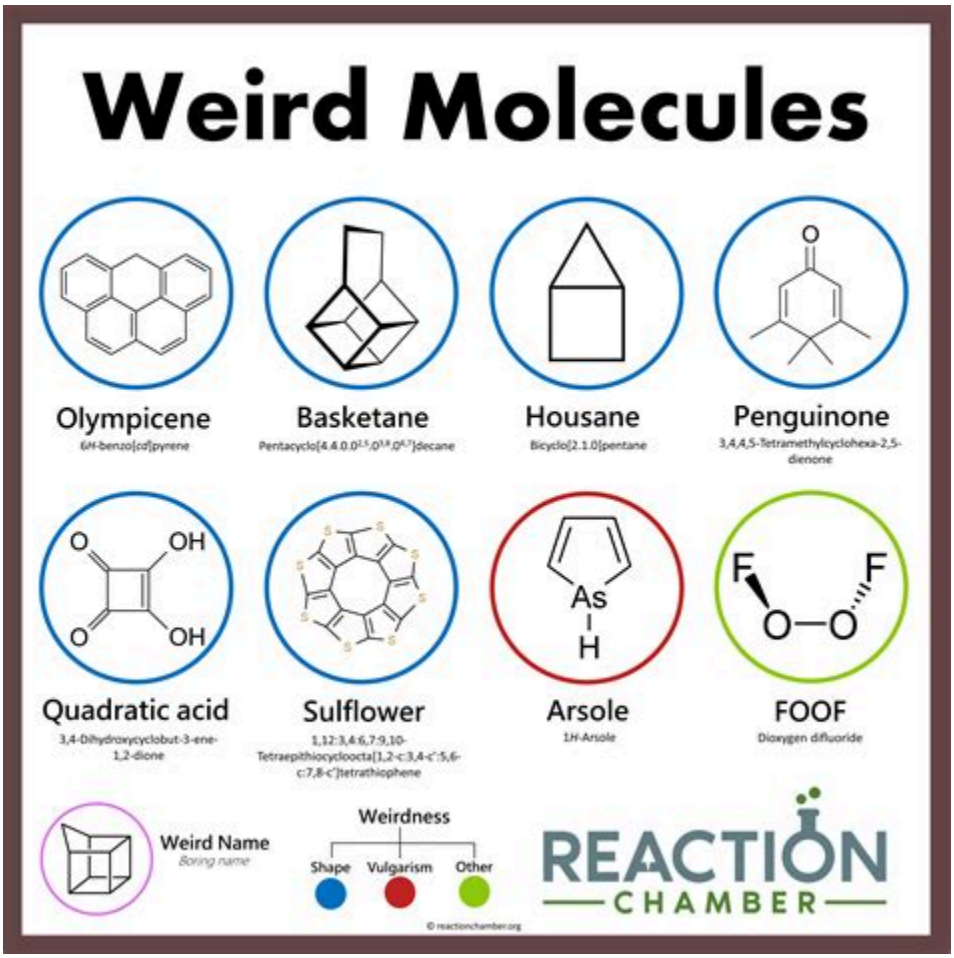


Purpose: Exemestane (EXE) and letrozole (LET) are third-generation aromatase inhibitors currently prescribed for postmenopausal hormone-dependent breast cancer. The impact on end organs of estrogen depletion in menopausal women is of significant clinical importance. We studied the effects of EXE, its principal metabolite, 17-hydroexemestane (17-H-EXE), and LET on bone and lipid metabolism in .

Exemestane - Wikipedia

Exemestane is approved to treat: Breast cancer that is advanced. Breast cancer that is early stage and estrogen receptor positive. Exemestane is used in postmenopausal women who have already been treated with tamoxifen citrate. Exemestane is also being studied in the treatment of other types of cancer.

Molecules | Free Full-Text | An Exemestane Derivative . - MDPI



Exemestane is a 17-oxo steroid that is androsta-1,4-diene-3,17-dione in which the hydrogens at position 6 are replaced by a double bond to a methylene group. A selective inhibitor of the aromatase (oestrogen synthase) system, it is used in the treatment of advanced breast cancer.

