

Effect of *Gamiondam-tang* (GMODT), a Polyherbal Formula on the Pharmacokinetics Profiles of Tamoxifen in Male SD Rats (2) - Single Oral Combination Treatment of Tamoxifen 50 mg/kg with GMODT 100 mg/kg with 2.5 hr-intervals -

Eun-A Ryu¹⁾, Su-Jin Kang^{2),3)}, Chang-Hyun Song^{1),3)}, Bong-Hyo Lee^{3),4)},
Seong-Hun Choi¹⁾, Chang-Hyun Han⁵⁾, Young-Joon Lee^{2),3)*} & Sae-Kwang Ku^{1),3)*}

¹⁾ Department of Anatomy and Histology, College of Korean Medicine, Daegu Haany University

²⁾ Department of Preventive Medicine, College of Korean Medicine, Daegu Haany University

³⁾ The Medical Research Center for Globalization of Herbal Medicine, College of Korean Medicine, Daegu Haany University

⁴⁾ Department of Meridian & Acupoint, College of Korean Medicine, Daegu Haany University

⁵⁾ Clinical Research Division, Korea Institute of Oriental Medicine

Abstract

Objectives : In our previous study, single co-administration GMODT within 5 min significantly inhibited the oral bioavailability of tamoxifen through variable influences on the absorption and excretion of tamoxifen. Therefore, the object of this study was to elucidate the possible effects on the pharmacokinetics of tamoxifen after single oral co-administration of GMODT with 2.5 hr-intervals.

Methods : After 50 mg/kg of tamoxifen treatment, GMODT 100 mg/kg was administered with 2.5 hr-intervals. The plasma were collected at 30 min before administration, 30 min, 1, 2, 3, 4, 6, 8 and 24 hrs after end of GMODT treatment, and plasma concentrations of tamoxifen were analyzed using LC-MS/MS methods. PK parameters of tamoxifen (T_{max}, C_{max}, AUC, t_{1/2} and MRT_{inf}) were analysis as compared with tamoxifen single administered rats.

Results : Two-half hr-interval co-administration with GMODT induced variable changes on the plasma tamoxifen concentrations as compared with tamoxifen single treated rats, and especially significant (p<0.05) increases of plasma tamoxifen concentrations were demonstrated at 0.5 (199.61%) and 1 hr (101.06%) after end of co-administration with GMODT, and also related significant (p<0.05) decreases of t_{1/2} (-39.54%) and MRT_{inf} (-43.94%) as compared with tamoxifen single formula treated rats, at dosage levels of tamoxifen 50 mg/kg and GMODT 100 mg/kg with 2.5 hr-intervals, in this experiment.

Conclusions : According to the results, GMODT critically decreased on the oral bioavailability of tamoxifen through variable influences on the absorption and excretion of tamoxifen. Hence, the co-administration of GMODT and tamoxifen should be avoided in the comprehensive and integrative medicine, combination therapy of tamoxifen with GMODT on the breast cancer.

• 접수 : 2017년 8월 4일 • 수정접수 : 2017년 8월 10일 • 채택 : 2017년 8월 13일

* 교신저자 : Young Joon Lee, Department of Preventive Medicine, College of Korean Medicine, Daegu Haany University, #1 Haanydae-ro, Gyeongsan, Gyeongbuk, 38610, Republic of Korea

전화 : +82-53-819-1296, 팩스 : +82-53-819-1576, 전자우편 : gksxntk@dhu.ac.kr

Sae-kwang Ku, Department of Anatomy and Histology, College of Korean Medicine, Daegu Haany University, #1 Haanydae-ro, Gyeongsan, Gyeongbuk, 38610, Republic of Korea

전화 : +82-53-819-1549, 팩스 : +82-53-819-1576 전자우편 : gucci200@hanmail.net

Key words : *Gamiondam-tang*, Pharmacokinetics, Drug-drug interactions, Rat, Tamoxifen, 2,5hr-intervals, Nolvadex™

I. Introduction

Tamoxifen (Nolvadex™) is a nonsteroidal estrogen agonist-antagonist antineoplastic agent has been used for breast cancer¹⁾. It is the usual endocrine (anti-estrogen) therapy for estrogen receptor- α (ER α)-positive breast cancer in pre-menopausal women^{2),3)}. However, various side effects related to tamoxifen treatment also have been arisen as bone loss in premenopausal women who continue to menstruate after adjuvant chemotherapy⁴⁾, endometrial changes, including cancer, are among tamoxifen's side effects⁵⁾, increased risk of thromboembolism⁶⁾, cause of fatty liver⁷⁾, reduced cognition⁸⁾, semantic memory scores⁹⁾ and libido^{10),11)}, and premature growth plate fusion¹²⁾. Tamoxifen also depress the immune response^{13),14)}, and it also known that hypersensitivity to tamoxifen or any ingredient in the formulation^{15),16)}.

