Indian Menopause Society

Guideline Number 5 : August 2010

Managing Menopause After Breast Cancer

Breast cancer in India is the second most common cancer among women after cervical cancer. In Mumbai cancer breast is the leading cancer. As per 1987 study, the adjusted incidence in Parsee women was 47.2%, Hindu women 22.8%, Muslim 25.7% and Christian 26.2%.[1]

As per 2000 Hospital Based Cancer Registry, breast cancer is leading site of cancer in Thiruvantapuram- 27.5% and Mumbai 26.4%, second in Bangalore13.3%, Chennai-19.8% and third in Dibrugarh-12.1%.[2]

Quality of life is an important issue in breast cancer patients, especially in young premenopausal women who enter menopause prematurely due to surgery or chemotherapy. Breast cancer survivors are faced with the short and long term consequences of menopause.

Guidelines to manage Menopause:

Counselling:

a. General counselling regarding menopause, the short and long term problems and their implications, prevention and management need to be discussed.
b. Life Style modifications include low fat, calcium rich nutritious diet and maintaining an ideal BMI. Prevention of hot flushes by maintaining a lower core body temperature by avoiding overheating, wearing natural fiber, avoiding triggering agents like caffeine, tea, alcohol, tobacco and spicy food. Regular exercises, paced respiration and reduction of stress has been shown to be beneficial in Randomised Clinical Trials. Exposure to sunlight for twenty minutes should be advised.
c. Sexual counselling for both partners should be considered.

Vasomotor Symptoms:

a. Evidence based non-hormonal options like the Selective Norepinephrine Receptor Inhibitors (SNRI's) Venlafaxine (37.5-75mg/day), Desvenlafexine. Selective

Serotonine Receptor Inhibitors (SSRI's) like Fluoxetine (20mg/day), Citalopram should be considered first. [3]

Clonidine, an antihypertensive was found to be effective in relieving hot flushes in Breast cancer survivors using Tamoxifen.

Gabapentin, a gamma-amino butyric acid (in dose of 900mg/day) is effective in reducing hot flushes[4].

b. Complementary or alternative therapy have been studied, but published data do not support the efficacy of these products. High dose of Vitamin E (800IU/day) has showed limited efficacy in reducing hot flushes[5]. Moreover, Vit.E >400IU/day has been linked with an increase in all cause mortality[6].

c. Systemic Estrogen Therapy (ET)/ Estrogen + Progestogen Therpay (EPT), though most effective and well studied in healthy women, the efficacy and safety of Hormone Therapy (HT) following breast cancer is not established. HABITS – a randomized controlled trial reported a threefold increased breast cancer in HT users[7]. Moreover HT compromises the mammographic findings by increasing the breast density.

d. In vivo studies with Tibolone showed promise, as it inhibits proliferative human breast cells and stimulate apoptosis in breast cancer all lines. The incidence of breast tenderness and mammographic density is not increased with Tibolone. A large prospective randomized placebo controlled trial LIBERATE of use of tibolone after breast cancer was halted following reports that the safety of tibolone was not equivalent to placebo.[8]

e. Hormone Therapy may be considered in some women whose quality of life is severely impaired by symptoms of estrogen deficiency. The risk of recurrence must be explained and a fair trial with non-hormonal alternatives should first be given prior to starting HT.

As always, the lowest effective dose for shortest duration should be prescribed. Regular follow up and ongoing counseling regarding risk-benefit ratio is a must. Women who have undergone Hysterectomy should be prescribed estrogen alone. Others will require addition of a progestogen. Tibolone may be a better choice as it will not affect mammographic density which will make follow up more reliable.

Refer to Guideline No 1 on Management of Vasomotor Symptoms for details of HT.

Vaginal Symptoms:

Vaginal moisturizers, vaginal lubricants are effective in relieving mild symptoms. For more severe symptoms vaginal oestrgens, preferably low potency oestriol can be used for short duration, although safety and efficacy studies have not been performed.

Osteoporosis:

Tamoxifen used for chemotherapy maintains the BMD by its estrogen agonist effective on Bone. Raloxifene 60mg decreased the risk of estrogen receptor positive breast cancer by 90% and can be considered as the first line of therapy.[9] Bisphosphonates are good alternatives. Adequate dose of calcium and Vit D should be prescribed.

Cardiovascular disease:

Control of Blood Pressure and cholesterol levels are important. Preventive options like lifestyle modification, low dose aspirin and statins should be used.

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