

# Hormone Therapy and Symptom Management in Cancer Survivors

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CANCER SURVIVORSHIP IN PRIMARY CARE

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# Financial Disclosures

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None

# Learning Objectives

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- Describe why menopause is important in cancer survivors
- Understand the basics of Menopause Hormone Therapy (MHT)
- Review Non-Hormonal options
- Review treatment options of Genitourinary Syndrome of Menopause
- Describe special circumstances for gynecologic cancer survivors

# Menopause in Cancer Survivors

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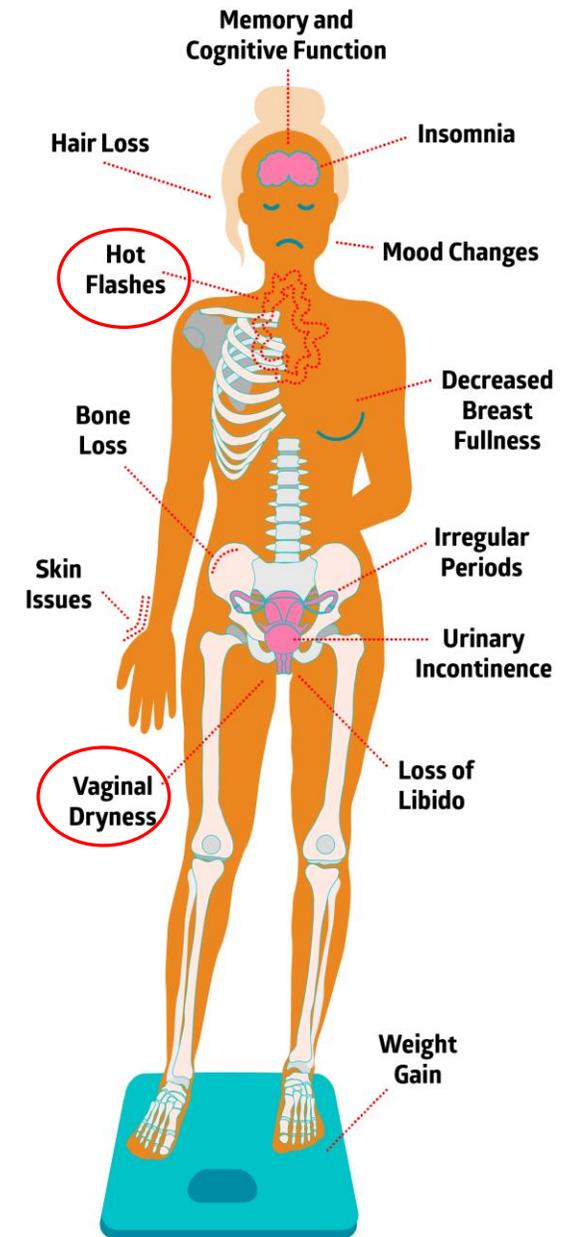
Increased risk of primary ovarian insufficiency secondary to cancer treatment (surgery, chemotherapy, radiation)

Important for symptomatic treatment and for bone and cardiac health

Complex decision-making for hormone sensitive cancers

# Treatment of Menopause:

1. Vasomotor Symptoms
2. Genitourinary Syndrome of Menopause
3. "Other"



# Menopausal Hormone Treatment (MHT)

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- Best Candidates:

- Healthy\* symptomatic women within the 10 years of menopause and < 60 years of age when starting the medications

# Hormone Replacement Therapy (HRT)

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## Progesterone Therapy:

- Required for patients with an intact uterus to protect against endometrial hyperplasia or cancer

## Prescribing Options:

- Micronized progesterone: 100mg daily or 200mg for the first 12 days of their cycle for patients
- Levonorgestrol-containing IUD (off-label)
- Other progesterone options: Medroxyprogesterone acetate

# Hormone Replacement Therapy (HRT)

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## Estrogen Therapy:

- Typical starting dose: transdermal estradiol (0.025 mg) or oral estradiol (0.5 mg/day)

Standard dose: 1mg/day oral or 0.05mg/day transdermal\*

- Younger women who experience menopausal symptoms often require higher doses for the first few years and then can commonly be tapered down

Type of therapy	Pharmacologic	Efficacy and characteristic	Adverse effects
SSRI	Paroxetine (FDA-approved) Escitalopram Citalopram Fluoxetine	<ul style="list-style-type: none"> <li>• Relieving hot flashes, anxiety, depression and sleep disturbance</li> <li>• Paroxetine should not be administered to women with prior breast cancer taking tamoxifen</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual dysfunction, increased risks of fracture, withdrawal syndromes</li> <li>• Headache, dry mouth, nausea, constipation, extrapyramidal symptoms</li> <li>• Rare instances of suicide attempt</li> </ul>
SNRI	Venlafaxine Desvenlafaxine	<ul style="list-style-type: none"> <li>• Relieving hot flashes, anxiety, depression and sleep disturbance</li> <li>• Safe for women with prior breast cancer taking tamoxifen</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual dysfunction, high blood pressure, withdrawal syndromes</li> <li>• Dry mouth, decreased appetite, nausea, constipation, extrapyramidal symptoms</li> <li>• Tremor, agitation, depression, rare instances of suicide attempt</li> </ul>
Gamma-aminobutyric acid analogs	Gabapentin Pregabalin	<ul style="list-style-type: none"> <li>• Relieving hot flashes, improving sleep quality</li> <li>• Choices for women with breast cancer or nighttime hot flashes</li> </ul>	<ul style="list-style-type: none"> <li>• Headaches, dizziness, somnolence, insomnia, fatigue</li> <li>• Edema, weight gain</li> </ul>
NK3R	Fezolinetant (Under phase III clinical trials)	<ul style="list-style-type: none"> <li>• Reducing the frequency and severity of VMS rapidly and significantly</li> <li>• With strong efficacy and well short-term tolerability</li> </ul>	<ul style="list-style-type: none"> <li>• Gastrointestinal disorder (nausea, diarrhea), headache, fatigue</li> <li>• Infection (urinary tract infection, upper respiratory tract infection, sinusitis)</li> <li>• Elevation in transaminases</li> </ul>

# Genitourinary Syndrome of Menopause

Vaginal estrogen is the standard first treatment

For hormone-receptor positive cancers, ask their oncologist but studies have shown that vaginal formulations do not induce systemic estrogen levels and are thought to be safe in some circumstances

**TABLE 1. Estrogen Formulations**

Formulation	Brand name	Dosing
Estradiol insert	Vagifem	10 µg nightly for 2 wk followed by twice per week*
	Imvexxy	4 and 10 µg nightly for 2 wk followed by twice per week*
Estradiol vaginal ring	Estring	2 mg estradiol inserted intravaginally every 3 mo
Estradiol cream	Estrace	0.01%-1 g nightly for 2 wk followed by 2-3× per week†
Conjugated equine estrogen cream	Premarin	0.0625 CE-1 g nightly for 2 wk followed by 2-3× per week

# Gynecologic Cancer Survivors

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Ask their oncologist!

Ovarian Cancer: MHT can be safely used

Cervical Cancer patients: MHT can safely be used

In young women with low-risk endometrial cancer, HRT can be used to treat their symptoms and decrease long-term side effects \*

Vaginal Estrogen safe in all groups

# Conclusion

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Menopause greatly impacts the quality of life of patients, specifically cancer survivors

Both hormone and non-hormonal options exist

Tailor treatment to the patient's symptoms and type of cancer

# Questions?

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