Been through Breast Cancer ☑
Did someone mention menopause?

A GUIDE TO ALL THINGS MENOPAUSE FOR WOMEN AFTER BREAST CANCER

This booklet is written by Dr Louise Newson, GP and menopause expert, with Dr Melanie Martins and Dr Jenni McCracken, GPs with special interest in the menopause. There has also been valued reviews and contributions from women affected by breast cancer.

If you've had breast cancer and are wondering whether you'll be able to take HRT, this booklet is for you. Doctors may have told you that HRT is too risky, and you may not have had the opportunity to discuss what your options are. Don't worry, we are here to explain it all: symptoms you might have, types of HRT, the risks and benefits of treatment when there's a history of breast cancer, and how you can decide what is right for you and changes you might want to make in the future.

If you have not had breast cancer but have concerns about menopause treatments because you have a family history of breast cancer, take a look at the factsheet titled 'Family history of breast cancer: Should I take HRT?'

This booklet will not try to persuade you one way or the other. Hopefully, it will show you that, despite the breast cancer, you **do** have options to treat your menopausal symptoms and help support you to make a decision that is right for you.

There is a lot of information here and it could get overwhelming if you try and take it all in, in one sitting. Everything is divided into clear sections so you could choose to read a couple of topics at a time, depending on how you're feeling.

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You have already experienced – or are currently going through – one of the hardest times you've ever had to face in your life. Whether your breast cancer and treatment occurred years ago, or is still happening now, you've already had to deal with a lot and there will have been times when you felt frightened and overwhelmed.

Hopefully, you're now ready to begin thinking about your menopausal symptoms and future health, and make some choices that have the potential to positively affect the rest of your life. Let's start with a bit of a recap on breast cancer and how it links to hormones.

BREAST CANCER AND HORMONES

Breast cancer is the second most common type of cancer in the UK and around 1 in 7 women will develop breast cancer over their lifetime. Thankfully, in the UK, breast cancer survival has doubled in the last 40 years. Breast cancer is a complex disease with many different types and the role of estrogen in breast cancer is still poorly understood.

When cancerous cells are examined after a biopsy or surgery, it's identified whether the breast cancer cells have receptors for estrogen or not. Knowing this information helps treatment to be planned. If the cells have receptors for estrogen, it's called estrogen-receptor-positive (ER-positive) breast cancer, if they don't carry receptors for estrogen it's known as ER-negative breast cancer.

This feature of breast cancer cells is important when it comes to deciding on treatments for menopause symptoms. Knowledge about whether your cancer was ER positive or negative may influence your decision about whether to take HRT or not.

At the time of a cancer diagnosis, there is a lot of information to process. The prime focus will be – and should be – successfully treating the cancer. Other considerations are unlikely to be a priority at that time but what about life beyond breast cancer?

The many women who survive breast cancer may suffer with after-effects of treatment and develop severe menopausal symptoms which can have a big impact on their quality of life after breast cancer.

Depending on when your breast cancer was diagnosed, you may have been premenopausal (still having regular periods and no menopausal symptoms), perimenopausal (periods and hormone levels starting to change) or postmenopausal (more than one year after your periods have stopped). Maybe you were on HRT when you were diagnosed with breast cancer and had to stop your HRT whilst undergoing treatment, or maybe treatments such as surgery, chemotherapy, radiation and hormonal therapy caused you to have an earlier menopause. Everyone will have a different journey and experience different menopause symptoms.

PERIMENOPAUSE AND MENOPAUSE

It is not unusual for women to be told by their cancer care team that menopause may be a consequence of their treatment and then little else is said on the topic. Women going through breast cancer treatment are often unaware of the ins and outs of menopause and many healthcare professionals assume HRT is unsafe, so very little discussion is had. Women are often focussed on surviving their cancer during this time, but when the treatments are over and it's time to pick up the pieces of your life again a different – and difficult – reality can hit, as women soon come to realise what menopause really means.

So, let's start with the basics of what menopause is all about. Put simply, the menopause is the time when your periods stop because your ovaries don't produce estrogen anymore. It's medically defined as 1 year after your last period. For women going through it naturally, the last period usually happens around the age of 50, but signs that hormones are changing and your body's supply of estrogen is slowing down can start in your mid or early 40's (or even late 30's) and this time is called perimenopause.

For many women, the menopause happens earlier than it would naturally because they need treatments for cancer, such as chemo or radiotherapy. Treatment may stop your periods for a while and then they return, or it can be a permanent loss of periods and you will remain 'postmenopausal' for the rest of your life.

Just like with a natural menopause, your menopause will be unique to you. No one can predict what symptoms you'll have, or how you will feel. You may sail through it and hardly notice anything, or you may feel like a completely different person and battle with a range of symptoms that are physical, emotional and psychological, on a daily basis. And many women will fall somewhere in between.

If you're recovering from surgery or undergoing cancer treatment, it can be difficult to tell what symptoms are due to the treatment for cancer, and what are menopause symptoms caused by a lack of hormones. Some of the possible consequences from menopause are similar to what you might be experiencing in your recovery anyway, such as fatigue and joint pains. This is sometimes why the menopause creeps up on you without you being fully aware of what's really going on in your body.