As results of combination therapies with other drugs to improve the side effects of tamoxifen or to achieve synergic effects, various drug-drug interactions of tamoxifen have been evaluated; because bioactivation of tamoxifen is mediated by polymorphic cytochrome P450 (CYP) enzymes; a substrate of CYP3A4/5, 2C9, 2D6¹⁷⁻²⁰⁾, it interacted with various drugs, namely, combinations containing any of the following medications, may also interact with aminoglutethimide, rifampin, medroxyprogesterone and phenobarbital - decreased plasma tamoxifen and/or N-desmethyltamoxifen concentrations²¹⁻²⁴⁾, bromocriptine - increased plasma tamoxifen and N-desmethyltamoxifen concentrations²⁵⁾, anticoagulants - enhanced warfarin effects^{26),27)}, letrozole - decreased plasma

letrozole concentrations²⁸⁾, respectively. However, interactions with herbal products have not been established except for some restricted natural compounds; tamoxifen enhanced warfarin effects, and it is contraindicate that co-administration of tamoxifen and warfarin^{26),27)}. In addition, our previous studies have been observed the possible interactions with Korean traditional polyherbal formulas; oral co-administration of *Jaeumkang-hwa-tang*, a traditional yin-tonifying herbal medicine has been used for various oriental obstetrical and gynecological fields within 5min did not critically influenced on the pharmacokinetics profiles of tamoxifen after single²⁹⁾ and repeated³⁰⁾ co-administration at dosage levels of 50 mg/kg in tamoxifen and 100 mg/kg in *Jaeumkanghwa-tang*, respectively.

Gamiondam-tang (GMODT) consisted of 13 types of herbs - *Pinelliae* Rhizoma, *Citri Unshii* Pericarpium, *Hoelen*, *Bambusae Caulis In Taeniam*, *Zingiberis* Rhizoma Crudus, *Ponciri* Fructus, *Polygalae* Radix, *Schizandrae* Fructus, *Ginseng* Radix Alba, *Rehmanniae* Radix Preparata, *Glycyrrhizae* Radix et Rhizoma, *Zizyphi* Semen and *Zizyphi* Fructus and has been traditionally used to treat neuropsychiatric disorders such as neurosis and insomnia in traditional medicine^{31),32)}. It has been reported that oral administration of GMODT improves cognitive function in aged rats through the increase of choline acetyltransferase expression in the basal forebrain³³⁾. Others also observed that GMODT prevents depressive behavior in thiamine-deficient mice and this may be closely related to the activation of cholinergic functions in the hippocampus³⁴⁾. In our previous study, single co-administration GMODT within 5 min significantly inhibited the oral bioavail-

ability of tamoxifen through variable influences on the absorption and excretion of tamoxifen, can be influenced on the toxicity or pharmacodynamic of tamoxifen³⁵. It, therefore, the effects of GMODT co-administration with reasonable intervals, 2.5 hrs, on the pharmacokinetics of tamoxifen were observed as a process of the comprehensive and integrative medicine, combination therapy of tamoxifen with GMODT to achieve synergic pharmacodynamics and reduce toxicity in breast cancer.

II. Materials and methods

1. Animals and husbandry

Sprague-Dawley rats (6-wk old upon receipt; OrientBio, Seungnam, Korea) were used after acclimatization for 17 days. Animals were allocated five per polycarbonate cage in a temperature (20–25°C) and humidity (40–45%) controlled room. Light : dark cycle was 12 hr : 12 hr and feed (Samyang, Korea) and water were supplied free to access. After acclimatization, five rats

per group were selected based on the body weights. Animal experiments were conducted according to the national regulations of the usage and welfare of laboratory animals, and approved by the Institutional Animal Care and Use Committee in Daegu Haany University (Gyeongsan, Gyeongbuk, Korea) [Approval No DHU2013–059].

2. Test articles and administration

Gamiondam-tang (GMODT; HANZUNG PHARM, CO. LTD., Daejeon, Korea) was used in this experiment, and tamoxifen (Hangzhou Tacon Co., Ltd, Hangzhou, China) was used as control drug. Individual compositions of thirteen kinds of herbs in GMODT were listed in table 1. Tamoxifen and GMODT were stored in a refrigerator at 4°C to protect from light and degeneration until use. Both drugs are well dissolved (up to 20 mg/ml solutions in GMODT and up to 10 mg/ml solutions in tamoxifen) in distilled water as vehicle, respectively.

