

# Management of Hormone Deprivation Symptoms After Cancer



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## CME Activity

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**Learning Objectives:** On completion of this article, you should be able to (1) evaluate lifestyle, mind-body, and over-the-counter remedies for vasomotor symptoms; (2) list the nonhormoneprescription therapies for vasomotor symptom management; and (3) describe management strategies for vaginal dryness and sexual pain in cancer survivors.

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## Abstract

Cancer survivors often experience symptoms related to hormone deprivation, including vasomotor symptoms, genitourinary symptoms, and sexual health concerns. These symptoms can occur due to natural menopause in midlife women, or they can be brought on by oncologic therapies in younger women or men. We searched PubMed for English-language studies from January 1990 through January 2016 to identify relevant articles on the management of hormone deprivation symptoms, including vasomotor, genitourinary, and sexual symptoms in patients with cancer. The search terms used included *hormone deprivation*, *vasomotor symptoms*, *hot flash*, *vaginal dryness*, *sexual dysfunction*, and *breast cancer*. This manuscript provides a comprehensive description of data supporting the treatment of symptoms associated with hormone deprivation.

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As women approach or reach menopause naturally, or if they undergo surgical removal of both ovaries, multiple symptoms related to estrogen depletion can arise. Women with cancer may experience sudden and severe symptoms because

certain treatments (eg, gynecologic surgery/radiation, chemotherapy, and gonadotropin-releasing hormone analogs) can abruptly cut ovarian hormone production. In addition, women with cancer, particularly those with breast and other hormonally responsive

cancers, are commonly denied hormone supplementation because of concern regarding recurrence risk. Furthermore, men receiving androgen-deprivation therapy may also have significant symptoms related to hormone deprivation.

We searched PubMed for English-language articles pertaining to the management of hormone deprivation symptoms, including vasomotor, genitourinary, and sexual symptoms, in patients with cancer from January 1990 through January 2016 using search terms that included *hormone deprivation*, *vasomotor symptoms*, *hot flash*, *vaginal dryness*, *sexual dysfunction*, and *breast cancer*. We identified additional articles by cross-referencing the publications found and included studies for discussion based on judgment, interpretation of the findings, and our collective clinical experience. This article reviews the state of the science regarding the management of symptoms related to hormone deprivation in patients with cancer.

### VASOMOTOR SYMPTOMS

Hot flashes (or hot flushes) and night sweats, also called vasomotor symptoms (VMS), are common symptoms associated with hormone depletion, occurring in approximately 75% of women during the menopausal transition.<sup>1</sup> A hot flash is defined as a sudden sensation of intense warmth that often begins in the chest area, may rise to the neck and face, and may be accompanied by red blotches on the skin, profuse sweating, palpitations, anxiety, and embarrassment. A hot flash can last for less than 1 minute or as long as 10 to 20 minutes. They may occur infrequently or more than 20 times per day. Women who have had treatments that cause early menopause may have hot flashes that are more severe and last longer.<sup>2</sup> Women with hot flashes do not have higher body temperatures than other women. Rather, they have a narrowed thermal neutral zone so that as body temperatures slightly rise and decrease in a usual sine wave pattern, women with hot flashes are more likely to start sweating or chilling.<sup>3</sup> The average duration of VMS was previously thought to be only a couple of years, but recent studies reveal the mean duration to be greater than 7 years, with up to one-third of women experiencing moderately severe VMS for 10 years or more.<sup>4,5</sup>

Much has been written about the use of estrogen-based treatment for the control of

menopausal symptoms in breast cancer survivors, the discussion of which has been largely influenced by 2 prospective, randomized trials. The Hormonal Replacement Therapy After Breast Cancer Diagnosis—Is It Safe? (HABITS) trial treated women with a history of breast cancer who were experiencing menopausal symptoms with either 2 years of estrogen-based treatment or nonhormonal management.<sup>6</sup> It concluded that estrogen-based therapy should not be used in breast cancer survivors because 26 women in the estrogen-based therapy group, in contrast to only 7 in the nonhormonal treatment group, reported new breast cancer events (relative hazard, 3.3; 95% CI, 1.5-7.4).<sup>6</sup> However, another somewhat similar study, the Stockholm randomized trial, concluded that estrogen-based therapy did not increase the risk of breast cancer recurrence.<sup>7</sup> The Women's Health Initiative trials were particularly influential after they demonstrated an increased incidence of new breast cancer events in women without a history of breast cancer who received combined hormone therapy with oral conjugated equine estrogen and medroxyprogesterone acetate (MPA).<sup>8</sup> Since then, for all practical purposes, menopausal hormone therapy is rarely used in women with a history of breast cancer.

### NONPRESCRIPTION TREATMENTS FOR VMS

#### Lifestyle Measures

Some environmental considerations may help control VMS. The most important of these revolves around keeping the environment cool with moving air. Ambient temperature may affect the frequency and severity of hot flashes. Thus, keeping the room temperature cool, keeping air moving with fans, dressing in layers, and wearing open-weave fabrics are practical strategies that have some scientific basis, even if controlled trials have not demonstrated efficacy.<sup>9</sup> Although clinical trial data are lacking, potential triggers of VMS may include alcohol, tobacco, and caffeine; avoidance of these substances may be of benefit.<sup>10</sup>

Although it is not established that exercise decreases hot flashes,<sup>9</sup> weight loss does seem to be beneficial.<sup>11-13</sup> The Women's Healthy Living and Eating Study, a dietary intervention trial involving women with breast cancer,

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