To help spot the signs of the menopause, have a look at some of the common changes that happen as a result of falling hormones:

No periods

At some point your periods will stop, they may change in frequency, pattern or flow and you may have some bleeding as a result of some cancer treatments. Once everything has settled down after treatment, if you are still bleeding or start bleeding in an unusual, heavy or prolonged way, talk to your doctor about it.

Hot flushes

This is the most common symptom and the one most people have heard of. Hot flushes can come on suddenly at any time of day, spreading throughout your face, chest and body. They may last only for a moment or take several minutes; you might also sweat, feel dizzy, or notice your heart beating faster. Try not to worry, it's a very common experience of the menopause and it's your internal thermostat picking up on wrong signals (due to lack of estrogen) about whether you need to cool down or warm-up.

Night sweats

You might also wake up very sweaty in the night, even to the extent of making your nightwear and bedsheets quite wet. While it can be disruptive and upsetting, this is also nothing to panic about.

Mood changes

These include feeling teary, irritable, angry, withdrawn, low self-esteem – a whole range of emotions. It's often the one that bothers women the most, as it can make you feel so unlike your normal self. These feelings are also a normal reaction to your diagnosis and treatments for cancer, and in the adjustment phase afterwards.

Anxiety

Having breast cancer will undoubtedly cause you to feel anxious at times and worried about possible effects of treatments, and the impact on your partner, or family and friends – and these are all entirely understandable. The menopause can also increase feelings of anxiety considerably, exacerbating the worries you already have. This might include worries about treatment for your menopausal symptoms, such as HRT.

Fatigue and poor sleep

You may feel completely exhausted anyway, but tiredness can also creep up on you when you feel like you should be making a faster recovery from the cancer. It's common for sleep to be affected by menopause, either due to night sweats, needing to wee, feeling anxious or stressed, or a whole host of other possible reasons.

Brain fog

You may be familiar with 'chemo brain', well brain fog is the menopause equivalent. A lack of hormones can cause memory lapses, poor concentration, difficulty absorbing information and a feeling your brain is like cotton wool. Brain fog can be a real challenge, particularly at work, and it can affect the simplest of tasks like reading a book, listening to a podcast, or following the plot in a film.

Loss of interest in sex or relationships

It's common to lose interest in sex during the perimenopause and menopause. Whether you're single, dating or in a relationship, you might feel like you're just not in the mood for any of it. As well as fatigue, poor sleep, and low mood, there is a hormonal reason why your libido may

feel rock-bottom. Women have testosterone too and this hormone influences our sex-drive. Testosterone is produced in the ovaries, so this hormone drops right off when ovaries no longer work or are removed. A lack of testosterone also contributes to feeling tired and having poor concentration.

Joint pains and muscle aches

Estrogen is very important in providing lubrication in your joints and preventing inflammation, so reduced levels of estrogen in your blood can leave your joints sore, stiff and aching. Joint pain can also be a common side effect of a group of medications called aromatase inhibitors, which are a common treatment for breast cancer.

Hair and skin changes

Lower levels of estrogen can make your skin less plump and less stretchy, causing fine lines and also dryness. Some women find their skin becomes itchier, or they develop acne. Changing hormones can also make your hair thinner and less glossy, and you may notice a few hairs appearing on your chin or upper lip.

Worsening migraines and headaches

If you suffer from migraines, you may find they become more severe and closer together. Headaches can occur more frequently too.

Vaginal and urinary symptoms

Low estrogen can cause the tissue around your vagina and vulva to become thinner, dry, itchy and inflamed, (there's a few terms for this problem – vaginal atrophy, atrophic vaginitis or genitourinary syndrome of menopause/GSM). Your vagina also expands less easily so you may notice using tampons, having cervical examinations or having penetrative sex becomes more uncomfortable, or even painful. You may also have more infections like thrush.

Low estrogen can also meddle with your waterworks. It thins the lining of your bladder, which can make you feel the need to wee a lot more often or cause occasional leaks when you cough or sneeze. Some women find they have repetitive episodes of cystitis or urinary tract infections (UTIs).

Hang in there!

These changes sound awful and probably leave you questioning whether your life will ever be the same again. Try not to feel daunted by the prospect of any of this – you may get a few of these problems, but some may never bother you at all.

Remember, support and treatment are available for you and all your options are explained here – including the risks and benefits – to help make a choice that's right for you.

The free 'balance' menopause support app and menopause doctor website are brimming with practical advice on how to help with all these symptoms.

HOW MIGHT THE MENOPAUSE AFFECT MY FUTURE?

Knowing about possible menopause symptoms helps you understand more about the effects of a lack of hormones and helps you figure out what are consequences of the cancer treatments and what might be caused by the menopause.

As well as the changes we have just described, there's some long-term consequences of the menopause it's important to be aware of:

Health in the future

After the menopause, women live with a long-term hormone deficiency for the rest of their lives. When it comes to a lack of estrogen, the two biggest impacts on your health in the future are the risk of your bones getting weak, and the risk of disease in your heart and blood vessels.

