

Empower - Menopause and Cancer Survivorship Pathway

What to Expect and Symptom Management

FAQs

1. Why is it important to know about Menopause and Cancer?

Some cancer therapies can affect the ability of the ovaries to do important jobs like producing eggs and hormones, cancer therapies might impair your fertility and create menopause-like symptoms. Chemotherapy and pelvic radiotherapy can result in a range of damage to the ovaries while more targeted anti hormone therapies like Zoladex and Tamoxifen and Aromatase Inhibitors work by impeding the amounts or actions of Estrogen in the body. How you might feel on (or after) these therapies (as a result of estrogen loss) may be more problematic for some than others- but everyone should be aware of what might happen before they start their treatment.

2. What are the physical symptoms of Menopause?

Night Sweats and hot flushes; Menstrual changes can be heavier periods/ irregular periods
Loss of vaginal elasticity & lubrication; Decrease in metabolism resulting in increase in weight
Increase in chance of metabolic syndrome; Hair & skin changes; Joint complaints; Bladder complaints

3. What are the psychological symptoms of Menopause?

Depression; mood swings; anxiety; tiredness; memory loss; concentration loss; loss of libido and PMS-type symptoms

4. What are the common cancers whose treatment may create or worsen Menopause Symptoms?

Breast (& BRCA diagnosis)

Ovary

Womb lining

5. Can I use HRT after a Breast Cancer Diagnosis?

There have been no large-scale, reliable studies where people with different types of breast cancer were enrolled according to their cancer type and then offered different types of HRT vs Placebo. The belief in medical circles is that a such study would never get approval. In the absence of good clinical data, it is unlikely we will ever have a definitive guideline to advise on HRT use after breast cancer. **It is generally not recommended to use systemic oestrogen or progestagen in someone with a diagnosis of breast cancer.**

The British Menopause Society is guarded in its recommendations but emphasise individualisation of care.

Their detailed guideline on managing menopause symptoms after a diagnosis of breast cancer includes:

- Patients should be referred to a HCP with expertise in gynaecological endocrinology for counselling about the possible consequences of their breast cancer treatment BEFORE THE TREATMENT STARTS

- Ideally, people diagnosed and treated for breast cancer should be encouraged to try non-HRT strategies but if these are ineffective,
- Systemic hormone replacement therapy or low-dose topical oestrogen may be considered, but only after taking specialist advice
- Switching breast cancer hormone treatments or taking a break from them might also be suitable, but this needs to be discussed with the oncologist

6. **What can be done about Menopause symptoms without HRT? What actually works?**

Optimising general health & nutrition may help lessen some of the impact of menopause but will not replace the benefits of HRT. Some OTC supplements are advertised for menopausal symptom relief, but few studies show them to be more effective than placebo & they are not tested for safety. Using some form of hormone replacement therapy (HRT) medication will in almost all cases reduce most Meno symptoms- but HRT is not a good option for some women. Let's have a look.....

Health Promotion: Diet

- Oily fish, low GI fruits & veg, whole grains, soya, legumes, etc all reduce LDL cholesterol
- Avoiding excess red meat & simple sugars can improve weight and reduce hot sweats
- **Vitamin D** intake of at least 400IU/day will improve bone health – supplements will be advised in the winter
- **Calcium** 700-1200mg /day ideally via diet but supplements may be useful for people with low Ca diets

Health Promotion: Move

Regular Physical Activity:

- Decreases premature death, heart disease, diabetes, high blood pressure. colon cancer, obesity and more
- Exercise has a beneficial effect on Bone & Muscle and can reduce the risk of falling by improving strength, flexibility & balance.
- Exercise improves most psychological symptoms
- Exercise reduces bad cholesterol and raises the good cholesterol

The WHO recommends 75 min vigorous or 150 min moderate aerobic exercise / week

Health Promotion: Weight Management

Menopause can result in weight gain due to:

- Metabolic slow down
- Shift from Gluteo-femoral to Central adipose deposition

Weight gain can trigger:

- Tiredness & Low Mood which then promote increased calorie intake
- Overweight/Obesity is now thought of as a chronic medical illness as opposed to the result of poor lifestyle choices, new Rx interventions on trend

Health Promotion: Reducing Alcohol

- Moderate alcohol intake (<2 units/day) is linked to lower mortality than abstinence – although the link is unclear
- **Breast Cancer risk however is higher in women who consume even low levels of alcohol** (compared to abstinent women)

- Heavy alcohol consumption is linked to increased rates of breast cancer, low bone density, falls & fractures and more

Health Promotion: Smoking Cessation (& vaping!)

