NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Vulvo-vaginal Atrophy after Breast Cancer

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Lead Author:	Dr Jenifer Sassarini
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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Managing Vulvovaginal Atrophy after Breast Cancer

Introduction

Cancer treatment may result in loss of ovarian function through surgical removal of the ovaries, chemotherapy, or radiation. While menopausal symptoms, such as hot flashes, night sweats, sleep disturbance, memory concerns, and mood issues can be extremely bothersome to some women going through menopause naturally, women who undergo an induced menopause usually experience more sudden and severe symptoms.

Pain and vaginal dryness can occur whether a woman has a sexual partner or not. In women with breast cancer, the aetiology of impaired sexual functioning, and lowered sexual desire, is often multifactorial, and may be related to physical and/or psychological reasons.

It is important to discuss sexual difficulties and/or discomfort so that appropriate treatment can be offered.

Pain and vaginal dryness in women without a history of breast cancer can usually be safely treated with vaginal estrogens, in the form of a cream, pessary or ring, and simple lubricants or vaginal moisturizers. Safe usage of vaginal oestrogen replacement therapy (ERT) in breast cancer patients has not been studied within RCTs of long duration; the guidelines below reflect a clinical consensus.

Recommendations

Vaginal moisturisers and Personal Lubricants

- Consider use of non-hormonal vaginal lubricants or moisturisers* as the first line choice.
- WHO recommend a paraben-free vaginal moisturiser with acidic pH and osmolality below the WHO ideal recommendation[$].

- For sexual intercourse or for use with vaginal dilators, use paraben-free vaginal lubricant with acidic pH matched to vaginal pH and osmolality below the WHO ideal recommendation*.
- KY Jelly should be avoided. It is not effective, can feel gritty, and irritates vaginal tissues.

* See patient information leaflet on available lubricants and moisturisers

$ WHO ideal recommendation of 380mOsm/kg, in order to minimise any risk of epithelial damage, however, an upper limit of 1200mOsm/kg is acceptable (1).

Vaginal moisturisers are absorbed into the skin and adhere to the vaginal lining, mimicking natural vaginal secretions. They are non-hormonal and are intended to alleviate the general discomfort of vaginal dryness/atrophic vaginitis/vaginal atrophy. They are applied regularly, from every day to once every 2-3 days. The effects are longer lasting (2-3 days) than lubricants.

Vaginal moisturisers change the fluid content of the endothelium and lower the vaginal pH, thereby maintaining moisture and acidity; they do not reverse the changes associated with oestrogen deficiency.

Personal Lubricants

Lubricants act rapidly to provide short-term relief from vaginal dryness and related pain during intercourse. They are particularly beneficial for women whose vaginal dryness is a concern only or mainly during sex. A wide variety of personal lubricants are commercially available, either as water-, silicone-, mineral oil-, or plant oil-based products and are applied to the vagina and vulva (and the partner's penis if required) prior to sex.

Parabens

Parabens are included as preservatives in a variety of personal care, cosmetic and food products, and are found in some personal lubricants. Parabens are weakly oestrogenic compounds and there is some debate as to whether they present an

endocrine-disrupting risk. They have been detected in breast tumours, but associations with carcinogenesis have not been convincingly demonstrated.

Allergies

Those with specific allergies to plant based products (e.g. nuts or Kiwi) or shellfish may wish to patch test products or consult the manufacturer prior to use. Consider the partner's allergies when products are used at the time of intercourse. See appended list of moisturisers and lubricants for further information.

Vaginal (Local) Oestrogen Therapy

- Safe usage of vaginal oestrogen therapy (ERT) in breast cancer patients has not been studied within RCTs of long duration
- For patients with tissue tumour studies suggesting oestrogen receptor negative status, consider Vagifem® (10mcg oestradiol vaginal tablets) or the less potent Ovestin or generic oestriol vaginal creams (0.1%, 0.01% oestriol respectively).
- Vaginal ERT can be considered in women who are unresponsive to non-hormonal remedies. The decision should be made in co-ordination with the woman's oncologist. Safety with aromatase inhibitors is not known.
- In discussion with the woman's oncologist, consider switching from aromatase inhibitors to tamoxifen in severe cases of vaginal atrophy, before decision regarding the use of local oestrogen replacement therapy.
- Estring, a vaginal oestrogen ring, has not been tested in breast cancer patients.

There are three available preparations of vaginal oestrogen; cream, ring and tablet (pessary). Studies show that use of the low-dose (10mcg estradiol hemihydrate) vaginal oestradiol, Vagifem®, does not result in sustained serum oestrogen levels exceeding the normal menopausal range (2-4).

