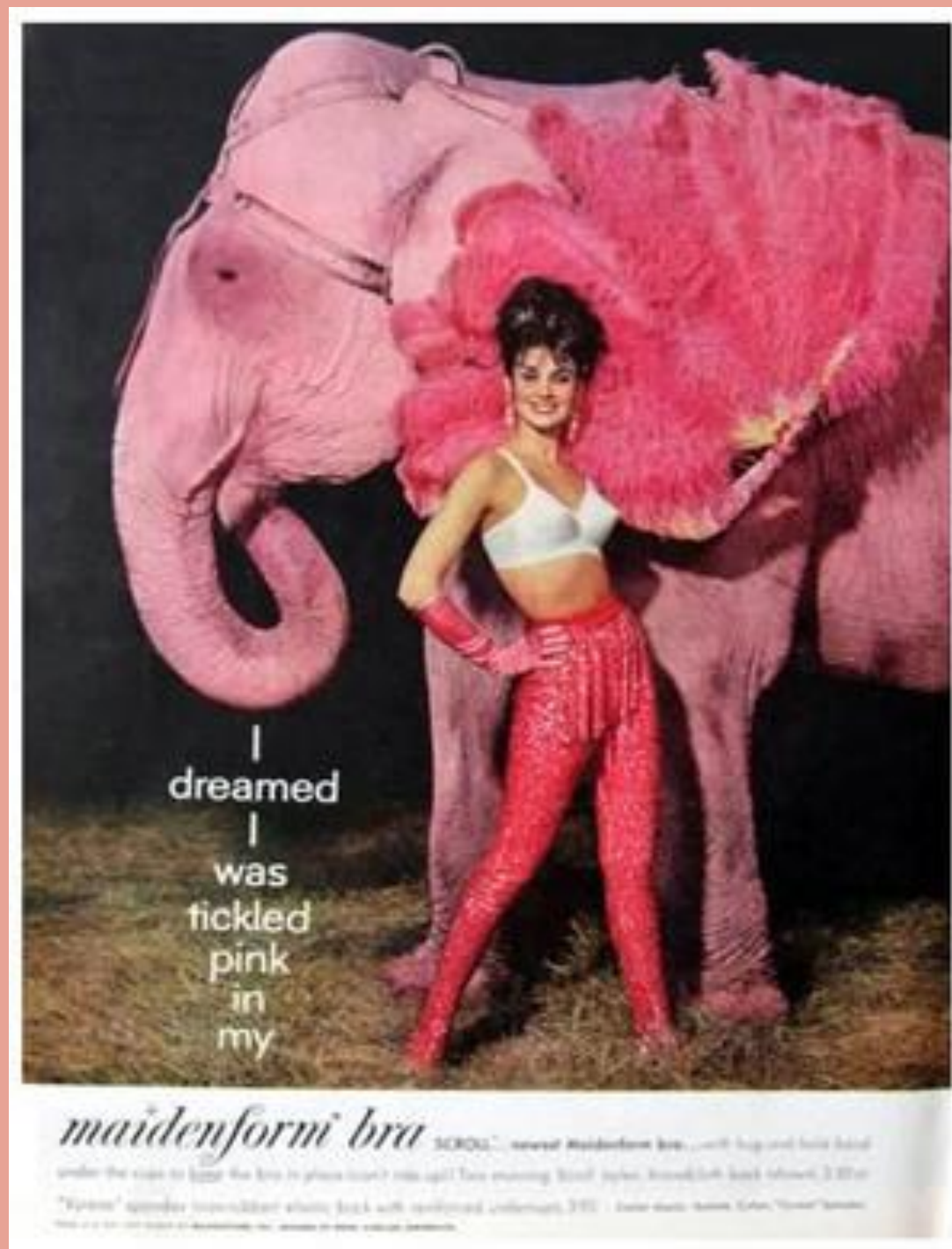


The Pink Elephant In The Room...

Side effects of
breast cancer
treatments.

Premature Menopause
Menstrual Dysfunction
Infertility
Sexual Dysfunction
Body Image



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FACOG
Certified Menopause Practitioner
NAMS
NASPAG
Young Survival Coalition

My stats!

12/2001

Stage 2 A

Invasive Lobular and Ductal

ER/PR+

Her2-

Bilateral Mastectomy & Reconstruction

6 months of chemotherapy

Hormone therapy

BSO- 2007

Tamoxifen

Objectives

Body Image
Sexual Function & Intimacy
Premature & Surgical Menopause
Fertility & Birth Control
Stress & Hormones
Traditional & alternative approaches to treatment
Issues unique to Hereditary Breast Cancer
Review SERMS and Gyn effects
Long Term Survivorship Health

WELLNESS IS...

***“ A state of complete physical,
mental and social well being, and
not merely the absence of
disease or infirmity.”***

World Health Organization

Younger Women

- * 1 in 14 women with breast cancer is under the age of 40 at diagnosis. 1 in 8 will be under the age of 45
- * Breast cancer accounts for 26% of cancers in females 15-39 years of age and 39% of cancers in 35-39 year olds
- * Younger women are underrepresented in research studies
- * No ideal breast cancer screening tool for women under 40

Younger Women..a different kind of breast cancer?

- * Younger women's breast cancer are generally more aggressive with lower survival rates, particularly in African-Americans and Latinas
- * Evidence shows that breast cancer before age 40 is biologically different from older women's cancer
- * Women under 25 at diagnosis may have a third biologically distinct cancer

Menstrual Dysfunction

Chemotherapy induced ovarian toxicity

Cyclophosphamide

May be less with the taxanes

Chemo induced amenorrhea 50-90%

Depends on age and regimen

If menses returns, normally in 1 year

Higher rate of premature ovarian failure & infertility

Lupron during treatment??