Osteoporosis is the name for the bone-weakening disease. Women are more at risk of getting this after the menopause because estrogen normally helps keep your bones strong. When there is a shortage of estrogen, the bone tissue dies off at a faster rate than new tissue can grow, and this weakens the bones over time. It also makes the risk of breaking a bone very high, even from just a slight bump or knock.

The other health risk linked with the menopause is heart disease. This includes problems with the rhythm of your heart, how well your arteries, blood vessels and heart pump the blood round your body, and also your cholesterol levels and blood pressure. A lack of estrogen can narrow your arteries and vessels, and a fatty build-up of plaque can stop the blood pumping round as efficiently. This can lead to a greater risk of raised cholesterol and blood pressure, and in severe cases, increase the risk of having a heart attack or stroke.

Recent research also suggests that the menopause increases the risk of diabetes, dementia, bowel cancer and depression.

Sex-life

Problems with vaginal dryness, soreness, and thinning of your tissues may not start immediately after you know you're menopausal, for some women it takes a few years to develop, for others it's their main problem from early on. Either way, it's definitely worth knowing about this issue and nipping it in the bud as soon as it becomes a problem, because these particular symptoms usually worsen over time and don't just resolve on their own.

Treating your genital discomfort helps minimise the impact on your sex-life. Many women ignore this problem and don't like to talk about it. Psychosexual counselling can be useful if your feelings around sex are causing problems in your relationship, for whatever reason.

Relationships

If you find it difficult to talk about your symptoms with your partner, check out and engage with the range of menopause support available online (see suggestions at the end). As well as helping you feel like you're not alone, it will normalise a lot of the changes you're going through and make it easier for you to talk about them with a partner. It can help to know the right terms to use and have a clearer understanding of why things are happening. When you're clearer about it all, it's much easier to explain it to someone else.

Try to be open about your menopause and how it affects you day to day. Help your partner learn about your symptoms and treatment regimes, and what you choose to do to help, like certain priorities for your diet, exercise routines, and relaxation time. Attending appointments with you can also help them understand more about your menopause.

Tell them what you want or need from them, let them know when and why you need space or quiet times now and again. If things are getting tense, taking a few deep breaths and walking away from an argument for a while may help you both.

It's important to be kind to yourself too, remember, a lack of hormones can wreak havoc on your moods and emotions. Often you can feel a lot better after a day or two, or even a few hours, so try not to stew on things too much and give yourself a break.

Family

Your menopause may be happening earlier than you thought it would. Perhaps you would like to have children, or more children. This can be a very confusing time, and you might be facing issues that leave you feeling isolated from friends, peers and even your partner. It may be worth speaking to a counsellor about some of these things to help make sense of how you're feeling.

If you're struggling with an early menopause and prospect of infertility, The Daisy Network is a charity you may find useful. They have lots of helpful information on their website at www.daisynetwork.org about all these issues, including forums to chat with other young women facing similar issues.

HOW CAN I HELP MY MENOPAUSE?

Let's make a positive shift now and think about how to prevent the menopause from really impacting on your life in a negative way.

There are many ways to help menopausal symptoms including changes to diet, activity levels, daily routines, over-the-counter products, and medically prescribed treatments. Keeping a broad approach is usually best as there is no single 'right' way to tackle the menopause, just bear in mind that the menopause can affect your physical and mental health and how you feel will vary from day to day.

If you are taking an aromatase inhibitor medication, you could also enquire whether you can change this to Tamoxifen, which may work to improve your menopausal symptoms. The decision to do this needs to be made in conjunction with your breast specialist.

CARE FOR YOURSELF

Here are some handy pointers for living your best, menopause-smashing life and there's more practical advice for all these tips on the balance menopause support app:

Rest well – don't let tiredness rule your life. Getting a good night's sleep is absolutely crucial for your mind and body. Aim for 7-8 hours every night by having a consistent routine of going to bed at the same time every night and getting up at the same time too.

Keep stress in check – you will be more prone to low mood, anxiety, stress and worry when you're in the menopause. Try writing a diary to help you feel more in control of your emotions and thoughts, practice breathing and relaxation techniques daily, find supportive friends and be open with them about how you're feeling. Make time for getting outdoors and keeping active.

Stay active – exercise is not only important for your general health, but it helps keep your bones and heart strong too. Try and do a mixture of activity that raises your heart rate but also impacts through your joints like running, or HIIT workouts. If fatigue is still a factor, start with a lower impact activity that is slow and gentle, and gradually build up the duration and frequency you are active for. It will do wonders for your emotional wellbeing too.

Make time for you – spending time doing things you enjoy helps you feel better. Whether that is going for a long walk, a drink with a friend, or spending some much-needed time by yourself enjoying a hobby without demands being made on you. Learn to value time just for you.

Eat well – you may have already made efforts to eat a healthy diet when you were going through your cancer treatments and recovery. Foods that are important for menopause are those rich in calcium and vitamin D for your bones, friendly to the gut like pre-and probiotics, carbs that are low GI, and foods rich in omega 3 oils.