Five rats per group (two groups) were used in this study as follows. The doses of test materials were selected based on our previous pharmaco-

Table 1. Composition of GMODT used in this study

Herbs	Scientific Names	Amounts (g)
Pinelliae Rhizoma	<i>Pinellia ternata</i> (Thunb.) Breit.	4.38
Citri Unshii Pericarpium	<i>Citrus unshiu</i> S.Marcov.	2.75
Hoelen	<i>Poria cocos</i> Wolf	1.25
Bambusae Caulis In Taeniam	<i>Phyllostachys nigra var. henonis</i> (Bean.) Stapf	1.88
Zingiberis Rhizoma Crudus	<i>Zingiber officinale</i> Roscoe	0.83
Ponciri Fructus	<i>Poncirus trifoliata</i>	1.88
Polygalae Radix	<i>Polygala tenuifolia</i> Willd.	1.25
Schizandrae Fructus	<i>Schizandra chinensis</i> (Turcz.) Baill	1.25
Ginseng Radix Alba	<i>Panax ginseng</i> C.A.Meyer.	1.25
Rehmanniae Radix Preparata	<i>Rehmannia glutinosa</i> Liboschitz ex Steudel	1.25
Glycyrrhizae Radix et Rhizoma	<i>Glycyrrhiza uralensis</i> Fisch	1.25
Zizyphi Semen	<i>Zizyphus jujuba</i> Miller	1.25
Zizyphi Fructus	<i>Zizyphus jujuba var. inermis</i> (Bunge) Rehder	0.76
Total	13 types	21.23

GMODT = *Gamiondam-tang* purchase from HANZUNG PHARM, CO. LTD. (Daejeon, Korea)

kinetics study after single co-administration of tamoxifen and GMODT within 5 min³⁵⁾ - 50 mg/kg of tamoxifen with 100 mg/kg of GMODT. 150 mins after 50 mg/kg of tamoxifen treatment, GMODT 100 mg/kg was administered. In tamoxifen single treated rats, 50 mg/kg of tamoxifen was orally administered, and then distilled water 5 ml/kg was orally administered, instead of GMODT solutions with 2.5 hr-intervals. Each tamoxifen or GMODT was single orally administered, in a volume of 5 ml/kg, dissolved in distilled water.

3. Plasma collections

All rats were anesthetized with 2 to 3% iso-flurane (Hana Pharm. Co., Hwasung, Korea) in the mixture of 70% N₂O and 28.5% O₂, and blood samples (0.5 ml) were collected into 50 IU heparinized tubes via the orbital plexus at 30 min before treatment (as a control), 30 min, 1, 2, 3, 4, 6, 8 and 24 hrs after end of oral administration. Blood samples were immediately centrifuged for 10 min at 13,000 rpm and about 0.3 ml aliquots of plasma were stored in a -150 °C deep freezer until analysis.

4. Sample preparation and calibrations

Primary stock solution, 1.0 mg/ml of tamoxifen in 100% MeOH (Baker, Phillipsburg, NJ, USA) and internal standard working solution, carbamazepine (Sigma-Aldrich, Sigma, St. Louise, MO, USA) 500 ng/ml in acetonitrile were prepared. Working standard solutions were prepared by dilution with acetonitrile. All standard solutions were stored at -20°C in the dark when not in use, and calibrated the standard samples as 100 µl of blank plasma; working standard solutions and internal standard working solution were mixed with 200 µl of acetonitrile. In addition, 100 µl of sample plasma and internal standard working solution were mixed with 200 µl of

acetonitrile. The mixtures were mixed by vortex-mixing and centrifuged at 12,000 rpm for 10 min at 4°C. The clear supernatants (5.0 µl) were transferred to injection vials and the aliquot was injected into the LC-MS/MS system.

5. LC-MS/MS conditions

Concentrations of tamoxifen in the rat plasma samples were determined LC-MS/MS method. Chromatographic analysis was performed using an Agilent 1100 Series HPLC (Agilent Technologies, Santa Clara, CA, USA) equipped with on-line degasser, binary pump, autosampler and column compartment. Separation of the analyte from potentially interfering material was achieved at ambient temperature using Waters SymmetryTM C18 columns (2.1×50 mm, 3.5 µm) (Waters Corp., Milford, MA, USA) at column oven 30°C. The mobile phase used for the chromatographic separation was composed of 50% distilled water (0.1% formic acid)/50% acetonitrile, and was delivered isocratically at a flow rate of 0.35 ml/min. The column effluent was monitored using an API 2000 triple-quadruple mass-spectrometric detector (Applied Biosystems, Foster City, CA, USA). The instrument was equipped with an electrospray interface in positive ion mode, and controlled by the Analyst version 1.4.1 software (Applied Biosystems, Foster City, CA, USA) (Linear (1/x², no Iterate)). Samples were introduced to the interface through a Turbo IonSpray with the temperature set at 500°C. A high positive voltage of 4.0 kV was applied to the ion spray. Nitrogen was used as the nebulizer gas, curtain gas, and collision gas with the settings of 70, 20, and 7, respectively. The multiple reaction monitoring (MRM) detection method was employed for the detection of tamoxifen; the transitions monitored were carbamazepine (IS): m/z 237>194 (Retention time: 0.63min), tamoxifen: 372>178 (Retention time: 0.55 min). Calibration curves of tamoxifen

were linear over the ranges studied with $r^2 > 0.999$. The lower limit of quantification of the tamoxifen in the rat plasma was 8 ng/ml.