Premature Menopause

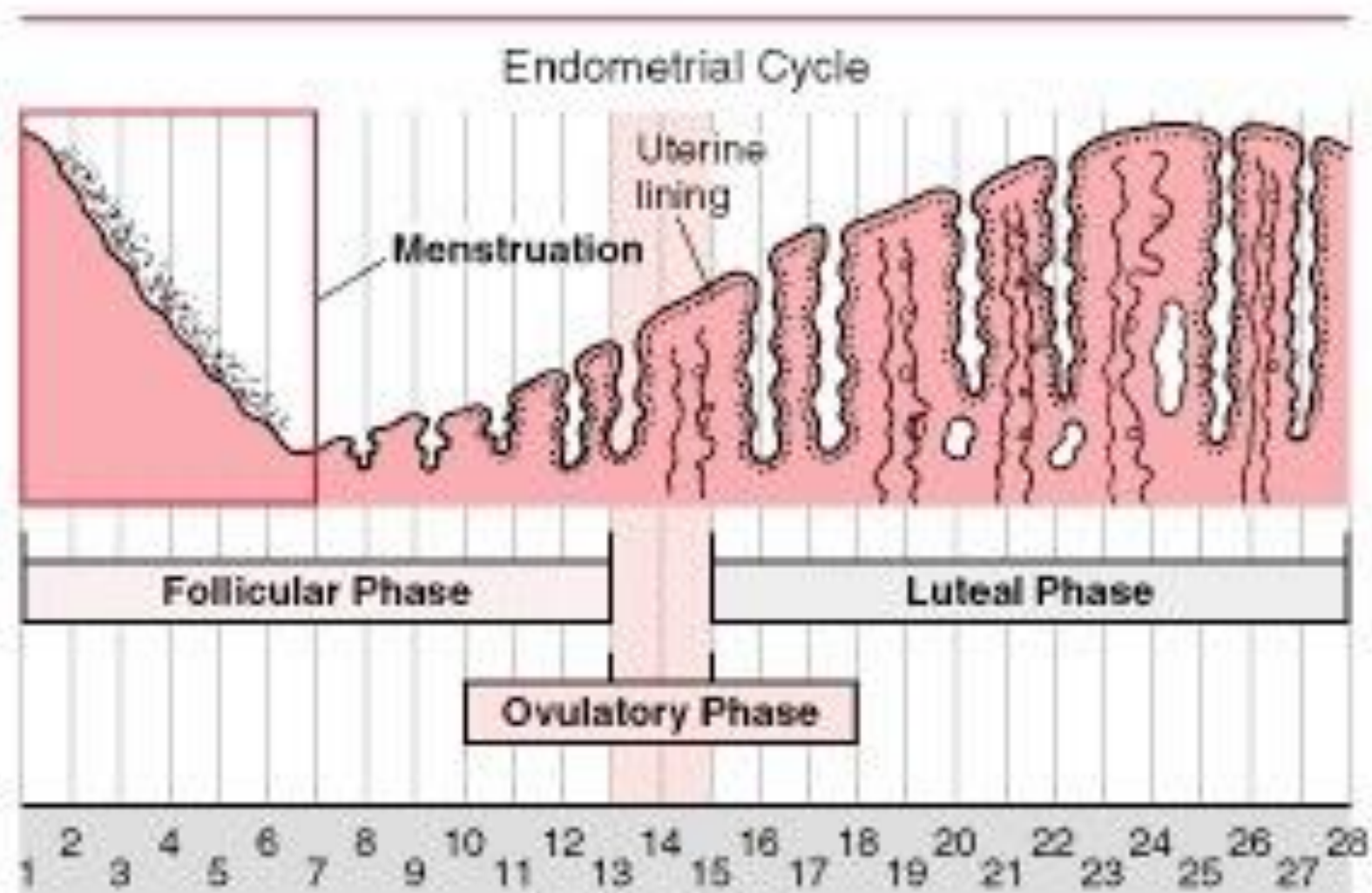
- * Natural Menopause-12 months with no menses
- * Average age 51, ranges from 45-55
- * 5% 40-45 and 5% after 55
- * Premature Menopause(Premature Ovarian Insufficiency)- before age 40
- * Induced Menopause- surgery, chemotherapy, radiation, or hormone therapy