Cut out unhealthy habits – alcohol can worsen some menopause symptoms and it definitely disrupts sleep; it can also make your mood worse in the long run. Tobacco can make hot flushes worse and increase your risk of heart disease, cancer and the bone-weakening disease we mentioned.

Make allowances at work – whether you go out to work or work from home, it's helpful to tell someone if there's any symptoms you're finding tricky to manage. You may need to adapt your workspace area, get a fan or window nearby, take more frequent mental pitstops or break up tasks differently. These little things can make a big difference to your comfort, focus and productivity levels.

CONSIDER NON-HORMONAL TREATMENTS

Alternative treatments

There are many alternative treatments that women find beneficial for their symptoms; it is important to identify the most troublesome symptoms, so any choices can be targeted to help specific symptoms.

Most of these alternative treatments have limited evidence that they bring about any significant improvements, but some common ones are:

St John's wort	Femal® or Femarelle®
Acupuncture	Homeopathy
Aromatherapy	Oil of Evening Primrose
Relaxation, massage	Chinese herbal mixture
Black cohosh	Vitamin E
Red Clover	Cognitive Behavioural Therapy (CBT)

Treatments that have shown a 'better-than-placebo' effect are black cohosh, St John's wort, and CBT.

CBT

Studies looking at the impact of 6 sessions of CBT for menopausal women after breast cancer showed that while there was no improvement in the amount of hot flushes, it did improve sleep, social experiences and quality of life, and women found their symptoms less bothersome by up to 50%, even six months later.

Prescribed medications

Prescribed medications are sometimes used for women if they do not want to, or cannot, take HRT, particularly to treat hot flushes. Examples of these are gabapentin or pregabalin and antidepressants, such as venlaflaxine. Studies show a 40-60% reduction in hot flushes on the medications listed but the unwanted side effects such as dizziness, weight gain, sleepiness and negative effects on sexual arousal causes many women to stop taking the medication.

NICE menopause guidelines (NG101 and NG23) suggest some antidepressants, such as SSRIs, can be prescribed for women with breast cancer for relieving menopausal symptoms, particularly hot flushes. Be aware that if you take Tamoxifen, the SSRI Fluoxetine is not recommended.

In general, antidepressants have not been found to be of significant benefit to menopausal women for improving low mood and other psychological symptoms caused by a lack of hormones, but if you have had breast cancer your doctor may prefer to try an antidepressant medication before HRT.

CONSIDER USING HORMONES

A woman can make all the right changes to her lifestyle, and may have tried non-hormonal alternative therapies but unfortunately, this is often not enough to improve all her menopause symptoms. The cause of symptoms is down to a lack of hormones and the most effective and proven treatment to resolve the range of symptoms is to replace hormones back into your body. But don't skip this part if you think (or have been told) this is just not for you.

There are different types and doses of HRT and there are also hormonal treatments which are not absorbed by your whole body. An example of a hormonal treatment that isn't absorbed all over is vaginal estrogen. This is used to help symptoms affecting your genitals and urinary function.

HELPING YOUR GENITAL AND URINARY SYMPTOMS (GSM)

Your vagina needs estrogen to function well, and cancer treatments that are often used to manage breast cancer actually lower your estrogen levels, which can cause unwanted effects on your vagina. This (in addition to the menopause) can cause really troublesome symptoms to your vagina, vulva and surrounding tissues. The symptoms can be so severe in some women that it can even affect normal daily activities including sitting, walking, wearing certain clothing and underwear, and it can also affect sleep. While many menopausal symptoms often improve over the years, symptoms of GSM tend to worsen with time.

If you've had (or are undergoing) treatment for an ER-positive breast cancer, your first choice of treatment for symptoms of genitourinary syndrome of menopause (GSM) would usually be those that don't contain hormones. Try and avoid using soap, shower gels, deoderants, or 'intimate' products on the area, instead use a gentle emollient wash, such as Cetraben®. Panty liners, spermicides and many brands of lubricants can contain irritants. Tight-fitting clothing and long-term use of sanitary pads or synthetic materials can also worsen symptoms.

Vaginal moisturisers such as YES®VM, Sylk Intimate, or Regelle® can help hydrate your tissues and reduce soreness and discomfort throughout the day. Specialist lubricants for when having sex, such as Sylk, YES OB or YES WB can ease discomfort and make the experience more enjoyable. If you're using a barrier method of contraception, water-based lubricants are usually best.

These non-hormonal treatments may not be enough to manage severe symptoms however, and this is where you have the option of using local vaginal estrogen. By inserting estrogen into your vagina you are providing the hormone directly to where it's needed most, without it being absorbed into your bloodstream.

There is no evidence that suggests women using vaginal estrogen who are undergoing treatment for (or have a history of) an ER-positive or ER-negative breast cancer are at an increased risk of cancer recurrence.

Because of this reassurance, healthcare professionals can usually safely prescribe vaginal estrogen preparations to women with breast cancer, including ER-positive breast cancers. Ask your doctor to explain the benefits of this treatment and if they are not aware, or are worried about the risks, refer them to the British Society of Sexual Medicine's position statement on managing GSM.

