

Breast cancer at the menopause

Women with a personal history of breast cancer are rarely offered hormonal therapy for menopausal symptoms because of concerns about increased risk of recurrence. Non-hormonal options are therefore the first-line treatment for menopause symptoms and bone health.

Menopause and breast cancer

- Natural menopause may be experienced before or around the time of breast cancer diagnosis.
- Alternatively, menopause may be induced by breast cancer treatments such as chemotherapy.
- Menopausal symptoms may be more problematic because of anticancer treatments.

Adverse effects of treatments

- Aromatase inhibitors increase the risk of osteoporotic fracture.
- Chest wall radiation, chemotherapy, HER2-antagonists and aromatase inhibitors are potentially cardiotoxic.

Menopausal hormone therapy

- Two randomized trials of systemic **menopausal hormone therapy (MHT)** produced conflicting results: one showed an increased risk of recurrence, the other did not.
- A randomized trial of **tibolone** in breast cancer survivors was stopped early because of an increased risk of recurrence.

A multidisciplinary model of care should be used for women living with and beyond cancer.

- Even though absorption of estrogen with low-dose vaginal estrogens is small, there are concerns about potential stimulation of breast cancer cells and interaction with aromatase inhibitors.
- There are no studies of **compounded hormones** in women with breast cancer.

Non-hormonal options for menopausal symptoms

- For **hot flashes**: clonidine, paroxetine, citalopram, venlafaxine, desvenlafaxine, gabapentin and pregabalin.
- Cognitive-behavioral therapy can be accessed with self-help books and online.
- For **vaginal dryness**: vaginal lubricants and moisturizers.
- Laser therapy for vulvovaginal atrophy is a new approach, but large, long-term studies are required.
- For **bone health**: bisphosphonates (alendronate, risedronate, ibandronic acid, zoledronic acid), denosumab.
- No data are available regarding the use of ospemifene or prasterone.
- Data on safety and efficacy are lacking for herbal supplements and botanicals.

Check for **interactions** with any other medicines such as anticancer therapies.

Further information

EMAS CareOnline 2020 <https://emas-online.org/emas-careonline>

Memorial Sloan Kettering Cancer Center. About herbs, botanicals and other products <https://www.mskcc.org/cancer-care/diagnosis-treatment/symptom-management/integrative-medicine/herbs>