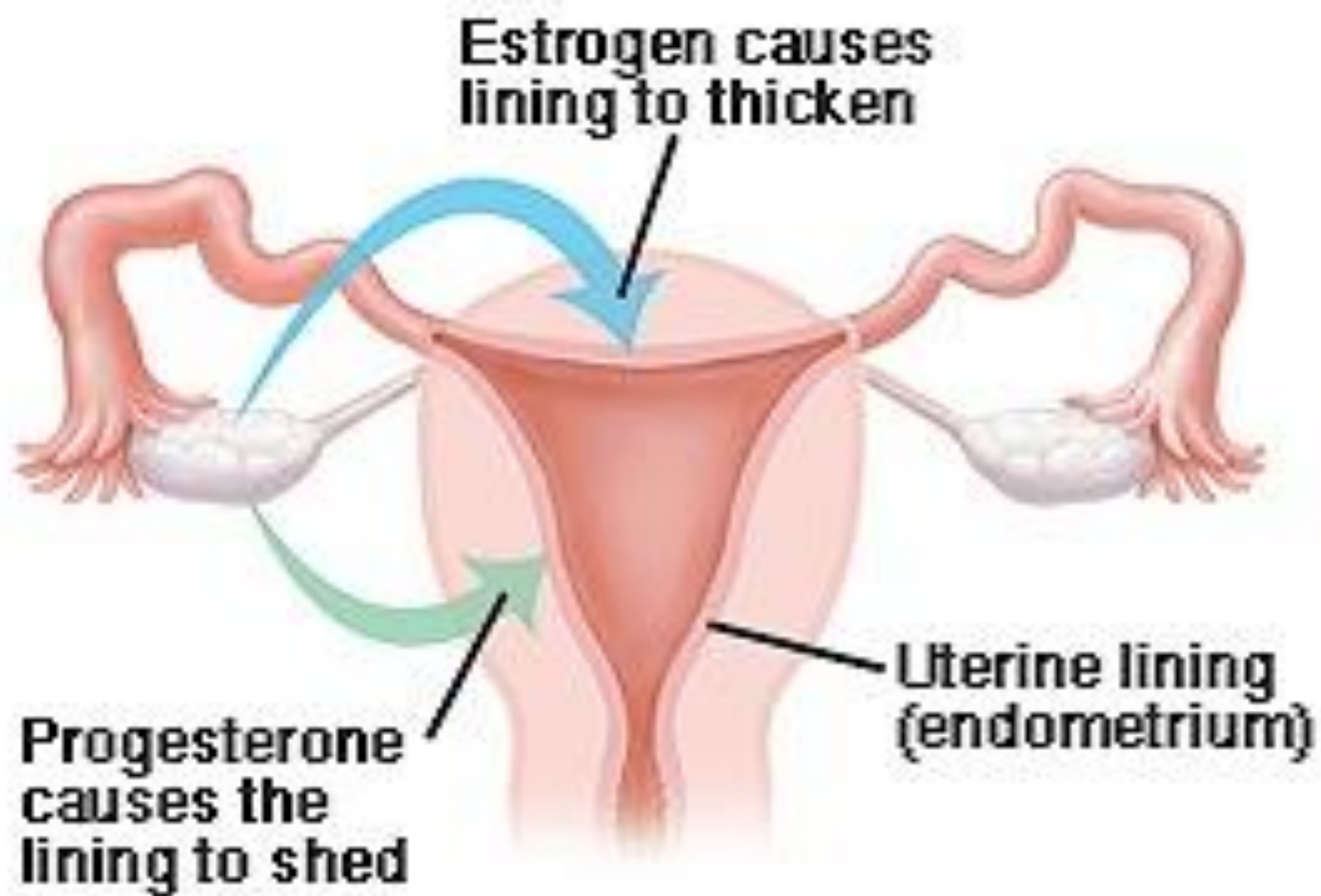
Surgical Menopause

- * BRCA carriers to reduce risk of ovarian cancer
- * Perhaps just removing tubes??
- * As a treatment to ER+ cancer

Peri-menopause

- * Transition period that usually lasts 5-10 years
- * Starts with changes in menstrual pattern
- * Variable hormone secretion
- * Inconsistent ovulation
- * Ends after a year of no menses
- * Symptoms vary greatly, hereditary & environmental factors





Irregular bleeding

thicker uterine lining
anovulation
increase in fibroids,
endometriosis

Perimenopause

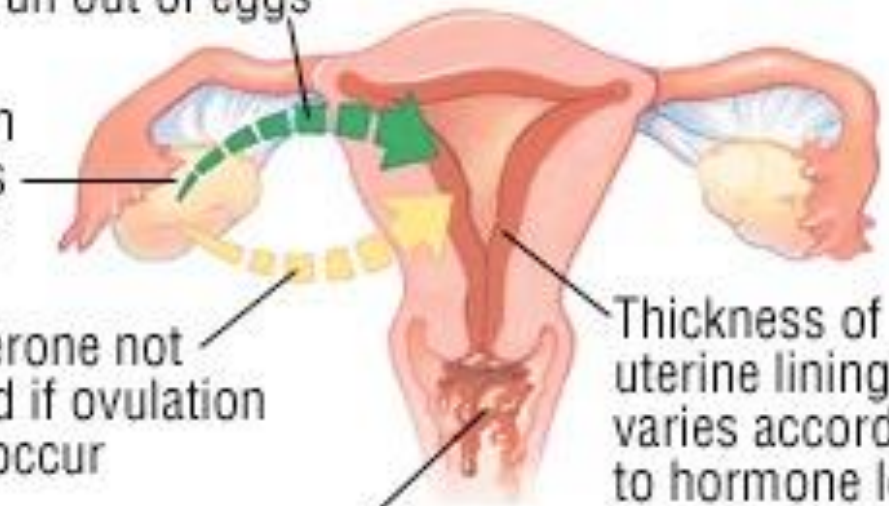
Estrogen decreases as ovaries run out of eggs