Types of vaginal estrogen

Vaginal estrogen, also known as topical or local estrogen, is only available with a prescription, and there are three main ways to have it:

Pessary – The most common choice is to use a pessary, such as Vagifem®, Imvaggis® or Vagirux®. They are small like a tablet, and you insert it into your vagina, using an applicator or your fingers. You use it daily for the first 2 or 3 weeks, and then twice-weekly after that. Women usually insert them at night time, so it can stay in place in your vagina for several hours.

There is another type of pessary, Intrarosa®, which contains DHEA, a hormone that your body naturally produces. Once positioned in your vagina, the DHEA is converted to both estrogen and testosterone.

Cream or Gel – Estrogen creams, such as Ovestin®, are inserted inside your vagina on a daily basis for the first two weeks, and then twice-weekly after that. An applicator can be used to insert the cream into your vagina, plus it can be applied with your fingertips on and around your vulval area as well, which can be useful if you are experiencing itching or soreness in surrounding areas.

Blissel® gel is a lower dose option which has an applicator to insert the gel inside your vagina. It is used every night for three weeks, then twice a week after that.

Ring – If you don't fancy using pessaries, creams or gel on a regular basis, another option is to use a flexible silicon ring, such as Estring®. This is inserted inside your vagina and stays there to release a slow and steady dose of estrogen over 90 days. It needs replacing every three months, which you can do yourself, or a nurse can change it if you prefer. You can leave the ring in position to have sex or remove it and reinsert it afterwards.

Vaginal estrogen can really help with genital changes, discomfort and related symptoms; the estrogen helps restore your tissue back to how it was before. If left untreated, these symptoms tend to get worse over time so it's best to act early to prevent further exacerbation of the problem. Vaginal estrogen is a much lower and more diluted dose of estrogen than the type in systemic HRT.

Studies have not shown any risks associated with the use of long-term vaginal estrogen.

Benefits of vaginal estrogen

- Less pain, soreness, itchiness and general discomfort
- Maintains and restores natural lubrication
- Maintains and restores 'stretch-ability' of the vagina
- Fewer episodes of thrush and cystitis
- Prevents further tissue thinning
- Can safely be taken long-term

Risks of vaginal estrogen

Most menopause specialist doctors are of the opinion that local estrogen is completely safe to use if you have had breast cancer, including ER-positive breast cancer. There is no evidence to suggest otherwise. Vaginal estrogen can be considered a good option if you do not want to take systemic HRT and are mostly troubled by genital and urinary symptoms.

There is very little evidence that estrogen placed in your vagina is absorbed by the rest of your body, which suggests that women taking aromatase inhibitors can also take vaginal estrogen if their symptoms are bothersome and non-hormonal options do not provide enough relief. In addition, vaginal estrogen can be used safely with HRT.

Be reassured

If you decide to try vaginal estrogen, do not be put off by the information that is packaged with your medication, it is not correct and should be rectified but unfortunately this change hasn't happened yet.

Vaginal symptoms and intimacy

If you're having regular sex with a partner, try and be as open and honest as you can about how it feels. Moisturisers and lubricants can ease the soreness and vaginal estrogen can restore your tissues to feel more normal again.

If your interest in sex, or ability to orgasm has dropped, and you have already been taking HRT for a few months, find out more about taking testosterone replacement. Testosterone is not just a male hormone, women produce it too. After a few months, many women taking testosterone find their interest and enjoyment in their sex life resumes. The next section helps to explain more about the different types of HRT, including testosterone.

HELPING YOUR SYMPTOMS WITH HRT

You may believe – or have been told – that HRT is just not something you can safely have, but take a moment to learn about the different types of HRT and the known risks, to understand more about whether you feel HRT is a risk worth taking or not.

What is HRT?

HRT stands for Hormone Replacement Therapy and is an umbrella term for the different hormonal treatments that women can take for the menopause. It usually contains the hormone estrogen – the key hormone that affects so many different parts of your body when you don't have enough of it.

If a woman takes replacement estrogen, she needs to take another hormone to protect the lining of her womb (if she still has one) and this is known as progesterone or progestogen.

There is a third hormone, testosterone, that women naturally produce, that can also be used as part of HRT.

Ways of taking the different hormones

Estrogen – This is available in tablet form, but the safest way to take estrogen is through your skin, via a sticky patch, gel or spray (examples of brand names are Evorel®, Estradot®, Oestrogel®, and Lenzetto®). You will need to take it every day, and younger women (under 50 years) often need higher doses of estrogen to resolve their symptoms.

Progesterone – This is usually just for women that still have their womb and it's taken to counteract unwanted effects on your womb lining that can happen if you take estrogen. The body identical form is called progesterone which mimics the way natural progesterone works in your body, and the synthetic (chemically created) types are called progestogens. The safest type is micronised progesterone, known as Utrogestan in the UK, and it comes in a capsule form that is taken daily, often in the evening, as it can also have a mildly sedative effect. Most women swallow the capsule but it can also be inserted vaginally. An alternative way to get progesterone is from a Mirena coil which is a small plastic device, inserted in your womb that stays there for five years and is then replaced.

