



College Statement

Title	Management of the menopause after breast cancer
Statement No.	C-Gyn 15
Date of this document	March 2008
First endorsed by Council	February 2003
Next review due:	March 2011

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) acknowledge the contribution of the Breast Section, Royal Australian College of Surgeons (RACS), in the compilation of this statement.

1. Women who have had breast cancer may need extra help and counselling around menopause. Counselling should include discussion of the uncertain risks / benefits of Hormone Therapy (HT) after breast cancer
2. Quality of life issues should be discussed and assessed together with the risks of developing osteoporosis, cardiovascular disease, thromboembolism and dementia.
3. Life style factors should be addressed including adequate exercise, calcium / vitamin D intake, avoidance of smoking, excessive alcohol and caffeine intake, optimal weight maintenance and reduction of stress.
4. Sexual counselling should be considered.
5. Evidence-based non-hormonal options should first be considered (e.g. bisphosphonates or SERMs for osteoporosis, cholesterol lowering agents and aspirin for cardiovascular disease). Some individual menopausal symptoms may be ameliorated with individual selected therapies eg venlafaxine or clonidine for vasomotor symptoms, vaginal lubricants for superficial dyspareunia, and anticholinergics for urinary urgency.
6. Alternative medicines for which there is no established evidence are not recommended.
7. Local vaginal oestrogen therapy after breast cancer is a reasonable therapeutic option for the control of urogenital symptoms. Oestriol preparations may have less systemic absorption than oestradiol preparations. There are no known long term safety concerns with either preparation.
8. Observational studies of systemic HT after breast cancer are generally reassuring. If HT is necessary after breast cancer for quality of life, oestrogen only therapy or oestrogen therapy with local uterine progestogen (eg. MIRENA) may be safer options than combined systemic therapy.^{24, 27, 28}
9. The prescription of HT along with tamoxifen is still inadequately studied. The cessation of tamoxifen may lead to a reduction in vasomotor symptoms. This must be discussed in the

context of tamoxifen's absolute improvement in disease free survival and impact on the contralateral breast cancer.

10. The prescription of HT along with Aromatase Inhibitors (AIs) is still inadequately studied. Theoretically, the use of systemic oestrogen-based HT may reduce the efficacy with current use of AIs. Aromatase inhibitors are associated with an increased risk of osteoporosis and so regular bone mineral density measurements (1-2 yearly) are advised. Adequate calcium and vitamin D intake should be encouraged either by diet or supplement. If a drug therapy is required for osteoporosis, bisphosphonates are the first-line option.
11. Tibolone (Livial) may confer the same risk as combined continuous hormone therapy with respect to breast cancer recurrence.
12. When HT is started the patient's other treating doctors should be advised.
13. The effect of testosterone on breast cancer is not well studied.
14. Annual review including mammography is recommended for women on HT.
15. Management is individualised after thorough counselling about options. The patient may wish to have her partner and family involved in the counselling and decision making.

References and further reading:

1. Bush TL, Whiteman M, Flaws JA. Hormone Replacement Therapy and Breast Cancer: A Qualitative Review. *Obstet Gynecol* 2001; 98: 498-508.
2. Consensus Statement. Treatment of Oestrogen Deficiency Symptoms in women surviving breast cancer. *Climacteric*. 1998, 1: 148-158.
3. Eden JA. Managing Menopause -HRT or Herbal? *J:Paed Obstet Gynaecol* 2000; Jan/Feb: 31-34.
4. Eden JA. Herbal Medicines for Menopause: Do they work and are they safe? *Med J Aust* 2001; 174:63-64.
5. Eden JA. Managing The Menopause: Phyto-Oestrogens Or Hormone Replacement Therapy? *Ann Med* 2001 Feb; 33(1):4-6.
6. Aniato P, Christophe S, Mellon PL. Estrogenic Activity of Herbs Commonly Used as Remedies for Menopausal Symptoms. *Menopause* 2002 Mar- Apr;9(2): 145-50.
7. Eden JA. Estrogen Replacement Therapy and Survivors of Breast Cancer. *Drugs and Aging* 1996; 8(2):127-33.
8. Loprinzi CL, Barton DL, Rhodes D. Management of Hot Flashes in Breast Cancer Survivors. *Lancet Oncology* 2001; 2:199-204.
9. Stoll BA, Parbhoo S. Treatment of Menopausal Symptoms in Breast Cancer Patients. *Eur J Cancer Clin Onco* 1989; 25:1909-1913.
10. Wile AG, Opfell RW, Margileth DA. Hormone replacement therapy in previously treated breast cancer patients. *Am J Surg* 1993; 165(3):372-375.
11. Di Saia PJ. Hormone Replacement Therapy in Patients with Breast Cancer. *Cancer* 1993; 71 (suppl): 1490- 1500.
12. Powles TJ, Hickish T, Casey S, O'Brien M. Hormone Replacement After Breast Cancer. *Lancet* 1993; 342(8862):60-1.
13. Bluming AZ, Wile AG, Shain Wet al. Hormone Replacement Therapy in Women with Previously Treated Primary Breast Cancer. *Proc Annual Met. Am Soc Clin Onco* 1 13:137.