Ovulation becomes irregular

Progesterone not produced if ovulation doesn't occur

Periods become irregular

Thickness of uterine lining varies according to hormone level



Postmenopause

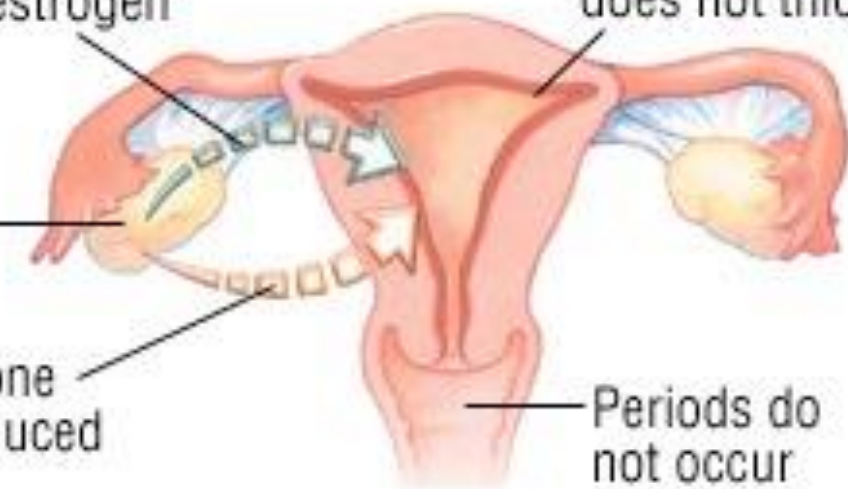
Very little estrogen released

Ovulation does not occur

