**Management of patients with menopause symptoms post breast cancer**

DATE SEEN

SYMPTOMS NOW

Date of Diagnosis: Age at diagnosis:

Exact histology including staging and receptor status:

Treatments:Surgery /Radiotherapy/Chemotherapy/Anti-hormones

Currently taking: Current age:

**Systemic Symptoms**

FIRST LINE: Discuss symptoms with Breast Cancer Clinical Nurse Specialist

Non-medical approaches

**Vulvo-vaginal symptoms**

FIRST LINE: Discuss symptoms with Breast Cancer Clinical Nurse Specialist

Non-medical approaches

SECOND LINE: Discuss symptoms with GP, request systemic non-hormonal prescription

Discuss potential irritants

*Cetomacragol A* as wash or emolient

If difficulty Vaginal: use Vaginal re-moisturiser eg *Replens, Hyalofemme*

If difficulty Vulval = *Yes VM or Cetamacrogol A*

If difficulty intercourse = *YES OB/WB* or *SYLK*

Consider referral to Menopause Clinic

**Flushes / low mood**

Clonidine 25-75mcg BD

Gabapentin 900mg/day OR Pregabalin 50-300mg/day

SSRI (IF NO TAMOXIFEN) Paroxetine 10mg, Citalopram 20mg OR Sertraline 25-50mg

(IF ON TAMOXIFEN) Venlafaxine 37.5-150mg /day

Plant Phytoestrogens / soya isoflavones *Promensil*, *Red Clover* , NOT TO BE USED

Herbal – *Black Cohosh St John’s Wort*, not recommended, Sage ok

SECOND LINE: Discuss symptoms with GP, request local oestrogen prescription

**Vaginal preparations - OK if Receptor neg, or on Tamoxifen.**

**If on ‘Azoles – refer Menopause clinic**

Vaginal – *Vagifem*/*Vagirux* 10mcg PV 2x week

*Estring* – 7.5mcg/d change 3 monthly

Vulval – *Ovestin* cream topical x2 week

Intrarosa – 6.5mg DHEA pessary daily

*Ospemifene* – Do not use, not licensed post Ca

Vaginal Laser – not on NHS, data limited

THIRD LINE: Refer to Gynaecology Specialist Menopause Clinic

Discuss need for continued use or change in anti-hormone therapy with Breast surgeon

**Systemic** Oestrogens AND/OR Testosterone Specialist ONLY to start prescription