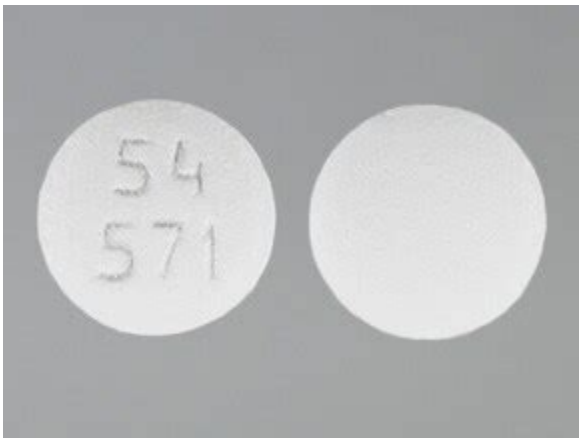
Aromasin - Breastcancer

Exemestane (FCE 24304; 6-methylenandrosta-1,4-diene-3,17-dione) is a novel orally active irreversible aromatase inhibitor. Its in vitro and in vivo pharmacological properties have been compared to 4-hydroxyandrostenedione (4-OHA). In preincubation studies with human placental aromatase, exemestane, like 4-OHA, showed enzyme inactivating .

Aromasin PCT (Exemestane PCT Guide) - Steroid Cycles

Exemestane is an oral steroidal aromatase inhibitor used in the adjuvant treatment of hormonally-responsive (also called hormone-receptor-positive, estrogen-responsive) breast cancer in postmenopausal women. It irreversibly binds to the active site of the enzyme resulting in permanent inhibition. Type Small Molecule Groups Approved, Investigational

Exemestane Oral: Uses, Side Effects, Interactions, Pictures . - WebMD

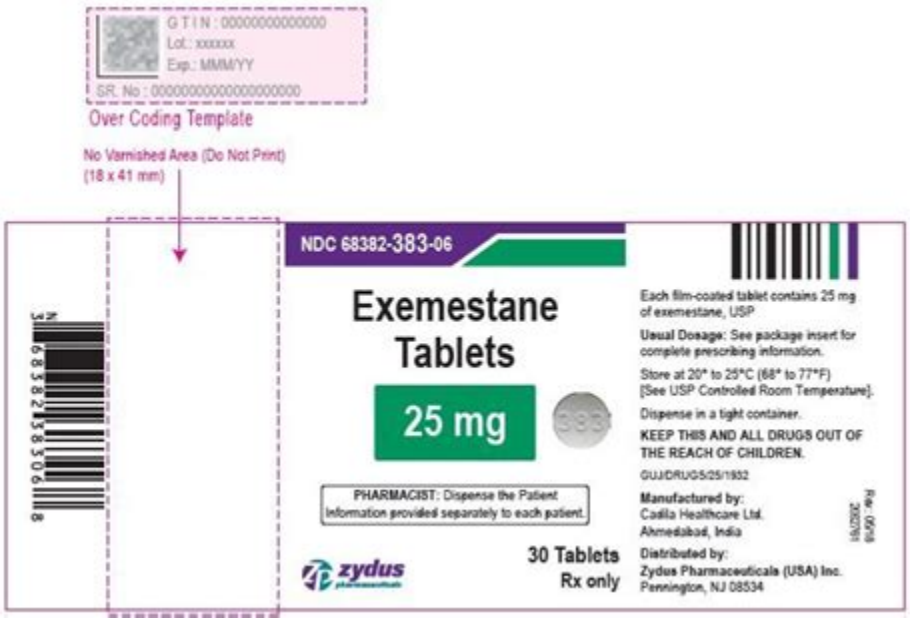


Exemestane (6-methylenandrosta-1,4-diene-3,17-dione) is a novel steroidal irreversible aromatase inhibitor recently approved and introduced into the global market under the name Aromasin®. The design, laboratory and viable syntheses of exemestane, starting from a variety of steroidal precursors, are presented and discussed.

