

## Vaginal problems after Induced Menopause

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## Vaginal Changes after Cancer Treatment

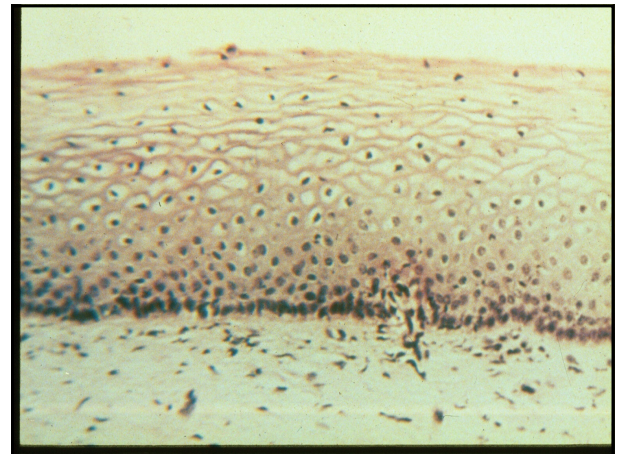
- Oestrogen deficiency (usually premature)
- Effects of radiotherapy
- Tamoxifen
- Aromatase Inhibitors

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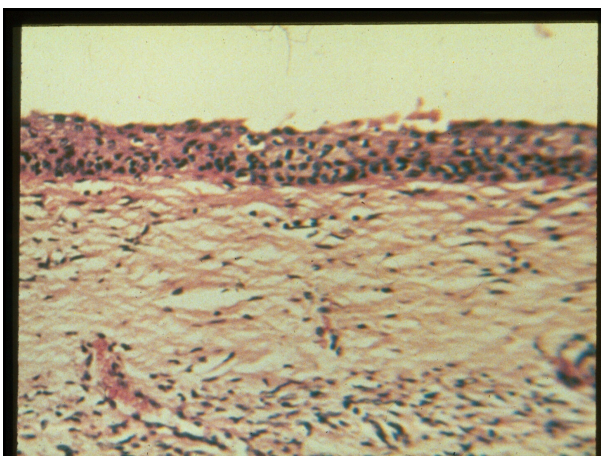
## Genitourinary Symptoms of Menopause

- Physiology
- Diagnosis
- Symptoms
- Incidence
- Treatment

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## How Oestrogen Deficiency Affects Sexual Enjoyment

Vaginal blood flow ↓

Simmens & Wagner  
(1992)

Vaginal secretions ↓

pH ↑

Blood flow to clitoris ↓

Labia minora ↓

Sarrel (1984)

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## How Oestrogen Deficiency Affects Neurological Function

- Shrinkage of touch receptor zones
- Impaired neural transmission
- Changes in two-point discrimination

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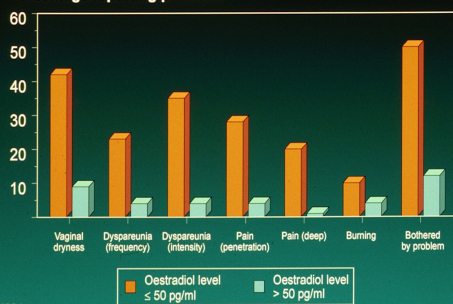
## Further effects of oestrogen loss

- Loss of Type II Collagen
- Loss of elasticity
- Loss of pelvic floor strength
- Narrowing of vaginal barrel
- Urinary symptoms
  - "Cystitis"
  - Urinary tract Infections

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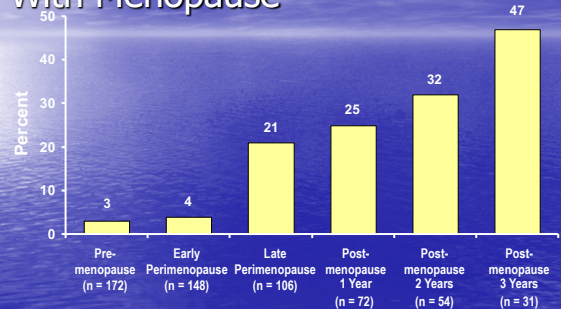
## Sexual Problems