Testosterone – This comes in a cream or gel that you rub into the skin on a daily basis (known as Androfeme, Testim or Testogel). Most GPs do not prescribe this yet for menopausal women, so you may need to get testosterone from a menopause specialist. It's particularly beneficial if you still struggle with fatigue, low libido and poor concentration after taking estrogen for a few months.

These three forms of HRT are called 'systemic' HRT, as they are absorbed into your bloodstream and make their way around your whole body. Estrogen receptor cells are everywhere: your brain, heart, skin, liver, bones, nerves, muscles, bladder and vagina. Systemic HRT is effective at relieving a whole host of symptoms.

Benefits of systemic HRT

Your symptoms will improve – most women feel a return of their 'old self' within 3-6 months of starting HRT. This includes physical symptoms like hot flushes, joint aches and fatigue, and psychological symptoms like low mood, anxiety, loss of confidence and mood swings.

Your risk of developing osteoporosis will reduce – your bones will be protected from weakening due to lack of estrogen.

Your risk of cardiovascular disease will reduce – you will be less likely to develop heart problems, stroke or vascular dementia.

Your risk of other diseases will reduce – women who take HRT also have a lower future risk of type 2 diabetes, osteoarthritis, bowel cancer, and depression.

The following quote is from Caroline, who went through breast cancer, surgery and chemotherapy and entered the menopause when she was 39:

"In hindsight, much of my anxiety around taking HRT was due to the symptomatic effects of the menopause. I couldn't think straight and needed time, the right information and guidance. In the end, small steps worked. Since going on HRT, my anxiety has dramatically reduced, and I can make clearer decisions that are driven by logic rather than fear.".

What are the risks of systemic HRT if I've had breast cancer?

Every woman who's had breast cancer should be given a clear explanation of their own individual risk when it comes to taking HRT, so she can weigh up the pros and cons of any decisions around possible treatment. Sadly, what often happens is conversations about menopause and treatment barely happen or are blocked at the outset by a blanket disapproval or dismissal from the GP or oncologist. Many women do not raise the issue around the time of their cancer treatments as they are, understandably, more focussed on surviving the cancer.

The current big picture on the risks of HRT if you've had breast cancer is that there's a lack of good quality evidence, and results from different studies often contradict each other. This booklet isn't going to review all the research and analyse what it means in detail. (See Avrum Bluming's book recommendation at the end for this). What is important is that you are informed about the risks and benefits and how treatment might impact your quality of life, and that you feel you have enough information to weigh up and make a personal decision that is right for you.

So, here's what is currently known about the risks of taking HRT if you've had breast cancer:

Ductal Carcinoma in Situ (DCIS)

You may have been told you have non-invasive breast cancer or DCIS. While this is the earliest form of breast cancer and not life-threatening, it still requires treatment and will no doubt cause additional worry for you at times.

If you think you might be perimenopausal or menopausal, you can consider taking systemic HRT for any of your symptoms and/or vaginal estrogen if you have genital and urinary symptoms. Taking systemic HRT or vaginal estrogen if you have been treated for DCIS is not likely to cause you a greater risk of further breast cancer developing than it would for any woman who chooses HRT.

It is always important to minimise your overall risk of breast cancer by living a healthy lifestyle and there is more on this under 'Other factors that increase your risk of breast cancer' on p17.

ER-negative breast cancer

Most doctors who specialise in the menopause agree that if you've had an ER-negative breast cancer, taking HRT does not raise your risk further than women who haven't had breast cancer.

If you had a 'triple negative' breast cancer, you might have a higher risk of cancer recurrence generally, but there have been no studies that show HRT worsens this risk further.

ER-positive breast cancer

This is where the evidence is less clear, and no one has all the answers about the risk of HRT if you've had ER-positive breast cancer.

If you would like to read more about what the evidence says around taking HRT if you've had ER positive breast cancer, a good resource is a book titled 'Oestrogen Matters' by Avrum Bluming.

The best advice is to talk it all through with a healthcare professional who is an expert in treating women for the menopause after breast cancer. This might be a menopause specialist or a breast specialist oncologist.

Some women who have had ER-positive breast cancer still go on to choose HRT because they have weighed up the potential risks and have decided that their own menopause symptoms are so awful and they are suffering so much, they would rather take an unknown level of risk for a much-improved quality of life. These women often decide to take HRT for the additional health benefits taking HRT gives them.

Aromatase inhibitors and Tamoxifen

Tamoxifen is a selective estrogen receptor blocker (SERM). This means it blocks estrogen on some cells, including on the breast, but not on other cells. Tamoxifen is used in both premenopausal and postmenopausal women to treat breast cancer.

Aromatase inhibitors are used to treat breast cancer in postmenopausal women whose ovaries are no longer producing estrogen. Sometimes it is used in premenopausal women but only if their ovaries are 'switched off', which is usually done by a hormone injection. The purpose of taking aromatase inhibitors is to block your body from producing any estrogen anywhere in the body, (small amounts are produced elsewhere in the body apart from the ovaries) so it doesn't make a lot of sense to stay on aromatase inhibitors if you're going to start taking systemic estrogen (HRT).

