Women's Health after Cancer: Managing Menopausal Symptoms

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Outline

- Menopause – an especially important issue after cancer
- Well known symptoms, but silent ones too
- The emerging data about heart disease prevention
- Discussing flushes & flashes but also vulvar pain
- Alternatives to E when symptoms demand help
Disclosures

I have no conflicts of interest to disclose
The Seven Dwarves of Menopause

Sweaty, Bitchy, Tubby, Sleepy, Shriveled, Forgetful, Psycho
“Night sweats are hot flashes that occur while you’re asleep because catching on fire during the daytime just isn’t enough”
Menopause

No more eggs --> no more estrogen

Average age of natural menopause = 51

The shift into menopause

is sometimes the aim of cancer therapy, or is the side effect of chemotherapy or radiation
Where does the body sense a lack of estrogen?

- **Our Brains**
  - Hot flashes
  - Memory issues
  - Moods (depression)
  - More Alzheimer’s Disease

- **Our Bones & Joints** - osteoporosis & joint aching

- **Our Metabolism**
  - Weight gain to the belly primarily
  - Estrogen slows development of diabetes
Where does the body sense estrogen? (continued)

- Our Arteries & Heart
  - Estrogen slows artery clogging
  - Fewer palpitations

- Our Bladders
  - Estrogen --> Fewer infections
  - ? Incontinence & support

- Skin - less wrinkling and skin aging
# Effects of estrogen deficiency: From perimenopause to advanced age

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Early</th>
<th>Intermediate</th>
<th>Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>45</td>
<td>50</td>
<td>55</td>
</tr>
<tr>
<td>Hot flushes</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Sweating</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Insomnia</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Menstrual irregularity</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Psychological symptoms</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Vaginal atrophy</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Urge-stress incontinence</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Skin atrophy</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Osteoporosis fractures</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Atherosclerosis</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>CHD</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>CVD</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>■</td>
<td>■</td>
<td>■</td>
</tr>
</tbody>
</table>

*CHD = coronary heart disease
*CVD = cardiovascular disease

Women are in 2 groups after cancer

- Those who could take estrogen
- Let’s explore the data on safety
- Those who should not take estrogen
- Let’s list alternate non-hormone therapies
The ongoing controversy

- Is estrogen good? or bad?

- That big study in 2003 (the WHI)

- Heart health vs breast risk
Compare Risks

Heart Disease

- Causes the most female deaths
- 1 in 2 women will die of stroke or heart disease
- In 63% of women dying suddenly of a heart attack, there were no previous symptoms of disease (cf 48% in men)
- 44% of women will die within 1 year after a heart attack (cf 27% of men)

Breast Cancer

- Death for 1 in 25 of us will be from breast cancer
Two big issues with that 2003 study

The timing hypothesis

- If estrogen is started when you run out, you have major heart benefits, bone benefits & reduced death from any reason.

- If you wait 10 years or more you may have missed your chance for heart benefits. (Average age = 63 in that study)

Oral estrogen

- Not as safe as skin-absorbed Estrogen

- Oral makes you produce clotting proteins

- Clots can mean an MI or stroke

- Estrogen through the skin does not elevate clot risks
Heart disease by menopause status

<table>
<thead>
<tr>
<th>Age</th>
<th># per 1000 women</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;40</td>
<td>0.6</td>
</tr>
<tr>
<td>40-44</td>
<td>2.2</td>
</tr>
<tr>
<td>45-49</td>
<td>3.6</td>
</tr>
<tr>
<td>50-54</td>
<td>6.5</td>
</tr>
</tbody>
</table>

- **Premenopausal**
- **Postmenopausal**
# Two threats to the heart

## Elevated lipids
- Lipid blockers do not prevent heart disease in women
- They prevent heart disease in men....
- Estrogens improve lipids
- Estrogens + Lipid blockers prevent heart disease

## Diabetes
- Extra weight leads to Diabetes
- Wt gained centrally is bad
- Estrogen reduces the rate of central obesity AND development of diabetes
- Women have more complications from diabetes than men do
<table>
<thead>
<tr>
<th>Condition</th>
<th>E alone</th>
<th>E+P</th>
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</thead>
<tbody>
<tr>
<td>DVT</td>
<td>↑5</td>
<td>↑10</td>
</tr>
<tr>
<td>PE</td>
<td>↑3</td>
<td>↑6</td>
</tr>
<tr>
<td>Stroke</td>
<td>↓1</td>
<td>↑5</td>
</tr>
<tr>
<td>Br Ca</td>
<td>↓5</td>
<td>↑6</td>
</tr>
<tr>
<td>All cause death</td>
<td>↓11</td>
<td>↓10</td>
</tr>
<tr>
<td>All bone fractures</td>
<td>↓16</td>
<td>↓25</td>
</tr>
<tr>
<td>Diabetes</td>
<td>↓26</td>
<td>↓11</td>
</tr>
</tbody>
</table>
## Benefits/Risks of E if 50-59

WHI (events / 10,000 / yr)

<table>
<thead>
<tr>
<th>Event</th>
<th>Incidence/Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DVT</strong></td>
<td>↑5 on E alone</td>
</tr>
<tr>
<td></td>
<td>↑10 on E+P</td>
</tr>
<tr>
<td><strong>PE</strong></td>
<td>↑3</td>
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The symptom that engenders jokes

Don't think of it as hot flashes. Think of it as your inner child playing with matches!
Treating flushes

CAN USE E?

- Use circulating estrogen
- Proven to be the most effective
- Takes 10-14 days to quell flushes

CANNOT USE E?