Percentage reporting problems



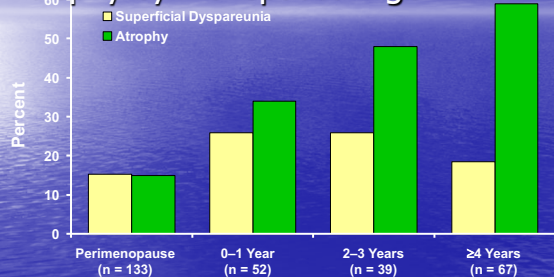
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## Increase in Vaginal Dryness With Menopause



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## Prevalence of Superficial Dyspareunia and Vulvovaginal Atrophy by Menopausal Age



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## Symptoms of vaginal atrophy

- Reduced lubrication
- Dryness
- Discomfort during intercourse
- Decreased frequency of intercourse
- Vaginal and vulval irritation
- Discharge
- Bleeding
- Relationship problems

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### Under reporting

- 20 – 25% with symptoms seek help

#### Online survey:

- Despite 78% feeling active sex life important, only
  - 17% discussed symptoms with health professional,
  - 59% hide symptoms from partner
- Bladder symptoms –
  - only 21% discussed with health professional

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### Under treating

- 25% of those with genito-urinary atrophy symptoms who seek help, receive treatment
- 71% with vaginal symptoms - no treatment
- 89% with bladder symptoms - no treatment

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### Solutions

- Increase awareness of extent of problem and treatment options
- Enable women to feel able to discuss
- Ask appropriate questions when offering menopause counselling
- Ask opportunistically and early

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### Possible side-effects of Pelvic Radiotherapy

- Radiation cystitis
- Vaginal Pain
- Discharge

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### Treatments for Symptoms of GSM

- Oestradiol
  - Vagifem / Vagirux vaginal tablets [10mcg]
  - Estring vaginal ring [2mg / 3months]
- Oestrinol
  - Ovestin cream, Gynest cream
  - Blissel
  - Invaggis
- Non-hormonal
  - Replens
- Ospemifene
- Prasterone

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Beware the Patient Information Leaflet !!

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## Vaginal oestrogens

- Oestrinol
  - Definite systemic absorption
  - Thought to be neutral in breast tissue
- Oestradiol
  - Very low dose (10 mcg twice weekly)
  - Systemic absorption in first 2 weeks only

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Vagifem (oestradiol vaginal tablets)- Minimal levels of systemic absorption

- After first 2 weeks of loading dose effect on circulating levels of oestradiol virtually undetectable
- No time limits - little long-term data but good endometrial safety in 2-year study
- No place for progestogen
- Even lower doses may be possible for some women

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## Vaginal estrogen after breast cancer - data

- Post menopausal breast cancer patients and age-matched controls
- Vaginal atrophy in 32% taking Tamoxifen 57.6% aromatase inhibitors
- No RCTs
- Cohort study 1472 women breast cancer, 69 (4.7%) used vaginal estrogen
- Small numbers, no increased recurrence

A cohort study of topical vaginal estrogen therapy in women previously treated for breast cancer. Dew JE, Wren BG, Eden JA. Climacteric 2003 Mar;6(1):45-52

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## Vaginal Oestrogen after Breast Cancer - Theory

- Triple Negative cancers OK (?)
- Tamoxifen – works to prevent breast cancer recurrence by local effect in breast tissue (despite higher oestrogen levels in premenopausal women) – should be ok
- Aromatase inhibitors – work by minimizing oestrogen levels – needs discussing with individual oncologists

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## Treatment Regimens

- Traditionally
  - Once each night for two weeks
  - Then twice per week
- Little comparison data
- Not written in stone

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## Ospemifene (Senshio)

- A Selective Estrogen Receptor Modulator (SERM)
- 60 mg tablet daily
- Improves pain on intercourse and vaginal dryness
- Same thrombosis risk as oestrogen and tamoxifen
- May occasionally aggravate flushes and sweats initially

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## Ospemifene after Breast Cancer

- No data
- Several other SERMs breast protective
- Current license says:-
  - Avoid in suspected breast cancer or during active treatment (including adjuvant therapy)

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## Prasterone (Intrarosa)

- Dehydroepiandrosterone (DHEA)
- 6.5 mg pessary one nocte
- Coverts to oestrogen and androgens
- Good second line treatment
- Avoid with breast cancer
- Avoid with latex

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## Lubes, etc

- Moisturisers
  - e.g. Replens, Sylk, Yes, Balance Activ
- Lubricants
  - E.g. Sylk, Astroglide, Pjur, Yes