6. Pharmacokinetic analysis

The plasma concentration data were analyzed using a noncompartmental method on commercial pharmacokinetics data analyzer programs (PK solutions2.0; Summit, Montrose, CO, USA)^{36,37}. The elimination rate constant (K_{el}) was calculated by the log-linear regression of tamoxifen concentration data during the elimination phase, and the terminal half-life ($t_{1/2}$) was calculated by $0.693/K_{el}$. The peak concentration (C_{max}) and time to reach the peak concentration (T_{max}) of tamoxifen in the plasma were obtained by visual inspection of the data in the concentration-time curve. The area under the plasma concentration-time curve (AUC_{0-t}) from time zero to the time of the last measured concentration (C_{last}) was calculated using the linear trapezoidal rule³⁸. The AUC zero to infinity (AUC_{0-inf}) was obtained by adding AUC_{0-t} and the extrapolated area was determined by C_{last}/K_{el} . The mean residence time

infinity (MRT_{inf}) was calculated by dividing the first moment of AUC ($AUMC_{0-inf}$) by AUC_{0-inf} .

7. Statistical analyses

All the means are presented with their standard deviation of five rats (Mean \pm S.D. of five rat plasma concentrations of tamoxifen). The pharmacokinetic parameters were compared using a non-parametric comparison test, Mann-Whitney U (MW) test, on the SPSS for Windows (Release 14.0K, SPSS Inc., USA). A p-value < 0.05 was considered statistically significant.

III. Results

1. Changes on the plasma concentrations of tamoxifen

Tamoxifen was detected from 30 min to 24 hrs after end of administration in the both tamoxifen single or 2.5 hr-interval co-administered rats with GMODT, respectively. Variable changes on the plasma concentration of tamoxifen were

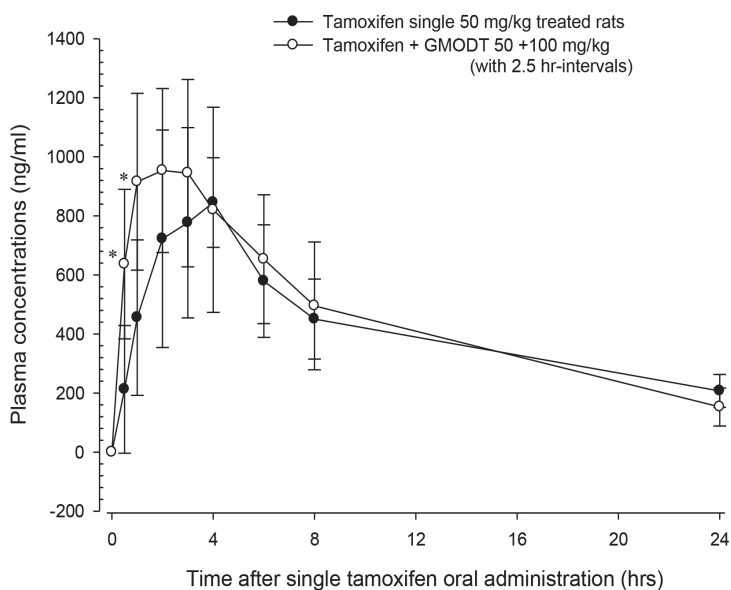


Figure 1. Plasma concentrations of tamoxifen with and without GMODT co-administration with 2.5 hr-intervals in male rats. Values are expressed as mean \pm S.D. of five rats (ng/ml). GMODT = *Gamiondam-tang*.

* $p < 0.05$ as compared with tamoxifen single treated rats.

demonstrated throughout all blood collecting points in co-administrated rats as compared with tamoxifen single treated rats, and especially significant ($p < 0.05$) increases of plasma tamoxifen concentrations were demonstrated at 0.5 and 1 hr after end of co-administration with GMODT, in the present study (Fig 1).

2. Changes on the Tmax of tamoxifen

The Tmax of tamoxifen were non-significantly decreased as -35.29% in 2.5 hr-interval co-administrated rats with tamoxifen 50 mg/kg and GMODT 100 mg/kg (2.20 ± 0.84 hr) as compared with tamoxifen single treated rats (3.40 ± 0.89 hr), in the present study (Table 2).

3. Changes on the Cmax of tamoxifen

The Cmax of tamoxifen were non-significantly increased as 17.32% in 2.5 hr-interval co-administrated rats with tamoxifen 50 mg/kg and GMODT 100 mg/kg (1.02 ± 0.32 $\mu\text{g/ml}$) as compared with tamoxifen single treated rats (0.87 ± 0.20 $\mu\text{g/ml}$), in the present study (Table 2).