Exemestane | C20H24O2 | CID 60198 - PubChem

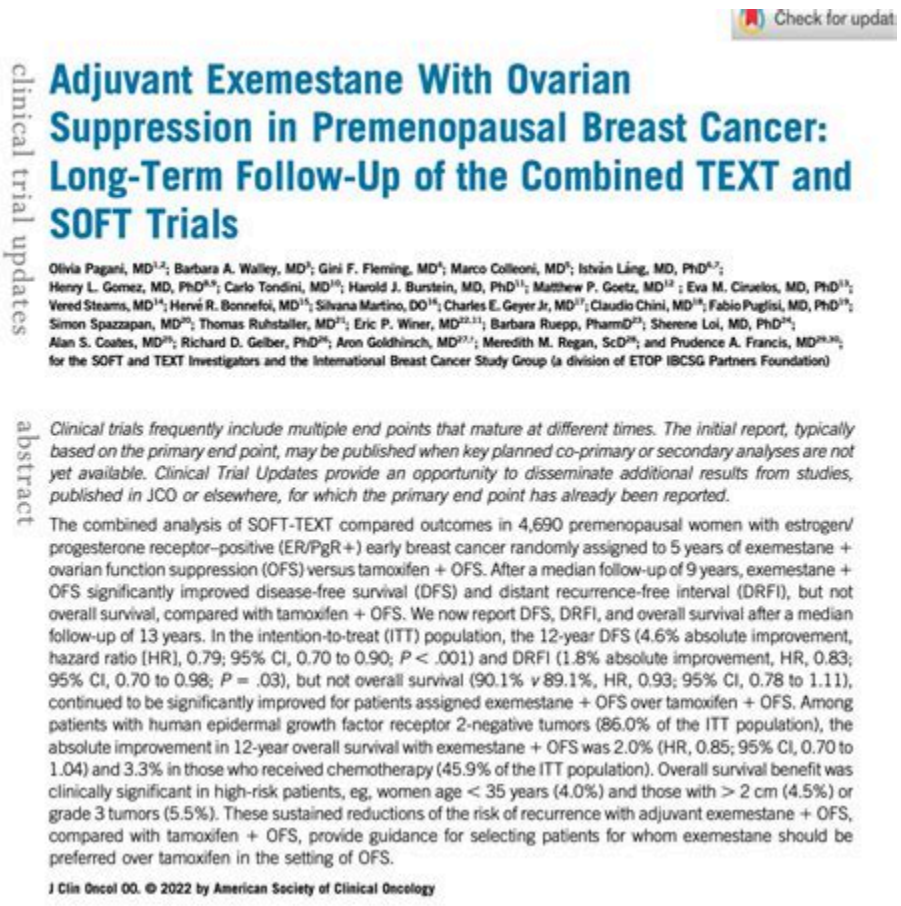
Anastrozole (Arimidex), letrozole (Femara), and exemestane (Aromasin) are members of the third generation of aromatase inhibitors that has now replaced aminoglutethimide (Cytadren), the progestins, and tamoxifen

Exemestane (Oral Route) Side Effects - Mayo Clinic



Also, the number of doses you take each day, the time allowed between doses, and the length of time you take the medicine depend on the medical problem for which you are using the medicine. For oral dosage form (tablets): For breast cancer in postmenopausal women: Adults—25 milligrams (mg) once a day. Children—Use is not recommended.

Full article: Long-term efficacy and safety of exemestane in the .



Check for updat

clinical trial updates

Adjuvant Exemestane With Ovarian Suppression in Premenopausal Breast Cancer: Long-Term Follow-Up of the Combined TEXT and SOFT Trials

Olivia Pagani, MD[1,2]; Barbara A. Walley, MD[3]; Gini F. Fleming, MD[4]; Marco Colleoni, MD[5]; István Láng, MD, PhD[6,7]; Henry L. Gomez, MD, PhD[8,9]; Carlo Tondini, MD[10]; Harold J. Burstein, MD, PhD[11]; Matthew P. Goetz, MD[12]; Eva M. Ciruelos, MD, PhD[13]; Vered Stearns, MD[14]; Hervé R. Bonnefoi, MD[15]; Silvana Martino, DO[16]; Charles E. Geyer Jr, MD[17]; Claudio Chini, MD[18]; Fabio Puglisi, MD, PhD[19]; Simon Spazzapan, MD[20]; Thomas Ruhstaller, MD[21]; Eric P. Winer, MD[22,11]; Barbara Ruepp, PharmD[23]; Sherene Loi, MD, PhD[24]; Alan S. Coates, MD[25]; Richard D. Gelber, PhD[26]; Aron Goldhirsch, MD[27,1]; Meredith M. Regan, ScD[28]; and Prudence A. Francis, MD[29,30]; for the SOFT and TEXT Investigators and the International Breast Cancer Study Group (a division of ETOP IBCSG Partners Foundation)

abstract

Clinical trials frequently include multiple end points that mature at different times. The initial report, typically based on the primary end point, may be published when key planned co-primary or secondary analyses are not yet available. Clinical Trial Updates provide an opportunity to disseminate additional results from studies, published in JCO or elsewhere, for which the primary end point has already been reported.

