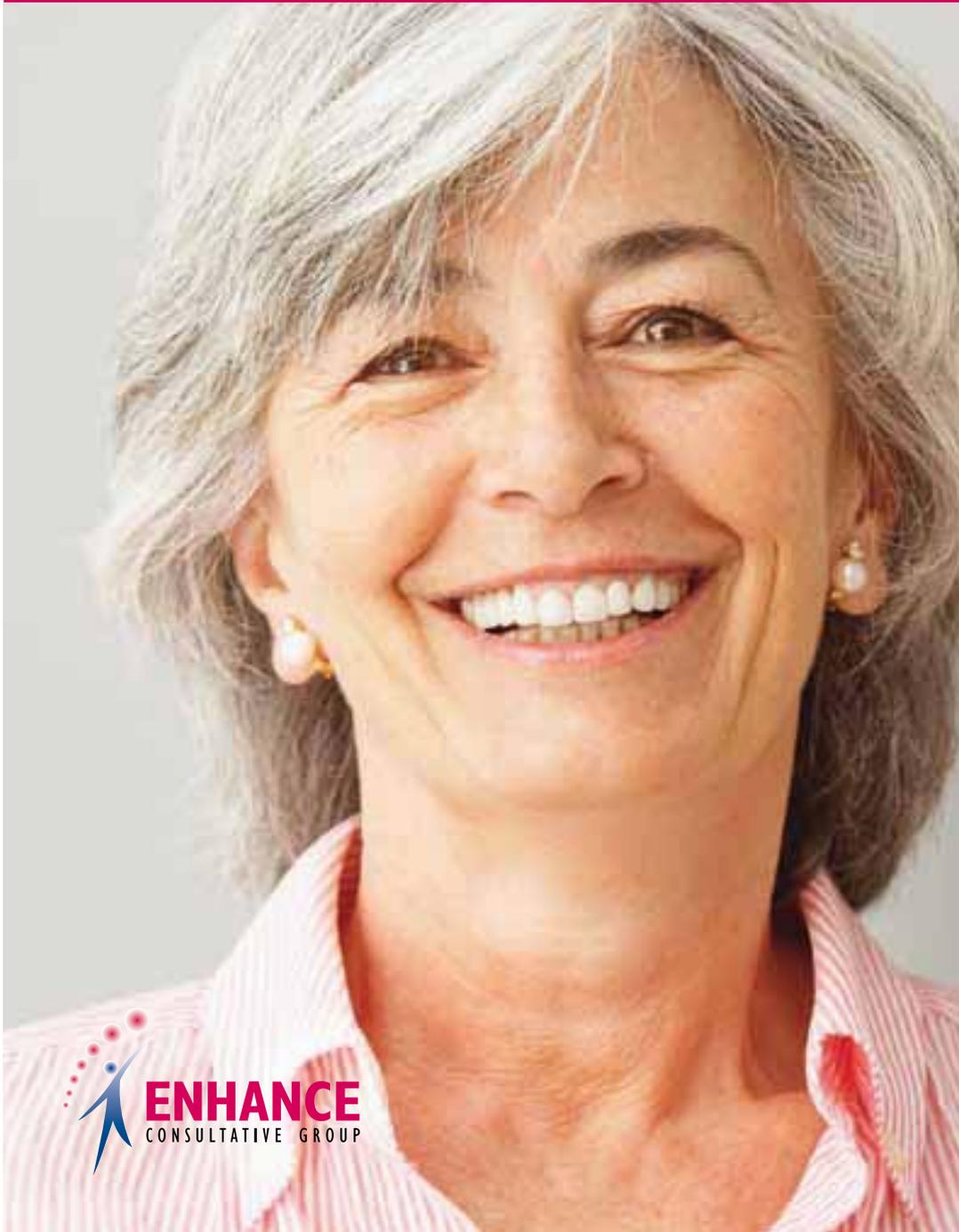


Understanding menopause

Advice for women who are receiving
hormonal therapy for breast cancer



This advice is for women who are receiving hormonal therapy, such as tamoxifen or an aromatase inhibitor, for hormone receptor-positive breast cancer.

It is particularly relevant for those whose menopause status is not yet completely determined, and for women who are premenopausal where induction of menopause may be a useful additional hormonal breast cancer treatment.



Introduction

This leaflet provides you with important information on:

- What menopause is, and its importance during your treatment
- What symptoms to monitor
- What symptoms must be reported to your breast cancer specialist
- Why these symptoms are important
- What 'Menopause Surveillance' is

It is important to be aware that some symptoms may require treatment changes or additional testing.



Hormones and breast cancer

- The hormone oestrogen can help some kinds of breast cancer to grow; these kinds of breast cancers are known as 'hormone receptor-positive'.
- Hormonal therapies such as tamoxifen or aromatase inhibitors (anastrozole – Arimidex[®], letrozole – Femara[®] or exemestane – Aromasin[®]) are usually prescribed for these kinds of breast cancer. They work by reducing the amount of oestrogen in the body (aromatase inhibitors) or by interfering with some of its actions (e.g. tamoxifen), which can help to control the cancer and reduce the chance of it returning.
- Tamoxifen can be used in women both before and after the menopause, however, the aromatase inhibitors are only effective for women after menopause (postmenopausal).
- An additional treatment suitable for some women whose ovaries continue to function (i.e. who are 'premenopausal') is to induce an artificial menopause that completely shuts down ovarian function. This results in very low (postmenopausal) oestrogen levels.

Understanding your menopausal status is very important in determining the appropriate hormonal treatment for your breast cancer.