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## Lubes, etc – general considerations

- Moisturisers longer lasting (use very 1-3 days)
- Lubricants more effective for use with sexual activity
- Water-based v. oil-based lubricants
- pH
- Osmolality
- May be available on NHS
- Free samples available on manufacturers' websites
- Try several and find which suit you best

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## Dilators



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## Dilators

- Little and often
- Start at smallest – 1 minute
- Build size and duration as comfortable to 10 mins 5-6 times per week
- Reduce frequency when stable

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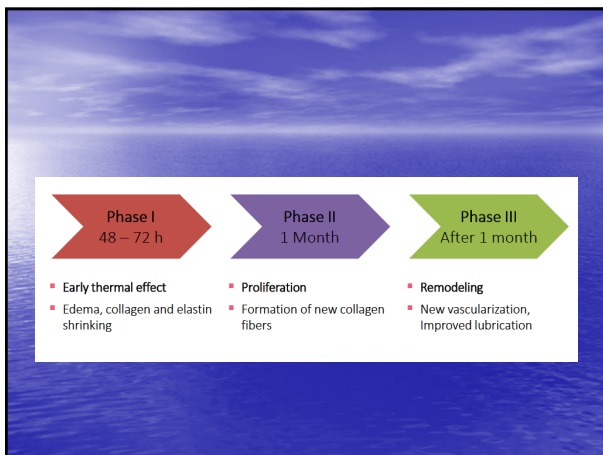
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### Micro-Spot Technology

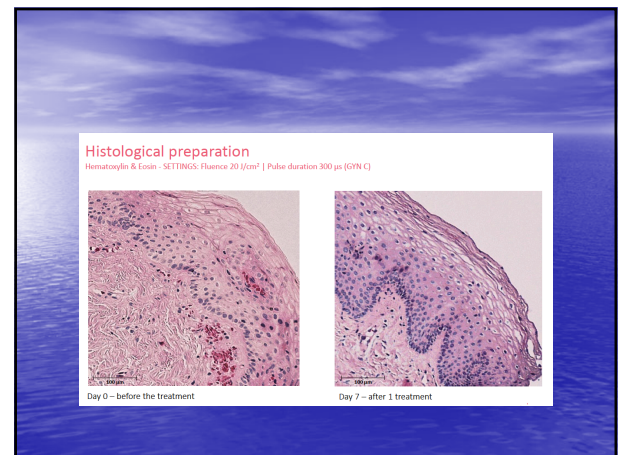
**Juliet**  
*the feminine laser*

- Squared spot of 9 x 9mm, consisting of 169 MicroSpots
- MicroSpot optic with stable and precise micro lens array technology
- Selective treatment of only "fractions" of the tissue in the form of a grid
- Triggers skin renewal and collagen formation with rapid wound healing supported by the untreated skin
- Very low risk of side effects

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### Erb:YAG Laser

- No hormones involved
- Works as well as oestrogen in the short run
- May help stress incontinence and mild prolaps

**BUT**

- Mainly available in private sector
- FDA/RCOG advise not widespread use yet
- Expensive
- May need multiple treatments
- Little long-term data

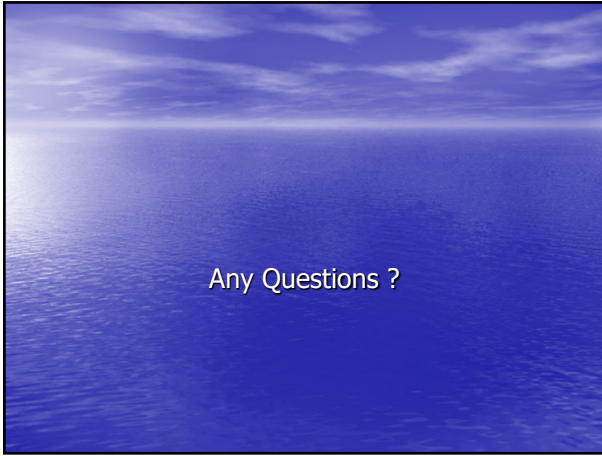
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### Take Home Messages

- Common problem
- May not be revealed so ask and ask early
- Moisturisers and lubricants helpful but don't treat underlying changes
- Hormones may be a possibility – discuss
- Laser treatment promising but no long-term data
- Late or post radiotherapy changes may be minimized by dilators

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