The combined analysis of SOFT-TEXT compared outcomes in 4,690 premenopausal women with estrogen/progesterone receptor–positive (ER/PgR+) early breast cancer randomly assigned to 5 years of exemestane + ovarian function suppression (OFS) versus tamoxifen + OFS. After a median follow-up of 9 years, exemestane + OFS significantly improved disease-free survival (DFS) and distant recurrence-free interval (DRFI), but not overall survival, compared with tamoxifen + OFS. We now report DFS, DRFI, and overall survival after a median follow-up of 13 years. In the intention-to-treat (ITT) population, the 12-year DFS (4.6% absolute improvement, hazard ratio [HR], 0.79; 95% CI, 0.70 to 0.90; $P < .001$) and DRFI (1.8% absolute improvement, HR, 0.83; 95% CI, 0.70 to 0.98; $P = .03$), but not overall survival (90.1% *v* 89.1%, HR, 0.93; 95% CI, 0.78 to 1.11), continued to be significantly improved for patients assigned exemestane + OFS over tamoxifen + OFS. Among patients with human epidermal growth factor receptor 2-negative tumors (86.0% of the ITT population), the absolute improvement in 12-year overall survival with exemestane + OFS was 2.0% (HR, 0.85; 95% CI, 0.70 to 1.04) and 3.3% in those who received chemotherapy (45.9% of the ITT population). Overall survival benefit was clinically significant in high-risk patients, eg, women age < 35 years (4.0%) and those with > 2 cm (4.5%) or grade 3 tumors (5.5%). These sustained reductions of the risk of recurrence with adjuvant exemestane + OFS, compared with tamoxifen + OFS, provide guidance for selecting patients for whom exemestane should be preferred over tamoxifen in the setting of OFS.

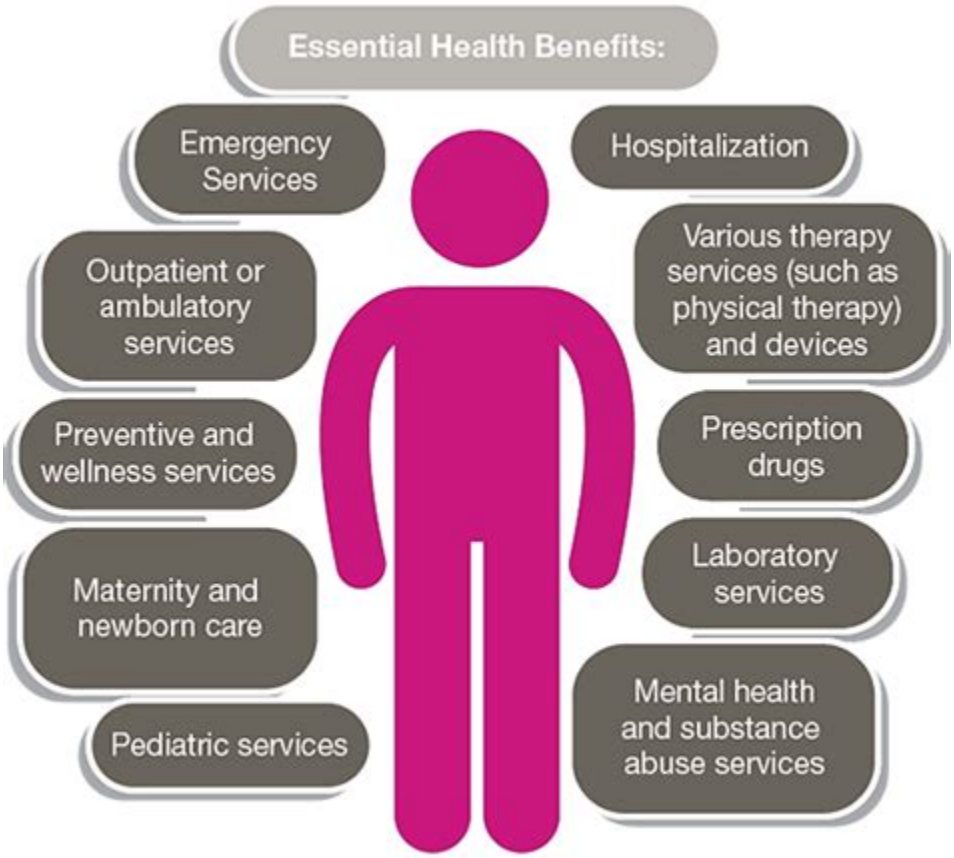
J Clin Oncol 00. © 2022 by American Society of Clinical Oncology

Exemestane, a synthetic steroid commonly used clinically to prevent, delay progression of, and treat breast cancer, was designed to inhibit estrogen biosynthesis by aromatase. We have made the unexpected observation that exemestane also has widespread protective activities unrelated to blocking estrogens. Thus, exemestane is potently anti .