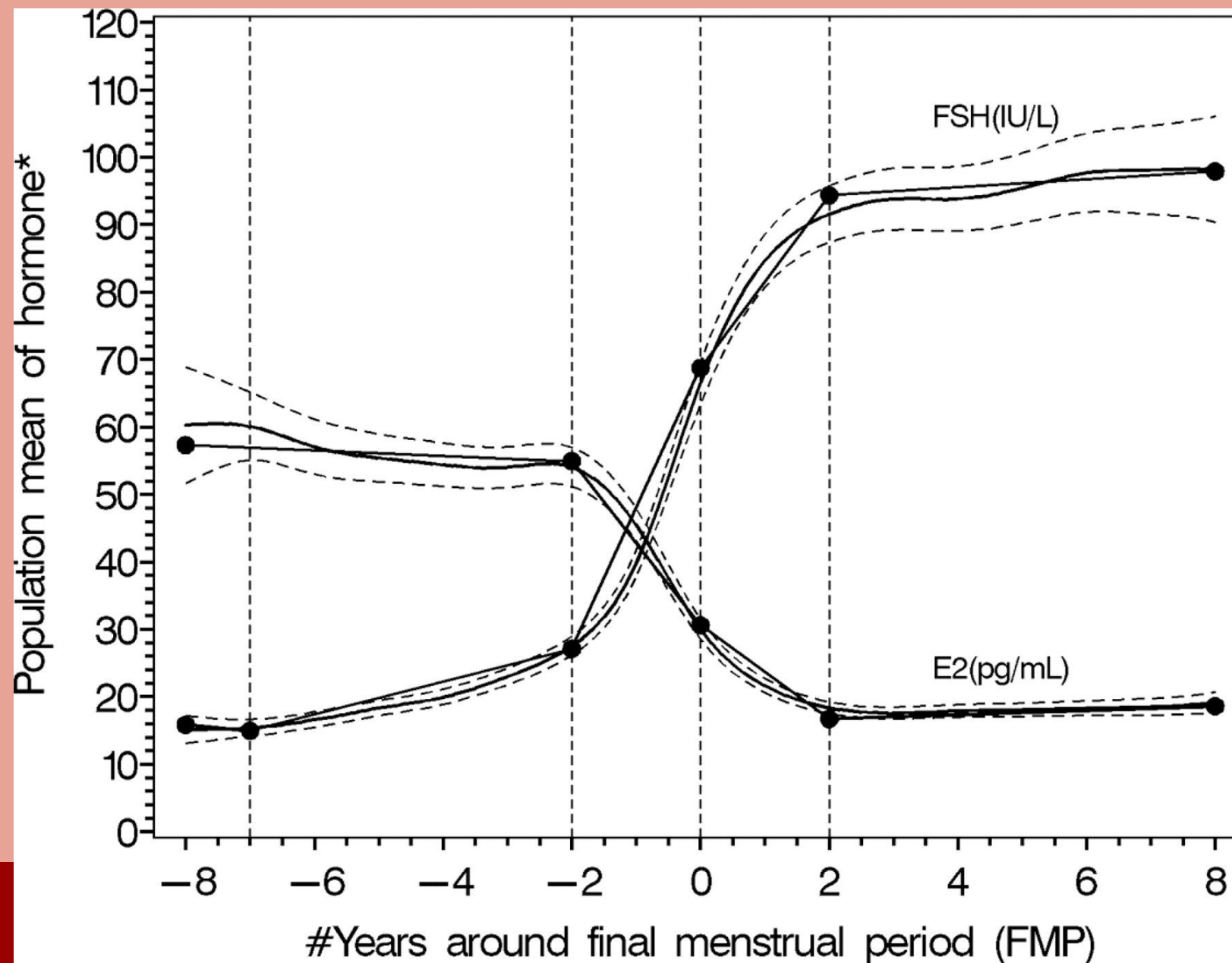
Progesterone is not produced

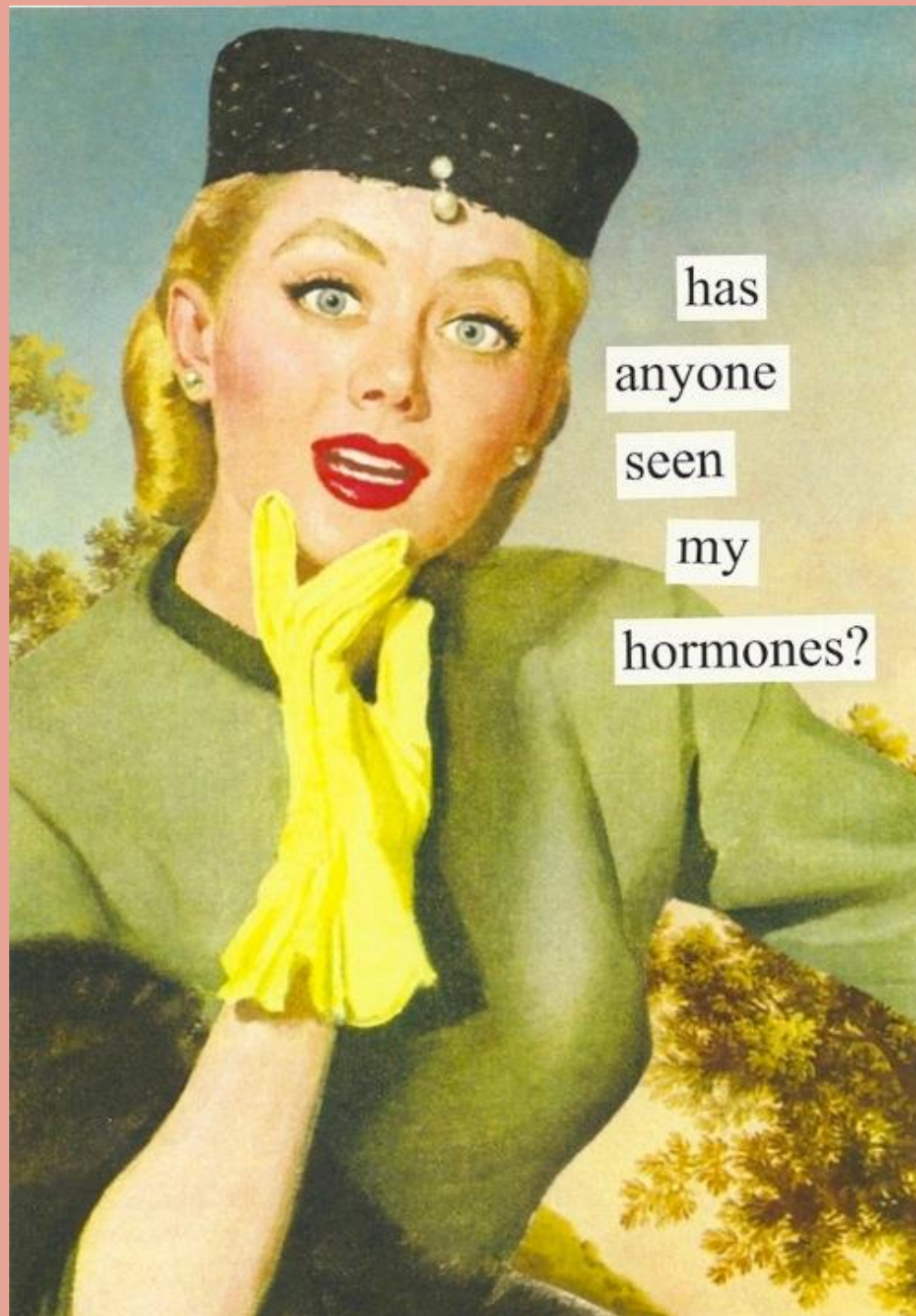
Uterine lining does not thicken

Periods do not occur

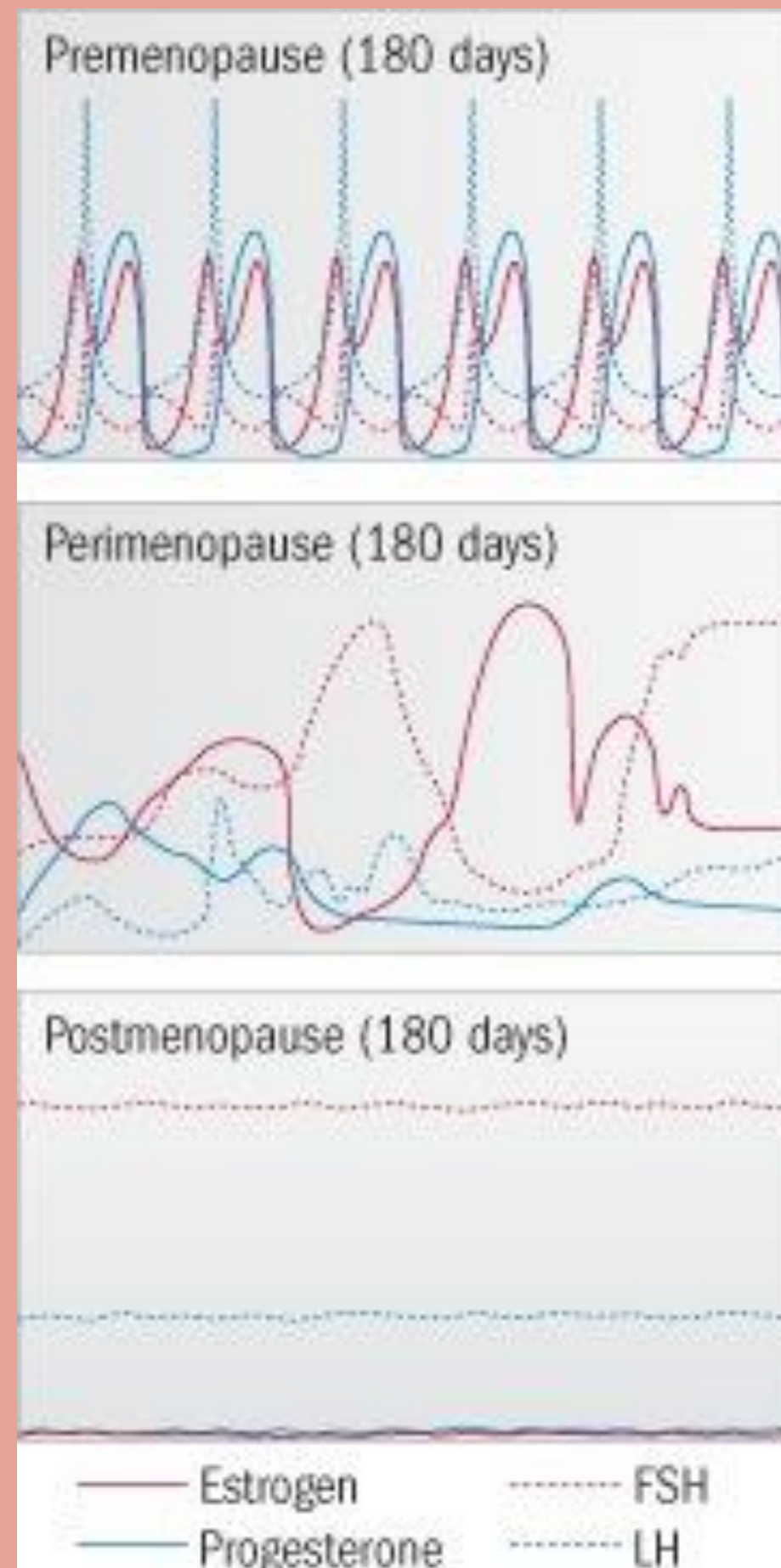


Changes in estradiol and FSH





has
anyone
seen
my
hormones?