4. Changes on the AUC of tamoxifen

The AUC_{0-t} of tamoxifen were non-significantly increased as 10.24% in 2.5 hr-interval co-administrated rats with tamoxifen 50 mg/kg and GMODT 100 mg/kg (11.12 ± 4.21 hr \cdot $\mu\text{g/ml}$) as compared with tamoxifen single treated rats (10.09 ± 2.92 hr \cdot $\mu\text{g/ml}$). However, AUC_{0-inf} of tamoxifen were also non-significantly decreased as -10.49% in 2.5 hr-interval co-administrated rats with tamoxifen and GMODT (13.15 ± 5.09 hr \cdot $\mu\text{g/ml}$) as compared with tamoxifen single treated rats (14.69 ± 3.16 hr \cdot $\mu\text{g/ml}$), in the present study (Table 2).

5. Changes on the t1/2 of tamoxifen

The $t_{1/2}$ of tamoxifen were significantly ($p < 0.05$) decreased as -39.54% in 2.5 hr-interval co-administrated rats with tamoxifen 50 mg/kg and GMODT 100 mg/kg (9.17 ± 0.83 hr) as compared with tamoxifen single treated rats (15.17 ± 7.40 hr), in the present study (Table 2).

Table 2. Pharmacokinetic parameters of tamoxifen with and without GMODT co-administration with 2.5 hr-intervals in male rats

Parameters	Tamoxifen (50 mg/kg)	
	Without GMODT co-administration (Distill water)	With GMODT co-administration (100 mg/kg)
Tmax (hrs)	3.40 ± 0.89	2.20 ± 0.84
Cmax ($\mu\text{g/ml}$)	0.87 ± 0.20	1.02 ± 0.32
AUC_{0-t} (hr \cdot $\mu\text{g/ml}$)	10.09 ± 2.92	11.12 ± 4.21
AUC_{0-inf} (hr \cdot $\mu\text{g/ml}$)	14.69 ± 3.16	13.15 ± 5.09
$t_{1/2}$ (hr)	15.17 ± 7.40	$9.17 \pm 0.83^*$
MRT_{inf} (hr)	21.57 ± 11.19	$12.09 \pm 1.22^*$

Values are expressed as mean \pm S.D. of five rats. GMODT = *Gamiondam-tang* purchase from HANZUNG PHARM. CO. LTD. (Daejeon, Korea). * $p < 0.05$ as compared with tamoxifen single treated rats. Cmax: The peak plasma concentration; Tmax: Time to reach Cmax; AUC_{0-t} : The total area under the plasma concentration-time curve from time zero to time measured; AUC_{0-inf} : The total area under the plasma concentration-time curve from time zero to time infinity; $t_{1/2}$: half life; MRT_{inf} : mean residence to time infinity.

6. Changes on the MRT_{inf} of tamoxifen

The MRT_{inf} of tamoxifen were significantly ($p < 0.01$) decreased as -43.94% in 2.5 hr-interval co-administrated rats with tamoxifen 50 mg/kg and GMODT 100 mg/kg (12.09 ± 1.22 hr) as compared with tamoxifen single treated rats (21.57 ± 11.19 hr), in the present study (Table 2).

IV. Discussion

Two-half hr-interval single co-administration with GMODT induced variable changes on the plasma tamoxifen concentrations as compared with tamoxifen single treated rats, and especially significant ($p < 0.05$) increases of plasma tamoxifen concentrations were demonstrated at 0.5 and 1 hr after end of co-administration with GMODT, and also related significant ($p < 0.01$ or $p < 0.05$) decreases of $t_{1/2}$ and MRT_{inf} as compared with tamoxifen single formula treated rats, at dosage levels of tamoxifen 50 mg/kg and GMODT 100 mg/kg with 2.5 hr-intervals, in this experiment. These findings are considered as direct evidences that 2.5 hr-interval single co-administration of GMODT also significantly inhibited the oral bioavailability of tamoxifen through variable influences on the absorption and excretion of tamoxifen, can be influenced on the toxicity or pharmacodynamic of tamoxifen, quite similar to those of previous single co-administration within 5 min³⁵⁾. Hence, the co-administration of GMODT and tamoxifen should be avoided in the comprehensive and integrative medicine, combination therapy of tamoxifen with GMODT on the breast cancer. I and my colleagues strongly suggested that candidates for breast cancer patient in the comprehensive and integrative medicine should be changed as other than tamoxifen or GMODT.