If you are taking an aromatase inhibitor, you could consider using Tamoxifen instead. This may lead to your symptoms improving. You would need to discuss this decision with your breast cancer specialist, and it may be worth seeking out a menopause specialist who is knowledgeable about treating women after breast cancer. Some women choose to stay on Tamoxifen and take HRT and there is little evidence on this subject to draw firm conclusions about the risks with this option.

The bottom line about risks

There is a lack of good-quality evidence about HRT for women with a history of breast cancer, which is why it's important to find out as much as you can about your own individual risk. Think about the negative impact of your menopause symptoms and weigh this up against what the known risks are, if any.

If you are thinking 'am I going to have to live the rest of my life like this?' then it's important to know that there are options for you to consider. We are all unique and it's important that care is individualised. Breast cancer survivors should not be categorically denied HRT.

Here is a conclusion on this matter from a leading breast cancer specialist:

"In the end, it's your decision; you should be given the estimate of benefit and estimate of risk. You make the judgment comparing quality of life with the other problems."

Professor Michael Baum, Breast Specialist Oncologist
Liz Earle Podcast titled 'Breast Cancer treatments and HRT with Professor Michael Baum.'

Risk of a blood clot with HRT

If you have a history of blood clots, liver disease or migraine, you may also have been mistakenly told you cannot have HRT. There is a small risk of a clot if you take the tablet form of estrogen, but taking it through the skin as a patch, gel or spray does not have any increased risk of getting a clot. If you decide to take replacement estrogen, through the skin is safer than tablets you swallow, especially if you've had a clot in the past or suffer from migraines.

What are the side effects of HRT?

Side effects with HRT are uncommon but might include breast tenderness, leg cramps or some vaginal bleeding initially after starting. If side effects do occur, they usually happen within the first few months of taking HRT and then settle with time as your body adjusts to taking the hormones.

Other factors that increase your risk of breast cancer

The risks of breast cancer with HRT have been heavily emphasised over the last few decades, leading clinicians and women to overestimate the risks. Every day we make decisions which involve weighing up risks and benefits. Deciding whether to take HRT or not should be no different. If you're worried about the risk of HRT because you've had breast cancer, it's important to look at other areas of your life that increase your risk and how you can address these too, so that if you do decide to proceed with HRT you are minimising your overall risk as much as possible.

The lifestyle factors that increase your risk of breast cancer are: being very overweight (BMI of 30 or more), drinking alcohol most days, smoking, and a lack of physical exercise.

UNDERSTAND MORE TO HELP DECIDE THE TREATMENT RIGHT FOR YOU

Unfortunately, some healthcare professionals are not always aware of the latest evidence and approaches to managing patients with perimenopausal and menopausal symptoms. Many are overly cautious about discussing possible treatment options like HRT, and this attitude is even more prevalent if you or a family member has a history of breast cancer.

One thing is clear from the evidence, there doesn't have to be a big red flashing no-go zone around talking about HRT and considering whether it's right for you. If your doctor won't discuss it with you, it's up to you to find information out for yourself, so you can make an informed choice about what you want to do.

Take time to read up on the menopause, know what the potential symptoms are and what the evidence says about HRT. Listen to podcasts, watch videos, hear advice from others going through it. If you manage to read to the end of this booklet, you've almost achieved this goal already!

We understand that the decision you ultimately decide upon will have required a lot of research, thought and effort. People can often be judgmental and freely voice their opinions on whether you should, or should not, take HRT. Remember that you spent time and gave careful consideration to come to your decision and do not let the opinions of others cause you to question yourself.

MAKE DECISIONS ABOUT TREATMENT WITH YOUR DOCTOR

Maybe this is the tricky bit for you; you're keen on trying HRT or vaginal estrogen but your doctor won't consider prescribing it for you.

New guidelines from the General Medical Council, came into effect in 2020 and they recommend how decisions should be made between a patient and doctor and specify what the doctor should provide in order for the patient to give informed consent to a treatment plan. They say that doctors must:

- Keep their professional knowledge and skills up to date
- Recognise and work within the limits of their competence
- Work in partnership with patients
- Listen to, and respond to, patients concerns and preferences
- Give patients the information they want or need in a way they can understand
- Respect patients' right to reach decisions about their treatment and care
- Support patients in caring for themselves to improve and maintain their health

All patients have the right to be adequately informed about, and involved in, decisions about their treatment. For menopausal women, this means the information healthcare professionals give about HRT should be based on the best available evidence when discussing the risks and benefits of HRT. This should include information about the various ways to take HRT and an explanation about how any risks are particularly relevant for you. They should explain what's likely to happen if you do nothing, as well as the risks of any possible treatment. They should support you to come to a decision about what treatment you would like and respect your right to make that choice. Time should be spent finding out what matters to you as no two women are the same and they should listen carefully to your views and concerns.

