



Key Lecture





Genitourinary Syndrome of Menopause: current treatment options in breast

Genitourinary Syndrome of Menopause: current treatment options in breast cancer survivors

Camil Castelo-Branco (ES)

Hospital Clínic Barcelona, Spain

Breast cancer survivors (BCS) usually receive treatments which lead to persistent oestrogen suppression, which may cause atrophic vaginitis in a large proportion of these women. The most effective treatments for vulvovaginal atrophy (VVA) are based on local oestrogen therapy. However, these treatments are restricted in BCS due to the controversy over their use in women who had hormone-dependent tumours. Therefore, it is common to find untreated symptoms that affect sexual function and quality of life in BCS, thereby leading to the discontinuation of anti-oestrogenic treatments.

In BCS, GSM is the leading cause of sexual dysfunction and severely limits the quality of life of these patients. First-line treatment in BCS presenting mild-moderate VVA is always the use of non-hormonal therapies, which according to the data analyzed, seem to be safe but present limited efficacy and short-term effects. In cases of VVA in BCS refractory to non-hormonal treatment or presenting moderate-severe clinical VVA, the use of local oestrogen therapy is considered and has been demonstrated as being the most effective treatment. Only vaginal oestrogen administration is approved for BCS and always with the use of the lowest possible dose and with consensus between the oncology team and the patient including evaluation of the risks and benefits of the use of these treatments. There is disagreement regarding local oestrogen therapies, and thus, there is controversy as to the safety of these treatments. Some studies suggest a possible increase of serum oestrogen levels that may entail an increased risk of BC recurrence. Finally, new lines of treatment such as vaginal laser, SERMs (Ospemifene) and vaginal androgens or prasterone seem to be effective. Clinical studies assessing their safety in terms of evaluation of elevation in serum estradiol levels or relapse are still lacking in BCS.