Tamoxifen was absorbed slowly following oral administration and T_{max} of tamoxifen occur

about 3–6 hrs after a single dose^{39–41)} but it rapidly and extensively metabolized in the liver, through a substrate of CYP3A, 2C9, 2D6/26 including an active major metabolite, N-desmethyltamoxifen has biologic activity similar to that of the parent drug^{42),43)}. Steady-state concentrations of tamoxifen are attained after 3–4 weeks and those of N-desmethyltamoxifen, an active metabolite, are attained after 3–8 weeks⁴⁴⁾. Tamoxifen excreted principally in feces as polar conjugates⁴⁵⁾ with about 5–7 days of $t_{1/2}$ in tamoxifen and 9–14 days in N-desmethyltamoxifen⁴⁰⁾. Clearance of tamoxifen is higher in female children 2–10 years of age than in women^{46),47)}. In the present study, T_{max} of tamoxifen in tamoxifen single oral treated rats was detected as 3.40 ± 0.89 hr, and C_{max} , AUC_{0-t} , AUC_{0-inf} , $t_{1/2}$ and MRT_{inf} were detected as 0.87 ± 0.20 μg , 10.09 ± 2.92 hr \cdot $\mu\text{g}/\text{ml}$, 14.69 ± 3.16 hr \cdot $\mu\text{g}/\text{ml}$, 15.17 ± 7.40 hr and 21.57 ± 11.19 hr, respectively. In tamoxifen with GMODT co-administered rats with 2.5 hr-intervals, T_{max} , C_{max} , AUC_{0-t} , AUC_{0-inf} , $t_{1/2}$ and MRT_{inf} of tamoxifen were detected as 2.20 ± 0.84 hr, 1.02 ± 0.32 μg , 11.12 ± 4.21 hr \cdot $\mu\text{g}/\text{ml}$, 13.15 ± 5.09 hr \cdot $\mu\text{g}/\text{ml}$, 9.17 ± 0.83 hr and 12.09 ± 1.22 hr as changed as -35.29 , 17.32 , 10.24 , -10.49 , -39.54 and -43.94% as compared with tamoxifen 50 mg/kg single oral treated rats, and especially significant decreases of $t_{1/2}$ and MRT_{inf} were detected in GMODT and tamoxifen single 2.5 hr-interval co-administrated rats as compared with tamoxifen single formula treated rats, at dosage levels of tamoxifen 50 mg/kg and GMODT 100 mg/kg, in this experiment. These results are considered as direct evidences that 2.5 hr-interval single co-administration of GMODT also significantly inhibited the oral bioavailability of tamoxifen through variable influences on the absorption and excretion of tamoxifen, can be influenced on the toxicity or pharmacodynamic of tamoxifen, quite similar to those of previous

single co-administration within 5 min³⁵⁾.

V. Conclusions

Based on the results of this study, GMODT critically influenced on the oral bioavailability of tamoxifen through variable influences on the absorption and excretion of tamoxifen. Hence, the co-administration of GMODT and tamoxifen should be avoided in the comprehensive and integrative medicine, combination therapy of tamoxifen with GMODT on the breast cancer.

Acknowledgments

This study was supported by grant of Korea of Health & Welfare, Republic of Korea (Project No: 20-11-0-090-091-3000-3033-320).

References

1. The BIG 1-98 Collaborative Group, Letrozole therapy alone or in sequence with tamoxifen in women with breast cancer. *The New England journal of medicine*, 2009;361(8):766-76.
2. Jordan VC, Fourteenth Gaddum Memorial Lecture. A current view of tamoxifen for the treatment and prevention of breast cancer. *British journal of pharmacology*, 1993;110(2):507-17.
3. Jordan VC, Tamoxifen (ICI46,474) as a targeted therapy to treat and prevent breast cancer. *British journal of pharmacology*, 2006;147 Suppl 1:S269-76.
4. Vehmanen L, Elomaa I, Blomqvist C, Saarto T, Tamoxifen treatment after adjuvant chemotherapy has opposite effects on bone mineral density in premenopausal patients depending on menstrual status. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, 2006;24(4):675-80.
5. Grilli S, Tamoxifen (TAM): the dispute goes on. *Annali dell'Istituto superiore di sanita*, 2006;42(2):170-3.
6. Decensi A, Maisonneuve P, Rotmensz N, Bettega D, Costa A, Sacchini V, et al., Effect of tamoxifen on venous thromboembolic events in a breast cancer prevention trial. *Circulation*, 2005;111(5):650-6.
7. Osman KA, Osman MM, Ahmed MH, Tamoxifen-induced non-alcoholic steatohepatitis: where are we now and where are we going? *Expert opinion on drug safety*, 2007;6(1):1-4.
8. Paganini-Hill A, Clark LJ, Preliminary assessment of cognitive function in breast cancer patients treated with tamoxifen. *Breast cancer research and treatment*, 2000;64(2):165-76.
9. Eberling JL, Wu C, Tong-Turnbeaugh R, Jagust WJ, Estrogen- and tamoxifen-associated effects on brain structure and function. *NeuroImage*, 2004;21(1):364-71.
10. Mortimer JE, Boucher L, Baty J, Knapp DL, Ryan E, Rowland JH, Effect of tamoxifen on sexual functioning in patients with breast cancer. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, 1999;17(5):1488-92.
11. Cella D, Fallowfield L, Barker P, Cuzick J, Locker G, Howell A, et al., Quality of life of postmenopausal women in the ATAC ("Arimidex", tamoxifen, alone or in combination) trial after completion of 5 years' adjuvant treatment for early breast cancer. *Breast cancer research and treatment*, 2006;100(3):273-84.
12. Karimian E, Chagin AS, Gjerde J, Heino T, Lien EA, Ohlsson C, et al., Tamoxifen impairs both longitudinal and cortical bone growth in young male rats. *Journal of bone and mineral research : the official journal of the American Society for Bone and Mineral Research*, 2008;23(8):1267-77.

