Menopause Symptoms and Management: After Breast Cancer
An Educational Webinar for Patients and their Caregivers

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Disclosure

I have a grant from Pfizer for developing a Menopause App to help primary providers care for women with menopause issues.
Topics:

• Types of menopause
• Menopause symptoms after breast cancer
• Ways to reduce symptoms
• Sexual Health after breast cancer
• BRCA mutation carriers
Menopause = meno (menses) + pause (stop)

But more specifically, ovaries stop producing hormones: Estrogen, Progesterone, Testosterone.
Types of Menopause

• Natural: avg age in the US is 51. Postmenopause after 12 consecutive months of spontaneous no menses.
• Early: natural menopause before 45.
• Premature: natural menopause before 40.
• Surgical: removal of both ovaries prior to natural menopause.
• Medical/Chemical: due to chemotherapy or radiation, prior to natural menopause.

Surgical and medical/chemical are abrupt and can have severe symptoms.
Menopause Symptoms after Breast Cancer

Same as natural menopause but can occur much earlier and with greater severity:

study confirmed that breast cancer patients experienced significantly more moderate/severe hot flushes than control women undergoing a natural menopause.

Mar Fan HG. Menopausal symptoms in women undergoing chemotherapy-induced and natural menopause: a prospective controlled study.
Menopause Symptoms after Breast Cancer

In a large comparative observational study of menopause symptoms in cancer survivors and noncancer participants:

- Significant difference in severity and impact
- Hot flashes “more troublesome and severe” in cancer survivors
- Psychological and somatic symptoms are more marked among women with no cancer history
- This is true even for survivors many years after their cancer diagnosis
Menopause Symptoms after Breast Cancer

Duration

- Not known, but probably same as spontaneous menopause.
- Mean duration about 4 years with peak at 1-2 years after onset
- In one series, patients were more than 5 years since diagnosis, suggest possible persistence of symptoms.
Abnormal Uterine Bleeding (AUB)

• The most common peri- and post-menopause symptom.

• Especially significant in women with breast cancer due to possible hormonally active lesions in the uterus and also as complications of Tamoxifen

• Evaluation includes:
  - pelvic exam
  - Pap smear
  - transvaginal ultrasound for endometrial thickness
  - endometrial biopsy.
Symptoms and Treatments

AUB Treatment

Surgical:
• Dilatation and curettage (D&C)
• Endometrial ablation
• Hysterectomy w/ w/o oophorectomies

Medical, if PR-
• natural micronized progesterone
• LNG-IUS
Symptoms and Treatments

Vasomotor

One study comparing cancer survivors with noncancer participants, significant differences in:

• cancer survivors were more likely than noncancer participants to report hot flushes
• more likely than noncancer participants to report severe or very severe flushes
• more frequent flushes than noncancer participants
• to report 10 or more hot flushes in the previous 24 hours
Symptoms and Treatments

Vasomotor Medical Treatments

* MHT is contraindicated in females after breast cancer therapy

* Medical treatments

  • SSRI:

    - Paroxetine is the only nonhormonal medication approved by the FDA for treatment of hot flashes. But potent CYP2D6 inhibitor, and not recommended for patients on Tamoxifen.

    - Effexor is safe for patients on Tamoxifen

  • Gabapentinoids

  • Clonidine
Symptoms and Treatments

Vasomotor Lifestyle

Emphasis on lifestyle changes to decrease frequency and feeling of hot flashes:

- Avoid triggers: stress, caffeine, hot spices, hot rooms, hot baths
- Maintain low core body temp by dressing in layer, cool drinks and food, using fan
- Stop smoking
- Maintain healthy weight (BMI < 27)
- Regular activity
- Relaxation techniques
Symptoms and Treatments

Vasomotor Nonhormonal Treatments:

Recommended:
• Cognitive-behavioral therapy
• Clinical hypnosis

Recommended with caution:
• weight loss
• mindfulness-based stress reduction, the
• S-equol derivatives of soy isoflavones
• stellate ganglion block
Symptoms and Treatments

Vasomotor Herbals and Supplements

- NOT shown to improve hot flashes
- Serious safety concerns since they are unregulated.
- Phytoestrogens are theoretically estrogenic and therefore not recommended for breast cancer patients.
- Black cohosh not effective in reducing hot flushes in breast cancer patients.
Symptoms and Treatments

Vasomotor Integrative Options

Acupuncture

- Review of 8 studies showed acupuncture in association with enhanced self-care is an effective integrative intervention for managing hot flashes and improving quality of life in women with breast cancer.
Symptoms and Treatments

Genitourinary Symptoms of Menopause (GSM)

