



Normal and High Risk Obstetrics, Gynecology, and Infertility
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CONSENT FOR THE USE OF LETROZOLE (FEMARA)

Femara (Letrozole) is approved by the FDA only for the treatment and prevention of breast cancer. There are numerous medications that are prescribed for "off label" uses (some medications can be used for more than one reason). Since 2001, many physicians have used Letrozole for ovulation stimulation. It has been studied in humans and had good success with minimal side effects. A study in Canada showed that there was an increase in fetal abnormalities in women who took Letrozole compared to those who did not take the drug. There was an increase in abnormalities by 2% (The normal risk is about 3%; the patients who took Letrozole has a 4.5% rate of abnormalities). They did not explain how these abnormalities could be caused by the medication, nor did they explain if it could be related to other medication or environmental factors.

The most important aspect is that the study failed to explain how a medication that you take BEFORE you ovulate and conceive can cause problems to a fetus when it is out of the body by the time you are pregnant.

Regardless, the company states that "Femara (Letrozole) is contraindicated in women with premenopausal endocrine status, in pregnancy and/or lactation due to the potential for maternal and fetal toxicity and fetal malformations."

The providers at Women's Health Care Associates are cautious in prescribing this medication. Informed consent entails discussion with your provider so that you are satisfied with the information and can make an informed decision regarding using this medication to aid in effecting ovulation or egg production.

I acknowledge that I have had the opportunity to ask questions about the use of Letrozole in general and in my case specifically. I consent to the use of Letrozole and understand that I may withdraw my consent at any time. I understand the risk, consequences, and benefits as explained to me and understand that I may request information on pregnancy rates and outcomes at any time.

Patient Name (PRINT)

Patient Signature

Date

As one of the staff members of Women's Health Care Associates and by my signature, this indicates that the foregoing consent has been read, discussed, and signed in my presence.

Patient Name (PRINT)

Patient Signature

Date

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