13. Wilson SC, Knight PG, Cunningham FJ, Evidence for the involvement of central conversion of testosterone to oestradiol-17 β in the regulation of luteinizing hormone secretion in the cockerel. *The Journal of endocrinology*, 1983;99(2):301-10.
14. Nalbandian G, Paharkova-Vatchkova V, Mao A, Nale S, Kovats S, The selective estrogen receptor modulators, tamoxifen and raloxifene, impair dendritic cell differentiation and activation. *Journal of immunology (Baltimore, Md. : 1950)*, 2005;175(4):2666-75.
15. Bernstein LM, Wang JP, Zheng H, Yue W, Conaway M, Santen RJ, Long-term exposure to tamoxifen induces hypersensitivity to estradiol. *Clinical cancer research : an official journal of the American Association for Cancer Research*, 2004;10(4):1530-4.
16. Rousset-Jablonski C, Thalabard JC, Gompel A, Tamoxifen contraindicated in women with hereditary angioedema? *Annals of oncology : official journal of the European Society for Medical Oncology / ESMO*, 2009;20(7):1281-2.
17. Kim SY, Suzuki N, Santosh Laxmi YR, Rieger R, Shibutani S, α -hydroxylation of tamoxifen and toremifene by human and rat cytochrome P450 3A subfamily enzymes. *Chemical research in toxicology*, 2003;16(9):1138-44.
18. Desta Z, Ward BA, Soukhova NV, Flockhart DA, Comprehensive evaluation of tamoxifen sequential biotransformation by the human cytochrome P450 system in vitro: prominent roles for CYP3A and CYP2D6. *The Journal of pharmacology and experimental therapeutics*, 2004;310(3):1062-75.
19. Notley LM, Crewe KH, Taylor PJ, Lennard MS, Gillam EM, Characterization of the human cytochrome P450 forms involved in metabolism of tamoxifen to its α -hydroxy and $\alpha,4$ -dihydroxy derivatives. *Chemical research in toxicology*, 2005;18(10):1611-8.
20. de Vries Schultink AH, Zwart W, Linn SC, Beijnen JH, Huitema AD, Effects of Pharmacogenetics on the Pharmacokinetics and Pharmacodynamics of Tamoxifen. *Clinical pharmacokinetics*, 2015;54(8):797-810.
21. Lien EA, Anker G, Lønning PE, Solheim E, Ueland PM, Decreased serum concentrations of tamoxifen and its metabolites induced by aminoglutethimide. *Cancer research*, 1990;50(18):5851-7.
22. West CM, Reeves SJ, Brough W, Additive interaction between tamoxifen and rifampicin in human biliary tract carcinoma cells. *Cancer letters*, 1990;55(2):159-63.
23. Reid AD, Horobin JM, Newman EL, Preece PE, Tamoxifen metabolism is altered by simultaneous administration of medroxyprogesterone acetate in breast cancer patients. *Breast cancer research and treatment*, 1992;22(2):153-6.
24. Dehal SS, Brodie AM, Kupfer D, The aromatase inactivator 4-hydroxyandrostenedione (4-OH-A) inhibits tamoxifen metabolism by rat hepatic cytochrome P-450 3A: potential for drug-drug interaction of tamoxifen and 4-OH-A in combined anti-breast cancer therapy. *Drug metabolism and disposition: the biological fate of chemicals*, 1999;27(3):389-94.
25. Lamberts SW, Verleun T, Hofland L, Oosterom R, Differences in the interaction between dopamine and estradiol on prolactin release by cultured normal and tumorous human pituitary cells. *The Journal of clinical endocrinology and metabolism*, 1986;63(6):1342-7.
26. Ritchie LD, Grant SM, Tamoxifen-warfarin interaction: the Aberdeen hospitals drug file. *BMJ (Clinical research ed.)*, 1989;298(6682):1253.
27. Tenni P, Lalich DL, Byrne MJ, Life threatening interaction between tamoxifen and warfarin. *BMJ (Clinical research ed.)*, 1989;298(6666):93.
28. Dowsett M, Pfister C, Johnston SR, Miles