- Skin covering the vagina and bladder are very estrogen dependent
- Severe symptoms as result of estrogen suppression medication, or chemotherapy causing menopause.
- Atrophy = thinning of the skin covering these areas, loss of elasticity and decrease in lubrication.
- In the vagina causes: dryness, irritation, painful intercourse and vaginal infections.
- In the bladder causes: urgency and frequency with possible incontinence and increase in UTIs.
Symptoms and Treatments

GSM

Options:

- OTC lubricants, moisturizers
- Low dose or ultra low dose vaginal estrogens
- Oral tissue selective estrogen compound (Ospemifene)
- Androgens
- Vaginal laser
- Psychosocial intervention
Symptoms and Treatments

GSM OTC Nonprescription

- Vaginal lubricants
- Vaginal moisturizers
- Avoid products with parabens
- Olive oil, coconut oil
Symptoms and Treatments

GSM Vaginal Estrogen

“Data do not show an increased risk of cancer recurrence among women currently undergoing treatment for breast cancer or those with a personal history of breast cancer who use vaginal estrogen to relieve urogenital symptoms.”


• Cream
• Tablet
• Ring
Symptoms and Treatments

GSM TSEC (Ospemiphene)

- Oral pill
- Neutral effect on breast
- Preclinical animal models showed reduced proliferation of ductal carcinoma in situ cells.
- Common side effect if hot flashes
- Promising but not yet ready for prime time
Symptoms and Treatments

GSM Androgen therapy
- not recommended for breast cancer patients due to theoretical aromatization to estrogen.

GSM Vaginal laser therapy
- Needs long-term safety and efficacy
- Not covered by insurance
- May need annual “touch ups”
Symptoms and Treatments

Sexual Dysfunction

• One study found loss of libido in 65% of participants for both cancer and noncancer women

• Sexual dysfunction is a potential long-term complication of many cancer treatments
Symptoms and Treatments

Sexual Dysfunction

• Treat GSM first
• Referral for pelvic floor therapy
• Psychotherapy to alleviate patient’s feelings of traumatic distress, isolation and guilt.
Symptoms and Treatments

Neuropsychological

• More common in cancer survivors
• Depression
• Mood swings
Symptoms and Treatments

Weight Gain/Nutrition

• Postdiagnosis weight gain of \( \geq 10\% \) has been associated with higher all cause mortality.

• Behavioral interventions to reduce breast cancer recurrence, secondary cancers and co-morbid conditions and to improve quality of life.

• Vitamin D deficiency has been proposed as a possible factor in the development of breast cancer.

• Postmenopausal breast cancer patients should be referred to nutritionist as well as multidisciplinary lifestyle coach to lose weight or prevent weight gain.
Osteoporosis

- Osteoporosis is a serious problem of the postmenopause,
- A.I. can cause loss of bone mass in addition to the effects of menopause.
- Daily dietary calcium should average to 1200 mg
- Vitamin D3 supplementation should be at 2,000 IU daily.
Osteoporosis

- If the patient has osteoporosis, she should be referred to an endocrinologist specializing in bone metabolism for evaluation and treatment.

- For patients with osteopenia, a repeat bone density scan should be repeated in 18-24 months to confirm stability of bone mass.
Symptoms and Treatments

Multidisciplinary Approach

• Vasomotor symptoms, sexual dysfunction, and sleep disturbance are the most distressing menopausal symptoms requiring management after breast cancer.

• Menopausal symptom management after breast cancer is complex

• Would benefit from multidisciplinary approach including: education opportunities, improved communication and networking opportunities, and decision making in line with evidence-based guidelines.
• For women who carry the BRCA 1 mutations with no personal history of breast or ovarian cancer, and underwent either natural or surgical menopause, Kotsopoulos and colleagues found no evidence of increased adjusted OR (0.80) for breast cancer between women who used menopause hormone therapy (MHT) and those who did not. The average length of MHT use was 4.3 vs 4.4 years for cases vs controls. They concluded that **MHT should not be contraindicated for BRCA1 mutation carriers.**

• Additionally, Collins and colleagues found **no evidence that BRCA1 and 2 mutation carriers had earlier onset** of natural menopause than their noncarrier relatives.
BRCA Mutation Carriers

- Decisions regarding the use of MHT in women who undergo BSO after detection of a BRCA mutation must be individualized based on careful consideration of the risks and benefits.

- Risks of a subsequent cancer diagnosis appear small, particularly in regards to the benefits of treatment.

- Short-term HT seems to improve quality of life and does not seem to have an adverse effect on oncologic outcomes in BRCA1 and BRCA2 mutation carriers without a personal history of breast cancer.

- Randomized and larger trials are urgently needed.