Not smoking:

- improves sleep, hair, skin & teeth quality
- improves your exercise capacity, endurance & enjoyment
- improves fertility for both men and women
- increases your potential life span by 10-15 years
- reduces your risk of Heart Disease, Emphysema, Lung Cancer, Throat Cancer, Mouth Cancer, Bladder Cancer, Breast Cancer, Thrombosis, Stomach Ulcers and more

Stopping smoking:

Reduces your risk of death from heart disease by 50% within 6 months

Complimentary & Herbal Therapies

- Phyto Estrogens: have not been proven superior to placebo
- Isoflavones as found in Soya, Red Clover & Chickpeas, no evidence of relief
- Lignans are found in Bran, Flax, Legumes and may give some benefit
- Herbal Remedies (all are probably safe for most women but not yet proven effective & **NOT RECOMMENDED WHILE ON ADJUVANT THERAPY**) e.g. Black Cohosh, Ginseng, EP oil, Dong Quai, Gingko biloba, Sage, Wild Yam & St John's Wort
- Vaginal interventions: moisturisers, lubricants, vaginal LASER rejuvenation may all have benefit
- "Bio Identical Hormones" is a marketing slogan- these products are created in compounding pharmacies that are often unregulated and these products are not recommended for anyone but esp. NOT after Breast Cancer

Alternative Therapies: Flushes & Sweats reduce using CBT & Mindfulness

- Cognitive Behavioural Therapy has been found beneficial over placebo in several aspects of Peri menopausal management including VMS relief with up to 50% reduction
- We recommend CBT for all - but access is not always easy and may be costly – ARC Cancer Support Centres is key here
- Mindful Meditation Practice is recommended by NICE for help with low mood & anxiety

OXYBUTYNIN

- Anti-cholinergic Over Active Bladder medicine
- Has been shown to reduce severity & frequency of flushes/sweats at 2.5- 5mg two or three times a day
- *No license* for this as yet but being trialled in Breast Cancer survivors, **using it off label now in CMS, Holles St**

Alternative Therapies:

Flushes & Sweats may improve with SSRIs/SNRIs

- Selective Serotonin or Noradrenaline Reuptake Inhibitors
- Avoid paroxetine and fluoxetine in women taking tamoxifen; 75mg venlafaxine prob best/safest
- Obviously may help with low mood in higher doses, bad for libido though
- Safe option for women with personal history of breast CA

- Recommended in CMS, Holles St service

Alternative Therapies:

Flushes & Sweats, Poor Sleep & Gabapentin

- NICE says 900mg daily of Gaba in daily doses has been shown to reduce VMS by approx. 50%
- best for night-time flushes
- Must start low and work up
- Using it in CMS, Holles St

New options for flushes on the horizon

- **'Fezolinetant'** is the first of the new Selective Neurokinin-3 Receptor Antagonists to come to market
- Improvements in hot flush frequency, severity, and quality of life has been shown in US and European clinical trials using NK3R antagonists in postmenopausal women
- How do they work?? Well, flushes start in the brain. Nerve cells in the brain (KNDY Neurons) rely on Estrogen to stay balanced and calm. In the absence of Estrogen, those neurons become hyperactive releasing transmitter chemicals that mess up your body's ability to regulate temperature. The NK3RA's BLOCK those neurons and reduce the flushes.

7. Is HRT used to prevent & treat Osteoporosis?

Osteoporosis is prevented by HRT- it slows down the bone loss that is a natural consequence of the menopause. Preventing Osteoporosis via HRT is a major additional benefit for menopausal women who use HRT for the treatment of their menopause symptoms or who have had BSO. There is no evidence that any other alternative treatment for menopause symptoms is beneficial for osteoporosis prevention. The benefit of HRT on OP is quickly lost when HRT is stopped so another therapy must be offered.