Exemestane (Oral Route) Proper Use - Mayo Clinic

Exemestane is a steroidal aromatase inhibitor that blocks the enzyme that converts androgen hormones into estrogen. It is used to treat hormone responsive breast cancers in postmenopausal women who need estrogen to grow. It may cause bone loss, hot flashes, and fertility problems.

Potential for Added Medical Benefits Uncovered for Widely Used Breast .



Other information About our information How we can help What is exemestane? Exemestane is a hormonal therapy drug used to treat breast cancer. It may be used to treat breast cancer if you have been through the menopause. It may sometimes also be given if you have not yet had your menopause. Exemestane may be used:

Exemestane | Macmillan Cancer Support

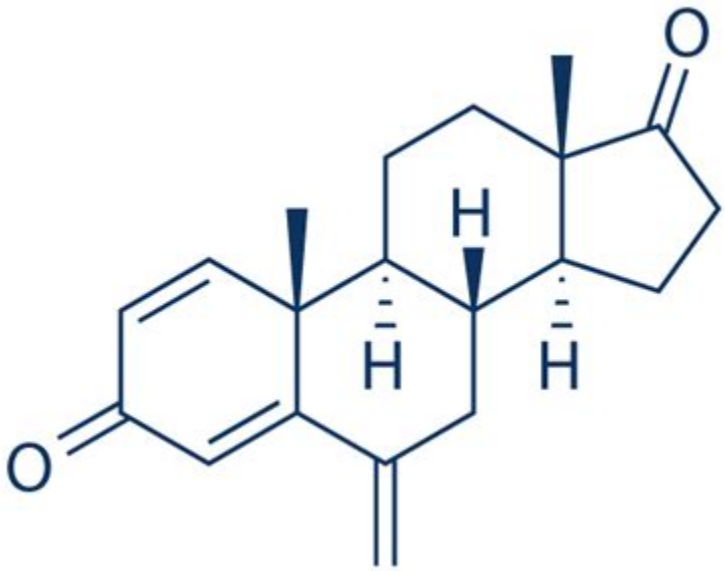
loss of appetite. nausea. slow speech. unpleasant breath odor. unusual tiredness or weakness. vomiting of blood. weight gain. yellow eyes or skin. Some side effects may occur that usually do not need medical attention.

Effects of the steroidal aromatase inhibitor exemestane and the .

The Exemestane Study Group performed a trial assessing the efficacy of exemestane versus megestrol acetate (n = 769), following progression of metastatic breast cancer on tamoxifen. 1 The results demonstrated improved response rates (15% versus 12. 4%) and better progression-free survival (20. 3

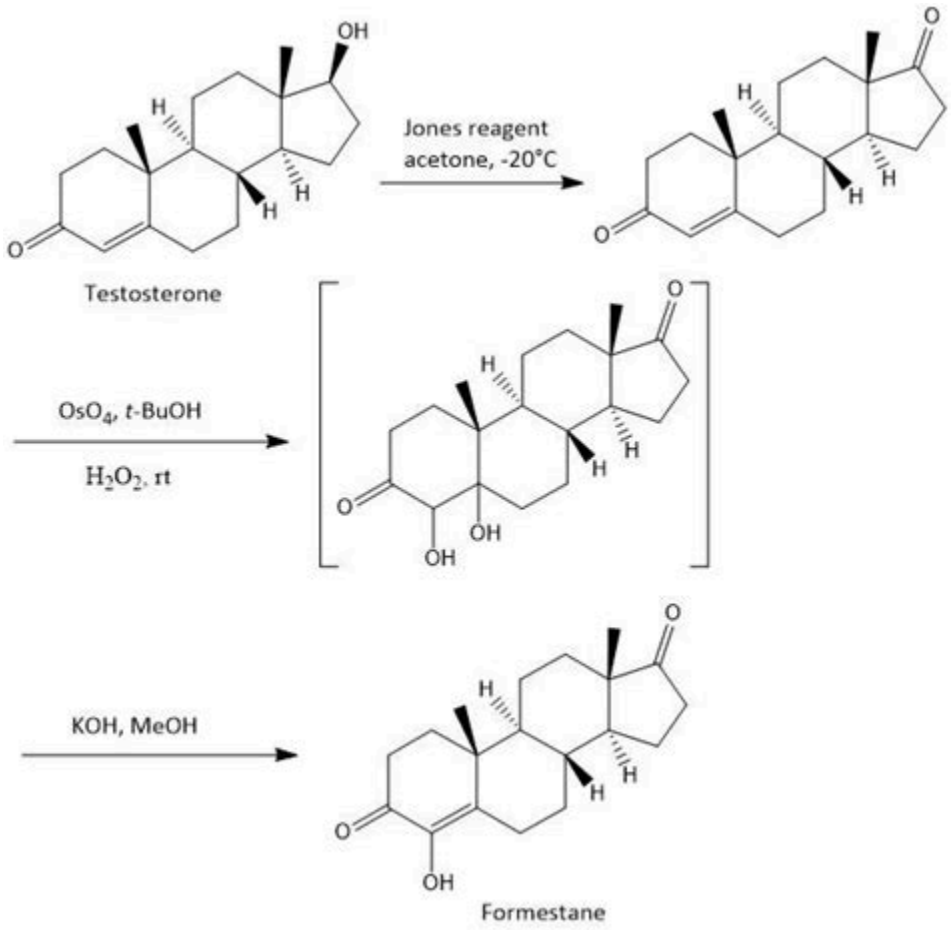
versus 16. 6 weeks, P = 0. 037) with exemestane.