Estrogen receptor activity

- * Two estrogen receptors (ERs): ER- α and ER- β
- * Both are present in the ovary and the central nervous system, bones, breast, and many other places
- * Estrogen has many complex beneficial and deleterious effects on the body.
- * Three different types of estrogen- estrone, estradiol, estriol

Menopause

- * Hot flashes
- * Night sweats
- * Insomnia
- * Vaginal dryness
- * Urinary symptoms
- * Vaginal infections

Other symptoms

- * Loss of sex drive
- * Decrease sexual response
- * Decrease sense of well being
- * Decrease energy
- * Thinning of hair
- * Change in body shape

Hot Flashes & Night Sweats

- * 30-50% experience it
- * 1-2 years
- * 10% persist
- * Cancer survivors- special challenge due to HRT concerns
- * Tamoxifen- 80% , 10-20% severe



Treating Hot Flashes

- * Avoid triggers- wine, hot beverages, spicy food
- * Dress in layers
- * Paced respirations
- * other medications- SSRI's, Neurontin, Clonidine, Effexor
- * SSRI's may LOWER Tamoxifen effect!
- * Brisdelle 7.5 mg first FDA approved non-hormonal treatment for hot flashes
- * Nutritional/Supplements- Dr. Tags Menopause Formula

Hot Flashes & Nutrition

- * Lower your chemical load, “clean diet”
- * Increase Fiber, vegetable based diet
- * Flax Seed - grind and sprinkle on oatmeal or yogurt, put in a smoothie 1-2 tbsp per day
- * Vitamin D- 2000 IU per day- get levels checked!
- * Cruciferous vegetables-broccoli, cabbage- Indol 3- Carbinol- metabolize hormones and heavy metals
- * Omega- 3
- * Lower red meat, dairy intake

Sleep Disturbances

Effects of Estrogen Decline on Sleep

- Slows the intake and secondary production of magnesium, which is a mineral that helps muscles relax.
- Causes hot flashes and night sweats that interrupt sleep cycle.
- Causes disturbed breathing during the night (aka sleep apnea).

Effects of Progesterone Decline on Sleep

- Progesterone has a sleep-inducing effect. When levels decline, the ability to fall asleep does as well.
- Results in mood swings, depressed mood and/or anxiety, which can indirectly affect sleep.

Sleep Disturbance

- * Causes- hot flashes, anxiety, change in circadian rhythm
- * Lack of sleep makes all other symptoms worse
- * 40% experience it
- * Sleep cycle changes with age
- * Mid-life stress, kids, job stress
- * Cancer stress
- * Medication side effects
- * **Perfect storm for insomnia!**

Effects of Sleep Deprivation

- * DON'T UNDERESTIMATE!
- * Cognitive ability, memory lapses
- * ADHD like symptoms
- * Aches, tremors
- * Risk of obesity
- * Heart disease
- * Impaired immune function

Treating Sleep Disturbance

- * Health Sleep Habits!
 - * No screen time/ TV - 1 hour before
 - * Bed is for sleeping and sex
 - * No caffeine after 2 pm
 - * Decrease alcohol
 - * Night time ritual- hot bath, meditation
- * MUST address chronic stress, underlying anxiety

Sleep Disturbance- Treatment

- * Vitamin B6 50-100 mg /day helps mood
- * Magnesium citrate 200-600mg/day for mood
- * Valerian Root 250-400 mg a day for at least 1-2 weeks
- * Melatonin
- * Sleepy time herbal tea-valerian root, chamomile
- * Dr. Tags Menopause formula
- * Mindful Meditation- Calm.com app
- * Oral Micronized Progesterone at bedtime
- * Occasional Benedryl, other Rx meds

Sexual Dysfunction

- * Vaginal Dryness
- * Decreased Desire & Decrease Sexual response
- * Painful intercourse
- * Body image after reconstructive surgery
- * Loss of sensation in breasts
- * Chemo side effects
- * Anxiety & Fear
- * New Relationships

Vaginal Dryness

- * Vaginal Estrogen- cream, tablet or ring form
- * E-string- lowest dosing, 10 microgram tablet
- * Safe, low dose, acts locally without much systemic absorption
- * Hyaluronic Acid Vaginal Cream- no hormones
- * Coconut Oil
- * Lubricants- paraben, oil free
- * Osphena- NOT approved for breast cancer patients

Treating Sexual Dysfunction

- * Speak up and be proactive
- * Involve your partner
- * Evaluate your relationship
- * Review your medications- SSRI's
- * Many options for treatment
- * Women's Health Physical Therapist- Pelvic Floor dysfunction, Pelvic Pain

Low Sexual Desire

- * Zestra
- * Female Sexuality Cream- from compounding pharmacy
- * Oxytocin- the love drug
- * Sexual Dysfunction Specialists

Birth Control

Paragard

Mirena?

Essure

Vasectomy

Tubal ligation



BRCA Carriers and HRT

✳️ OCP's- decrease
ovarian cancer risk by
60% after 3-6 years of
use

✳️ No evidence for
increase risk of breast
cancer in carriers



Tamoxifen

- *Tamoxifen- small increase risk of uterine cancer (2 per 1000)
- *Risk almost exclusive for menopausal patients
- *heavier bleeding
- *ovarian cysts and fibroid growth(even after menopause
- *US and biopsy if any abnormal bleeding, NOT routinely
- *Have gyn exam and pap before starting

Tamoxifen & Cardiovascular Health

- * 2-3 fold higher risk of thrombi-embolic event
- * Increase risk if you have Factor V Leydin deficiency
- * Consider Baby aspirin

Tamoxifen

- * 80% of patients experience hot flashes
- * 30% severe
- * Worse for pre-menopausal women
- * Vaginal discharge or dryness
- * Mood swings
- * Hot Flashes causing insomnia
- * Avoid Paroxetine and Fluoxetine

Aromatase Inhibitors

- *inhibits conversion of sex steroids to estrogen
- *lowers total estrogen level
- *Only for menopausal patients
- *Vaginal dryness (worse then tamoxifen)
- *Decreased bone density
- *Joint pains
- *Heart disease- due to very low estrogen levels and bad effect on lipids
- *BUT- no increase in thrombosis, vaginal bleeding or uterine cancer

Menstrual Dysfunction

During & After Treatment

- * Must be evaluated, especially if on Tamoxifen
- * Lysteda , Ibuprofen
- * Mirena IUD- may increase recurrence risk
- * Remove Paraguard
- * Cycle with Progesterone
- * Endometrial Ablation
- * Surgery

Fertility & Pregnancy

Pregnancy itself does not increase recurrence or affect prognosis

“Healthy Mother” effect?