8. What is GSM?

GENITO-URINARY SYNDROME of the MENOPAUSE Is the new term for vulvo-vaginal atrophy & describes the group of menopausal symptoms and signs that can impact the pelvic floor, vagina and vulva including:

Vaginal dryness

Vaginal burning & irritation

Sexual symptoms such as lack of lubrication & Dyspareunia (painful sex) & Urinary symptoms such as Urgency, Frequency, Dysuria (burning when you pee) & recurrent Urinary tract Infections

GSM is a consequence of Estrogen deficiency:

Loss of Estrogen causes a reduction in the number and quality of blood vessels in the pelvis is reduced) & thinning of both muscles and vaginal lining epithelium (with an increase in fat deposition) resulting in:

- Vaginal Dryness
- Dyspareunia- painful sex
- Altered pH with a resultant increase potential for BV and other infections
- Traumatic bleeding, after penetration & after PV exams
- Urinary Incontinence (urge, frequency & mixed) & more Frequent UTI's.
- Linked to Pelvic Floor Prolapse as well

9. What is the Impact on Sexuality

- For some the Menopause Transition coincides with a disimprovement in Sexuality & Sexual function
- Low libido & Lack of orgasmic sensitivity may be reported
- Is this a direct consequence of falling sex hormones or social influences or both?
- What is the role of testosterone replacement?

10. What are the treatments?

Medical treatments: OTC

- Vaginal moisturisers maintain vaginal hydration, can provide long-term relief of vaginal dryness, decrease pH to premenopausal levels but they do not improve the epithelium. Products include try Replens, Regelle, Multi-gyn, Yes, and more.
- Vaginal lubricants provide a temporary moistened vaginal epithelium. They may be water, silicone or oil based (KY, Sylk, Yes, etc etc.).
- Herbal remedies (soy, black cohosh, etc) not effective over placebo according to 2008 'HALT' study

GSM: Medical Treatment Options: prescriptions

- Local estrogen in the form of ESTRIOLO (E3) (Imvaggis, Ovestin) OR Estradiol (E2) will thicken the epithelium, decrease dryness, return vaginal pH to normal and improve microflora with fewer UTI and decreased OAB symptoms
- Systemic estrogen (HRT) may also help GSM patients but will often need both systemic & local therapy
- Adherence issues; studies suggest just 50- 70% take as recommended! 4- 6 months to see full results - so perseverance
- Dosing in MIMS is inaccurate
- DHEA (de hydro epi-androsterone)- a vaginal cream called prasterone marketed as "IntraRosa"
 - Aromatisation of androstenedione and testosterone locally to estrone (E1) and estradiol (E2)
 - Works mainly intra cellularly and so **virtually NO systemic exposure**
 - Vaginal inserts 6.5mg (0.5% formulation)
 - **May be preferred after diagnosis of Breast CA but no guidelines as yet and still not recommended**
 - Common reactions / side-effects: Vaginal discharge
- **Osphena; a pill you swallow for your vagina**
 - Selective Estrogen Receptor Modulator
 - Positive effects on targeted tissue while minimising negative effects on other tissue
 - Ospemifene (Osphena) is the only FDA approved SERM for treatment of moderate to severe dyspareunia
 - 60 mg PO daily
 - Adverse side effects: vaginal discharge, Vasomotor symptoms, VTE

GSM after Breast Cancer

- Very common side effect of the cancer therapy
- Vaginal estrogen Generally regarded as safe regardless of receptor status
- No evidence of associated recurrence – ever
- Concerns about patients on AI's thanks to a small, badly controlled 2006 study

- BMS suggests offering non-E remedies first and then local vaginal estrogen if oncology do not have an objection

Non-medical treatments for GSM

- Sexual activity
- Vibrators, dilators
- LASER rejuvenation (Mona Lisa, Fotona)

Erbium Laser Rejuvenation: “Fotona Smooth” & “IntimaLase”

- Available privately in Ireland, not on offer from any Gyne clinics (?)
- Better safety data than CO2
- Costly

11. What are resources recommended by Dr Lundy that I can explore?

www.primarycarewomenshealthforum.org

www.thebms.uk

www.womens-health-concern.org

www.menopausematters.co.uk

www.patientinfo.library.royalmarsden.nhs.uk/brca1brca2