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.
- 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 flushes: 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.

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

Further information
- EMAS CareOnline 2020: https://emas-online.org/emas-careonline

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