You may have experienced something very different to this approach, so here are some tips to help you have better discussions with your doctor:

Do your own research and be prepared. Read more about the menopause and HRT at menopausedoctor.co.uk and you may want to look at the NICE guidelines on managing menopause (NG23). Regarding women with a history of breast cancer, it recommends doctors provide information on all available treatment options and offer referral to a healthcare professional with expertise in menopause. It states that while HRT should not be routinely offered, it can be considered for severe menopausal symptoms if the associated risks have been discussed.

Keep a record of your symptoms to show a clear account of the range and severity and how they're affecting your daily life. You could use the balance menopause support app or complete the Menopause Symptom Questionnaire to do this. You can also use these tools to measure any improvement in your symptoms once you start a treatment. If you're considering systemic HRT or vaginal estrogen, learn about the options, find out any risks associated with it and think what type you would prefer.

Plan the time you need to discuss matters adequately; you might want to ask for a double appointment or spread discussions out over separate appointments. Write comments or questions down if you're worried about forgetting in the moment.

Inform your doctor about what you are wanting discuss prior to the appointment, this will ensure you get the most out of your consultation. Breast cancer and HRT may not be an area where your doctor feels very experienced, forewarning them about what you want to discuss will give them the opportunity to do their own research. It will allow them time to discuss with local specialists, find out about the most appropriate specialist clinics, or direct you to someone in the practice who has an interest in the topic.

Know your rights as a patient. Doctors will be more likely to consider your views if you can show you are fully informed and understand what the risks are, and you can explain clearly why you still wish to have that treatment option because of the benefits to your life you believe it would bring. Regarding your decision as 'unwise' is not enough of a reason for the doctor to refuse to prescribe the treatment for you, if you demonstrate you're fully aware of all the implications of that choice and have weighed up your decision carefully.

Be persistent but polite. If you do not get the desired outcome at the first appointment, try again another time. You can ask to see another doctor within your practice. Ask which member of the team has an interest in menopause or women's health and if there is no one with that interest, consider changing practices to one where there is. Ask if there is an NHS menopause specialist clinic in your area or, if you're able, consider having an appointment with a private menopause specialist.

In general, your best approach when talking to your doctor about your menopause is to clearly state your reasons for what you would like, explain what information has led you to this decision, and that you know what the associated risks might be but that it is still what you choose to do. This information may need repeating on several occasions, to several doctors or nurses, but persistence often pays off when you can give a clear and rational argument that shows careful consideration of the evidence of the risks and benefits to your health.

FIND SUPPORT

The experience of going through cancer treatments and then finding out you're in the menopause can feel very isolating and may make you want to withdraw from friends and family and try and deal with things on your own. Although this is a very normal reaction, after a while it can often lead to feeling like everything is getting on top of you and you might struggle to cope.

Find a family member or friend who is a good listener, doesn't judge you, makes you feel safe, and gives you the time and space to talk about how you're feeling. If you don't have someone like this, counselling can be really helpful. You can ask for this via your GP or find it yourself online.

As well as thinking about one-to-one counselling, being part of a network with people who have been through something similar can really help reduce isolation and fear and provide a space that is supportive. There are many charities for women going through breast cancer that have online chat forums and support groups.

Further resources

Take a look at the range of resources on the Menopause Doctor website if you search 'breast cancer'. You will find videos, podcasts and personal stories from women affected by the menopause and breast cancer.

Recommended Books

'Oestrogen Matters' by Avrum Bluming. Published by Piaktus, London.

'Menopause Manual' by Dr Louise Newson. Published by Haynes.

'Me and My Menopausal Vagina: Living with Vaginal Atrophy' by Jane Lewis. Published by PAL books.

Professional Guidelines for managing GSM

British Society of Sexual Medicine, Position Statement for Management of Genitourinary Syndrome of the Menopause (GSM). Section on breast cancer is p.8.

http://www.bssm.org.uk/wp-content/uploads/2021/03/GSM-BSSM.pdf

Here is a final quote from Mel, a woman who considered estrogen as her No. 1 enemy for many years after her breast cancer treatment.

I recently made the decision to start using vaginal estrogen. Enough was enough. My symptoms were so severe and worsening, and it was really impacting on my quality of life. For me, it has been a great decision and it has made a huge difference. However, I don't regret not making the decision earlier, as I believe you have to make each decision in life based on the information available and how you feel at the time – you can't look back with regret.

My point is, things can change, the balance can be tipped and that's ok. The most important thing is being comfortable that it is the right decision for you. I can truly understand why women who have had breast cancer may choose to either have or not have HRT, either vaginally or systemically. But they should have the opportunity to make an informed choice, and most importantly, be at peace with that choice.

REMEMBER...

Learn about the menopause and HRT, especially the benefits it could bring to your symptoms and future health.

Learn about the risks of treatments so you can make an informed choice.

Don't be overly afraid and avoidant of estrogen without fully understanding the options available.

Make a decision that's right for you.

You can always start on a very low dose of estrogen for peace of mind and increase it gradually.

You can change your mind at any point in the future. Whatever you decide doesn't have to be forever.

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