Hormones of pregnancy may stimulate pre-existing micro metastases

Ovarian suppression during treatment?

Cryopreservation of eggs or embryos pre-treatment

Fertility

- * Embryo Cryopreservation and IVF
- * Concerns with hormonal stimulation when egg harvesting
- * Tamoxifen with FSH or AI for ovarian stimulation
- * Ovarian tissue cryopreservation
- * Donor embryos & eggs
- * Surrogacy
- * Adoption

Fertility Resources

Fertile Hope

Young Survival Coalition

Reproductive Endocrinologist consult prior to
treatment

Bone Health

Most rapid bone loss in premenopausal women undergoing ovarian suppression and taking AI's

Evaluate other risks- age, FH, low BMI, smokers

Baseline Bone Density & Vitamin D level

Bisphosphonate therapy may have anti-tumor activity

Hormone Regulation

- * Excess Body Fat
- * Excessive Stress
- * Impaired bowel function
- * Impaired immune function
- * Food Supply- pesticides, phyto-estrogens
- * Environmental estrogens- xenoestrogens

Xeno- Estrogens

- * Pesticides/Herbicides
- * PCBs- fat soluble- accumulates in beef, cheese, pork, fish and eggs
- * Phalates- plastics, in drinkingwater, rivers, etc.
- * BPA-leaches into foods- plastics, all canned food
- * Parabens- cosmetics, shampoos- found in breast cancer tumors- Can't swallow- dont put on skin!!

What about soy?

- * Soy is phyto-estrogen
- * Weaker than estradiol
- * Regulates estrogen activity by blocking activity of estrogen at the tissue level
- * Increase SHBG
- * Does NOT adversely affect uterus or breast tissue
- * Can help hot flashes- up to 20 grams per day
- * Avoid supplements, get from high quality food

Omega -3

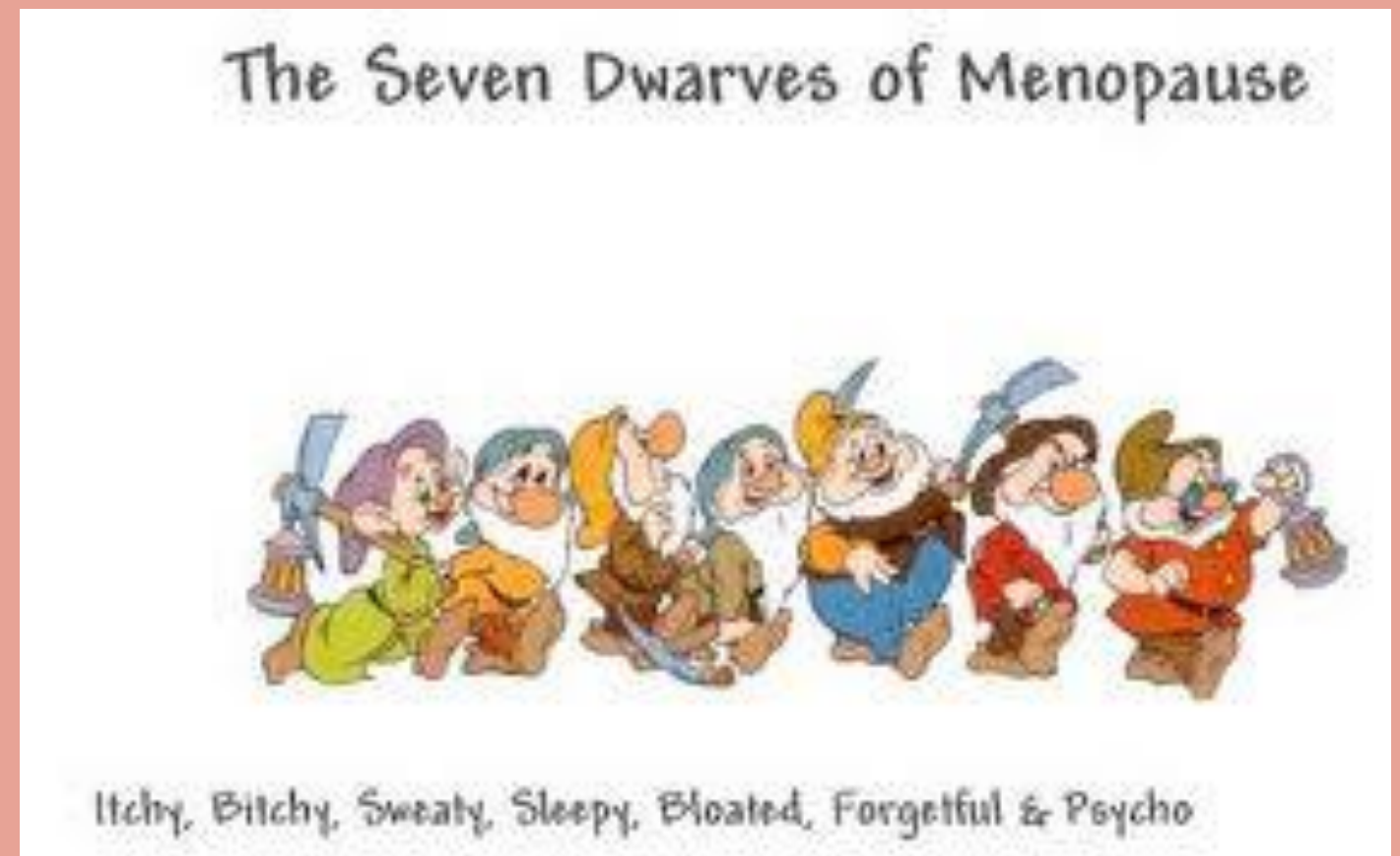
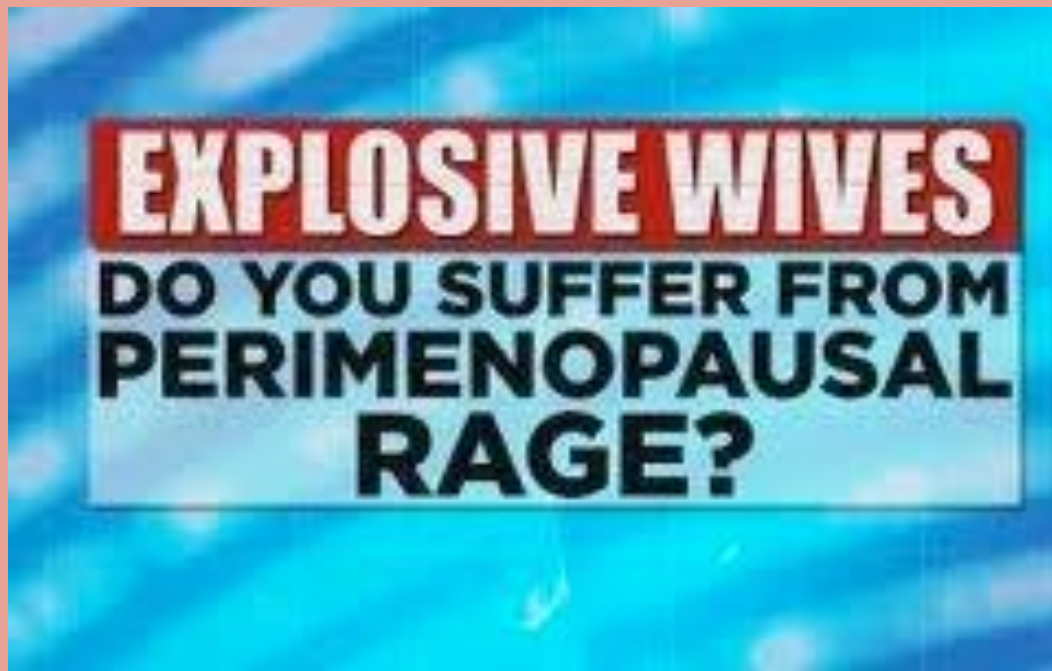
- * 1-2 gram a day
- * Decreases inflammation, helps cell repair, brain function
- * Capsules- Nordic Naturals
- * Salmon, Cod, Flounder, Sole, Haddock , Halibut
- * NOT FARMED FISH!
- * Flax seed