14. Eden JA, Bush T, N and S, Wren BG. A Case Controlled Study Of Combined Continuous Estrogen-Progestin Replacement Therapy Among Women with A Personal History of Breast Cancer. *Menopause* 1995; 2(2):67-72.
15. Vassilopoulou-Sellin R, Asmar L, Hortobagyi GN et al. Estrogen Replacement Therapy After Localized Breast Cancer: Clinical Outcome of 319 Women Followed Prospectively. *J Clin Onco* 1999; 17(5):1482-87.
16. Brewster WR, DiSaia PJ, Grosen EA et al. An experience with Estrogen Replacement Therapy in Breast Cancer Survivors. *Int J Fertil Womens Med* 1999; 44(4):186-92.
17. Puthgraman K Natrajan MD, Soumilis K, Gambrell RD. Estrogen Replacement Therapy in Women with Previous Breast Cancer. *Am J Obstet Gynecol* 1999; 181 :288-95.
18. O'Meara ES, Rossing MA, Daling JR et al. Hormone Replacement Therapy After A Diagnosis of Breast Cancer In relation to Recurrence And Mortality. *J Natl CancerInst* 2001;93(10):754-62.
19. Marttunen MB, Hietanen P, Pyrohenen S et al. A Prospective Study On Women With a History of Breast Cancer And With or Without Estrogen Replacement Therapy. *Maturitas* 2001; 39(3):217-25.
20. Dew J, Eden J, Beller E et al. A Cohort Study of Hormone Replacement Therapy Given to Women Previously Treated For Breast Cancer. *Climacteric* 1988; 1:137-142.
21. Eden JA, Duma EM, Wren BG et al. HRT After Breast Cancer. The latest results from the Royal Hospital for Women Breast Cancer Study. (Abstract) Scientific Program of the 5th Australasian Menopause Society Congress 2001:38.
22. Women's Health Initiative. Risks and Benefits of Estrogen plus Progestin in Healthy Post Menopausal Women. *JAMA*. July 17, 2002, Vol 288. No. 3.
23. Holmberg L & Anderson H. HABITS Hormonal replacement therapy after breast cancer – is it safe, a randomised comparison: trial stopped. *Lancet*, 2004; 363: 453-455.
24. The Women's Health Initiative Steering Committee. Effects of conjugated equine oestrogen in post menopausal women with hysterectomy. The Women's Health Initiative randomised controlled trial. *JAMA*, 2004; 291: 1701-1712.
25. Treatment of Menopause-associated vasomotor symptoms: position statement of the North American Menopause Society. *Menopause* 2004; 11: 11-33.
26. The Million women study. <http://www.millionwomenstudy.org/index2.html> (ongoing longitudinal study launched in 1997).
27. IMS Updated Recommendations on postmenopausal hormone therapy. *Climacteric* 2007; 10: 181-194.
28. Chlebowski RT, Anderson GL. Progestins and recurrence in breast cancer survivors. *J Natl Cancer Inst* 2005; 97: 471-472.
29. Conte P, Frassoldati A. Aromatase inhibitors in the adjuvant treatment of postmenopausal women with early breast cancer: outing safety issues into perspective. *The Breast Journal* 2007; 13 (1): 28-35.
30. Hickey M, Saunders CM, Stuckey B. Management of menopausal symptoms in patients with breast cancer: an evidence-based approach. *Lancet Oncology* 2005; 6:687-695
31. Greenspan SL, Bhattacharya RK, Sereika SM, Brufsky A, Vogel VG. Prevention of bone loss in survivors of breast cancer: a randomised, double blind, placebo-controlled, clinical trial. *J Clin Endocrinol Metab* 2007; 92:131-136.

Links

Australian Menopause Society (AMS) statement "The risk of breast cancer with HRT use"
http://www.menopause.org.au/public/media_detail.asp?ID=25

Links to other related College Statements

[C-Gyn 9.pdf Management of the menopause](#)

[C-Gen 2.pdf Guidelines for consent and the provision of information regarding proposed treatment](#)

Disclaimer

This College Statement is intended to provide general advice to Practitioners. The statement should never be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each Practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.

This College statement has been prepared having regard to the information available at the time of its preparation, and each Practitioner must have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that College statements are accurate and current at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become available after the date of the statements.