Data do not show an increased risk of cancer recurrence among women currently undergoing treatment for breast cancer or those with a personal history of breast cancer (5) who use vaginal oestrogens to relieve urogenital symptoms. A nested case- control analysis of a cohort study of women with breast cancer who either did or did not use vaginal oestrogen showed no increase of recurrence in vaginal oestrogen users (6).

Vagifem® has been found to significantly raise serum oestradiol levels, in the short term, in women on AIs for breast cancer (7), but these levels were not sustained over time (8).

Key words

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Breast cancer

Moisturisers

Lubricants

Lead Author

Dr. Jenifer Sassarini (Consultant Gynaecologist)

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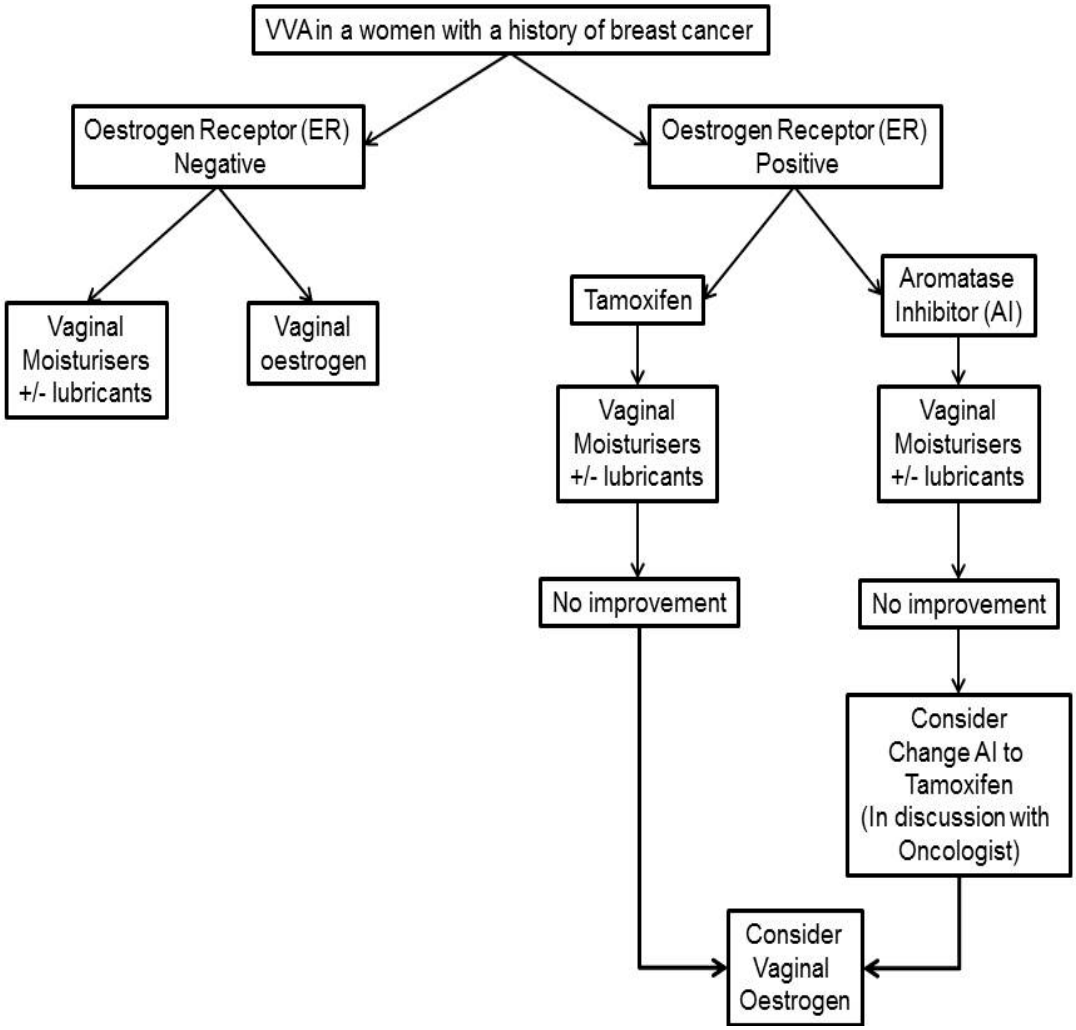
Approval

Dr. R. Jamieson, Clinical Director …… Date 10/4/18…….

Flowchart for the management of Vulvovaginal Atrophy after Breast Cancer



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