- Use SSRI or SNRI
  - Lexapro
  - Venlafaxine
- Gabapentin
- Not effective:
  - Soy, black cohosh, ginseng
Brain health without E

- No smoking…
- Keep weight trim…
- Keep exercising…
Which menopause symptoms fade, which worsen?

- Flushes & night sweats fade after 2-10 years (the average is 7 years…)

- Vulvar pain issues continue and worsen

North Amer Menopause Society  position statement 2013
Genitourinary Syndrome of Menopause

Symptoms:
- “Dryness”
- “Irritation”
- “Burning”
- Painful sex
- Fragile skin, sometimes splits
- Painful urination
- Poor arousal response
Promotional image for Premarin Vaginal Cream.

Text:

**Painful Intercourse Getting in the Way?**

Premarin Vaginal Cream provides relief from moderate to severe painful intercourse by treating the underlying cause of the problem. By reducing estrogen levels, PREMARIN vaginal Cream reduces vaginal tissue during treatment, which may help to make intercourse more comfortable.

Ease the pain, start treating with PREMARIN Vaginal Cream.

Premarin (conjugated estrogens) vaginal cream.
Prevalence of vulvar symptoms

- 47% complain of “vaginal dryness” by year 3 of untreated menopause

- Painful sex after cancer treatment:
  - 80% have genital complaints at 3 yrs
  - This problem increases over time after treatment

Thygesen, Schjødt, Jarden, Bone Marrow Trans (2012)7,716-24
Painful penetration

• An unspoken grief after menopause
  • Intimacy is a primary human urge offering comfort & connection

• Penetration to prevent scarring

• Post-radiation dilator therapy

• Graft vs host affects the vagina – can scar it closed
763 disease-free survivors

“Women who received chemotherapy as part of their adjuvant treatment scored more poorly with regard to sexual comfort (lubrication & pain with intercourse), even many years after completion of chemotherapy.”

(It’s untreated menopause, not the chemotherapy….)
Estrogen cream after Breast Cancer?

- The American College of ObGyn Committee Opinion in Spring 2016:

- Use of vaginal estrogen products does not increase the chance of recurrence of estrogen-positive breast cancer
My study of breast cancer survivors who wanted to have comfortable sex again

- 50 women, all noting painful penetration
- Baseline pain scores = 8/10 !
  (scale 0-10)
- Score using the Female Sexual Distress Scale
  (Higher scores are worse)
- Average scores = 30.5  (abnormal >11)
How did penetration feel?

Their words:

“jaw clenching,” “skin being peeled off,” “yelping pain,”

“barbed wire, blackberry thorns, nettles,” “rubbing sandpaper inside me,” “knives and fire”

“rubbed raw pain,” “like scraping an open wound”
Therapies suggested and not helpful:

- Lubricants
- Vaginal Moisturizers
- More sex....
Penetration felt like:

Terms used:

- “Burning”
- “Ripping”
- “Sharp”
- “Stinging”
- “Dry” – only one subject used this term
Where is the problem?

- Not deep inside - (not vaginal)
- At the entrance just inside – (the inner vulva)
- Women can reach the location
- Can apply the corrective solution
Where is the pain?

The inner vulva is called the vestibule.

The vagina actually is not sore.

The pain is just surface pain.

Drawing by R. Jensen, Portland OR
# How to treat

<table>
<thead>
<tr>
<th>CAN USE Estrogen?</th>
<th>CANNOT USE Estrogen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Apply estrogen cream to this area</td>
<td>- Use liquid numbing solution</td>
</tr>
<tr>
<td>- How? Smear with a finger</td>
<td>- Where? To just the right location</td>
</tr>
<tr>
<td>- Use the cream nightly</td>
<td>- How long? 3 min just before touch</td>
</tr>
</tbody>
</table>
Lidocaine…4% numbing solution

Does numbing make sense?

Block the surface pain, enjoy the pleasure.

You can still feel sexual sensations and touch
Example: 66 yo in a 27 year marriage
- had given up penetrative sex
- pain score for intercourse was 10/10

Note exclamation marks.
These denote how many orgasms.

With open-label lidocaine
Voices of patients

- “I feel normal about my body”
- “There’s dance in the old dame still…”
- “We feel it’s been a gift…pretty much a miracle”
- “We’re getting to know each other all over again”
- “Benefit? Yes, a 1000 times yes! It has profoundly changed our relationship”
“Use it or lose it” is WRONG

- Those patients with the most years of pain (not “using it”)
  - Scored no worse at entering the study
  - Improved just as much using lidocaine

- Those on aromatase inhibitors or SERMs (Tamoxifen)
  - Scored no worse or better at baseline
  - Improved just as much in sexual function
Who should teach you?

- Handing you a prescription is not enough
- You need to be shown with a mirror
- Get referred to a gynecologist and ask about the vestibule
- or get referred to a women’s healthcare Physical Therapist who understands lidocaine instructions
Take home messages:

Remember,

- classic menopause symptoms fade

But Vulvas get crankier and crankier
Getting beyond the jokes…

Crabby Road Greatest Hits

1-16-09

Must be January. Strangers are standin’ next to me hopin’ for a hot flash.
Conclusions

- Your decisions about estrogen need to be tailored to your own situation
- The benefits are too important to dismiss
- The alternative therapies need a discussion too
Resources

- In your handout
- The North American Menopause Society has a good web site
- ACOG has web information for patients
- OHSU’s Program in Vulvar Health has a web site