Exemestane (FCE 24304), a new steroidal aromatase inhibitor



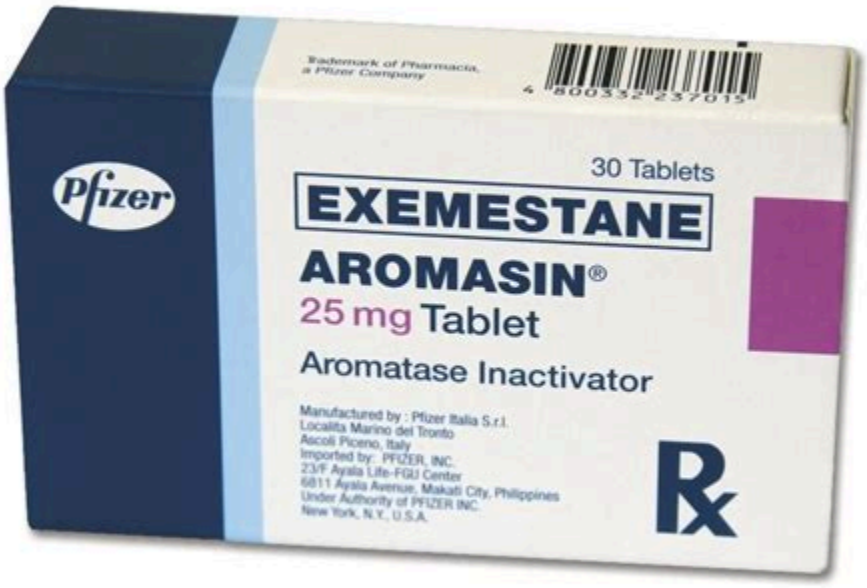
Around 70-85% of all breast cancer (BC) cases are estrogen receptor-positive (ER+). The third generation of aromatase inhibitors (AIs) is the first-line treatment option for these tumors. Despite their therapeutic success, they induce several side effects and resistance, which limits their efficacy. Thus, it is crucial to search for novel, safe and more effective anti-cancer molecules .

Steroidal aromatase inhibitor - Wikipedia



Exemestane is the first oral aromatase inactivator. [5] Steroidal aromatase inhibitors today Clinical use of steroidal aromatase inhibitors today is more or less limited to exemestane. Use of formestane (Lentaron) is very limited and in some countries it is not used anymore.

Aromasin (Exemestane) - Steroid



Exemestane is a powerful aromatase inhibitor, which is what makes it also valued so highly as one of the best PCT drugs by people who use anabolic steroids. The main use you'll be having for Aromasin is to use it to stop estrogen-related side effects with the most important one being gynecomastia (gyno).

Exemestane - NCI - National Cancer Institute

Exemestane decreases the amount of estrogen the body makes and helps to slow or reverse the growth of these breast cancers. Exemestane is usually not used in women of childbearing age. How to.

- https://groups.google.com/g/vigor-vanguards/c/VziYpZslGw4
- https://groups.google.com/g/74meathead86/c/fFTU-NZW-JU
- https://publiclab.org/notes/print/43453