- DW, Houston SJ, Verbeek JA, et al., Impact of tamoxifen on the pharmacokinetics and endocrine effects of the aromatase inhibitor letrozole in postmenopausal women with breast cancer. *Clinical cancer research : an official journal of the American Association for Cancer Research*, 1999;5(9):2338-43.
29. Kwak MA, Park SJ, Park SH, Lee YJ, Ku SK, Effect of Jaeumkanghwatang (JEKHT), a Polyherbal Formula on the Pharmacokinetics Profiles of Tamoxifen in Male SD Rats (1) - Single Oral Combination Treatment of Tamoxifen 50 mg/kg with JEKHT 100 mg/kg within 5 min -. *J Korean Med*, 2016;37(2):1-11.
30. Park SJ, Kwak MA, Park SH, Lee YJ, Ku SK, Effect of Jaeumkanghwatang (JEKHT), a Polyherbal Formula on the Pharmacokinetics Profiles of Tamoxifen in Male SD Rats (2) - Oral Combination Treatment of Tamoxifen 50 mg/kg with JEKHT 100 mg/kg on JEKHT 6-day Repeated Pretreated Rats with 8-day Repeated. *J Soc Prev Korean Med*, 2016;20(2):97-109.
31. Nakagawasai O, Yamadera F, Iwasaki K, Arai H, Taniguchi R, Tan-No K, et al., Effect of kami-untan-to on the impairment of learning and memory induced by thiamine-deficient feeding in mice. *Neuroscience*, 2004;125(1):233-41.
32. Oh HK, Park SJ, Bae SG, Kim MJ, Jang JH, Ahn YJ, et al., Kami-ondam-tang, a traditional herbal prescription, attenuates the prepulse inhibition deficits and cognitive impairments induced by MK-801 in mice. *Journal of ethnopharmacology*, 2013;146(2):600-7.
33. Wang Q, Iwasaki K, Suzuki T, Arai H, Ikarashi Y, Yabe T, et al., Potentiation of brain acetylcholine neurons by Kami-Untan-To (KUT) in aged mice: implications for a possible antidementia drug. *Phytomedicine : international journal of phytotherapy and phytopharmacology*, 2000;7(4):253-8.
34. Nakagawasai O, Yamadera F, Iwasaki K, Asao T, Tan-No K, Nijima F, et al., Preventive effect of kami-untan-to on performance in the forced swimming test in thiamine-deficient mice: relationship to functions of catecholaminergic neurons. *Behavioural brain research*, 2007;177(2):315-21.
35. Ryu E-A, Kang S-J, Song C-H, Lee B-H, Choi S-H, Han C-H, et al., Effect of (GMODT), a Polyherbal Formula on the Pharmacokinetics Profiles of Tamoxifen in Male SD Rats. *J Korean Med*, 2017;38(2):61-72.
36. Gibaldi M, Perrier D, *Pharmacokinetics*. 2nd ed. Taylor & Francis. 1982.
37. Bailer AJ, Testing for the equality of area under the curves when using destructive measurement techniques. *Journal of pharmacokinetics and biopharmaceutics*, 1988;16(3):303-9.
38. Chiou WL, Critical evaluation of the potential error in pharmacokinetic studies of using the linear trapezoidal rule method for the calculation of the area under the plasma level--time curve. *Journal of pharmacokinetics and biopharmaceutics*, 1978;6(6):539-46.
39. Adam HK, Gay MA, Moore RH, Measurement of tamoxifen in serum by thin-layer densitometry. *The Journal of endocrinology*, 1980;84(1):35-42.
40. Adam HK, Patterson JS, Kemp JV, Studies on the metabolism and pharmacokinetics of tamoxifen in normal volunteers. *Cancer treatment reports*, 1980;64(6-7):761-4.
41. Fabian C, Sternson L, Barnett M, Clinical pharmacology of tamoxifen in patients with breast cancer: comparison of traditional and loading dose schedules. *Cancer treatment reports*, 1980;64(6-7):765-73.

42. Jordan VC, Bain RR, Brown RR, Gosden B, Santos MA, Determination and pharmacology of a new hydroxylated metabolite of tamoxifen observed in patient sera during therapy for advanced breast cancer. *Cancer research*, 1983;43(3):1446-50.
43. Murphy C, Fotsis T, Pantzar P, Adlercreutz H, Martin F, Analysis of tamoxifen and its metabolites in human plasma by gas chromatography-mass spectrometry (GC-MS) using selected ion monitoring (SIM). *Journal of steroid biochemistry*, 1987;26(5):547-55.
44. Jordan VC, Metabolites of tamoxifen in animals and man: identification, pharmacology, and significance. *Breast cancer research and treatment*, 1982;2(2):123-38.
45. Sun D, Sharma AK, Dellinger RW, Blevins-Primeau AS, Balliet RM, Chen G, et al., Glucuronidation of active tamoxifen metabolites by the human UDP glucuronosyltransferases. *Drug metabolism and disposition: the biological fate of chemicals*, 2007;35(11):2006-14.
46. AstraZeneca Pharmaceuticals, Nolvadex (tamoxifen citrate) prescribing information, 2003.
47. Hall WA, Doolittle ND, Daman M, Bruns PK, Muldoon L, Fortin D, et al., Osmotic blood-brain barrier disruption chemotherapy for diffuse pontine gliomas. *Journal of neuro-oncology*, 2006;77(3):279-84.