www.EWG.org

- * Dirty Dozen- Celery, Peaches, Strawberries, Apples, Blueberries
- * Clean 15- Onions, Avocados, Sweet Corn, Pineapple, Mangos
- * Skin Deep App
- * Sunscreen Guide

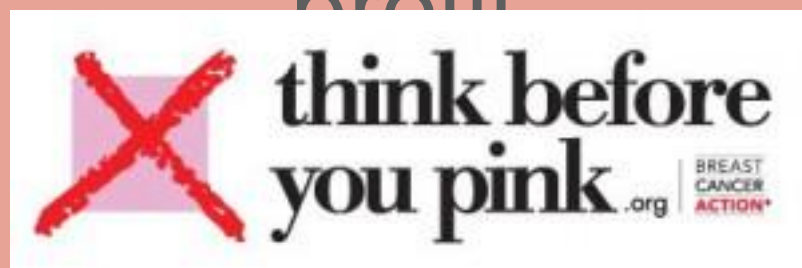


Media/ Cultural images and ideas- beware!



The “Pinking” Effect and Survivors

- * You a survivor!
- * Early Stage- you’re fine!
- * Taboo of Metastatic Disease
- * Commercialization & profit



The Stress- Hormone Connection “Wired & Tired”

Wired & Tired

Symptoms of High Cortisol Levels	Symptoms of Adrenal fatigue (Low Cortisol Levels)
<ul style="list-style-type: none">• Wired or fatigued• High blood pressure• Hyperglycemia• Worsening memory and concentration• Difficulty sleeping (insomnia)• Decreased sex drive• Erectile dysfunction• Weight gain and obesity• Weakened immune response	<ul style="list-style-type: none">• Fatigue• Worsening memory and concentration• Difficulty sleeping (insomnia)• Sugar and salt cravings• Decreased sex drive• Depressed mood• Weight gain• Bone and muscle loss• Anxiety• Irritability

Wired & Tired?

Effects of high cortisol

- * Increased food cravings and appetite
- * Increased body fat and central obesity
- * Increase blood sugar, diabetes risk
- * Increase BP, Heart disease
- * Decrease muscle mass and bone density
- * Decreased libido
- * Increase in PMS
- * Changes in menstrual cycle
- * Increase in menopause symptoms

Chronic Stress & Adrenal Glands

- * Chronically high cortisol
- * Adrenal “fatigue”, low DHEA, low testosterone, low progesterone
- * Increase in estrogen
- * Decrease in immune system function

Stress & menopause

- * Self Care
- * Meno-"pause"
- * Exercise at least 20 minutes a day 5 times a week
- * Food as Medicine- you are what you eat
- * Adrenal support- nutrition, fiber, supplements
- * Address sleep issues, hot flashes, etc.
- * Mindful Meditation, Yoga- calm.com

Preventative Care & Wellness

- * Bone density evaluation
- * Nutrition Consult
- * Exercise program
- * Heart health
- * Review complete family history yearly
- * Consider genetic testing
- * Colon cancer screening
- * TSH, Vitamin D, CRP, Lipid Panel

Resources

www.menopause.org

www.drmenn.com

www.youngsurvival.org

www.centerforfemalesexuality.com

www.fertilehope.com

www.drtags.com

Widsom of Menopause

Apps- Mypause, Calm.com, Pink Pad

Empower yourself
Don't settle
Symptom Diary
Individualized treatment
Holistic approach
Lifestyle & Nutrition first

Talking with your doctor

Know your medical & family history

Bring a symptom tracker

Keep a health notebook

Prioritize your concerns

Ask for follow up

Know when to seek other help

Dedicated to

Nicole Lemieux Knight
and the
Young Survival Coalition