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- Oestrogen is a female hormone that has important actions throughout a woman's body. Therefore it is possible that you may experience some changes or symptoms during the time you receive these hormonal treatments.
 - The most common effects are 'menopausal symptoms' such as hot flushes, which may be improved by various therapies. An ENHANCE information leaflet is available to help you manage hot flushes, and your doctor or nurse will be able to provide you with advice on managing other troublesome symptoms.
 - Understanding whether you are pre- or postmenopausal (your '**menopausal status**') is very important in determining the appropriate hormonal treatment for your breast cancer (see overleaf).
 - It is important to know that your hormone levels will give an indication of your menopausal status. However, hormone levels can fluctuate and it may be necessary to check them regularly. This is '**menopausal surveillance**'.



What is menopause?

- Menopause is usually defined as the time when your periods (menstruation) permanently stop. The term **postmenopausal** describes the time after having not had any periods at all for 12 consecutive months.
- Natural menopause occurs between the ages of 45 and 55 years for most women.
- It is usual for the timing of your periods to become irregular some months to a few years before stopping altogether. This is often called the **perimenopause**.
- The menopause happens when the ovaries stop releasing eggs (ovulation), and the hormone oestrogen is no longer produced in the ovaries. Small amounts of oestrogen are, however, still produced elsewhere in your body.
- If you have had a hysterectomy, it can be difficult to tell whether you have reached the menopause. Ovaries are generally not removed during a hysterectomy unless they are abnormal, so your ovaries may still be releasing eggs and producing oestrogen, even though you do not menstruate.



Menopause and breast cancer

- If you have been treated for breast cancer, a lack of periods does not necessarily mean you are postmenopausal. Some therapies (both chemotherapy and tamoxifen) used to treat breast cancer can cause menstruation to stop.
- Chemotherapy drugs can cause temporary or permanent loss of periods. This means that chemotherapy may result in an early menopause, although this may be only temporary. Ovarian function can return, sometimes more than a year later.
- If you are aged over 40 years, you are more likely to experience menopause after receiving chemotherapy. However, not all women in the 40–55 year age group undergo menopause.
- In those women who do become postmenopausal after chemotherapy, it is difficult to know whether this is permanent. You and your doctor may need to monitor your menopausal status regularly.
- Tamoxifen can influence the regularity of your periods, or stop them altogether; however, it does not cause menopause, nor affect the function of the ovaries. These effects are usually reversed when the tamoxifen is stopped.
- Aromatase inhibitors, on the other hand, may in some cases cause menstruation to return after a period of absence. However, they do not cause periods to stop.

Doctors can use
blood tests to
help determine
menopausal status.

Why is menopausal status important?

It is important for two reasons:

- 1. To guide your breast cancer therapy**
 - Is an aromatase inhibitor appropriate for you?
 - Is induction of an artificial menopause appropriate for you?
- 2. To guide advice on contraception**
 - Your age is also important here.



How menopausal status is determined

- ▶ **More than 12 months without your period** is an indicator of postmenopausal status, provided you are not taking tamoxifen. However, caution must be exercised if this was caused by chemotherapy.
- ▶ **Blood tests** to measure the amount of certain hormones (oestrogen and follicle-stimulating hormone, FSH) in your body may help determine whether you have undergone menopause.
- ▶ **Sequential blood tests:** it may be useful to check hormonal levels by having blood tests every month or two for some time. This provides a more accurate picture, as hormone levels fluctuate from day to day and month to month.



‘Menopause Surveillance’

This is the process of monitoring your ovarian function over time. Your doctor will determine with you whether this is necessary. It is done by:

- Monitoring your symptoms (e.g. symptom diary)
- Reporting changes in symptoms (see below)
- Regular blood tests for hormone levels



Advice

Breast cancer treatment advice

- ▶ Aromatase inhibitors are only effective in women after menopause.
- ▶ Doctors may advise inducing menopause, to stop your ovaries functioning, as part of your breast cancer therapy. This would not be necessary if you are already postmenopausal. Menopause can be induced either by surgical removal of the ovaries (oophorectomy) which can often be done by keyhole surgery (laparoscopy), or with the use of monthly injections.

Contraceptive advice

- ▶ If appropriate, you should continue to use contraception until your doctor advises you that it is no longer necessary. Hormonal contraceptives ('the pill') are not appropriate in women with breast cancer, as these preparations contain hormones that may interfere with your treatment.



What should I do?

- Ask your doctor if you are not sure about your menopausal status.
- Start keeping a diary. This is particularly helpful if you have had chemotherapy and periods have been irregular and then stopped and started. Note any vaginal bleeding and the severity of hot flushes, and any other menopausal symptoms.
- If you have had a hysterectomy and are not sure whether your ovaries were removed, try to obtain your records including pathology reports.



What your doctor will do

- Often there may be a period of uncertainty about your menopausal status, and you may need serial blood tests and also the test of time to determine the situation.
- Your doctor may regard it as safer to treat you with tamoxifen rather than an aromatase inhibitor if the situation is unclear.
- Your doctor may suggest treatment with an aromatase inhibitor, but in conjunction with regular blood tests for hormone levels. You will be asked to report changes in your menopause symptoms (see overleaf).
- It is important for you and your doctor to make clear plans as to whether this 'menopause surveillance' is required for you or not.
- Your doctor may also discuss the role of a clinical trial as the basis of your hormone treatment.
- Your doctor may suggest the use of an ovarian suppression (blocking) treatment or removal of the ovaries.



What should I report to my doctor?

If you are aged between 40 and 55 years and your periods have stopped AND you and your doctor have established the need for 'menopause surveillance', you should report the following symptoms to your oncologist.

- Vaginal bleeding, as this may be an indication of a period and the return of menstrual cycles and ovarian function. Other causes of vaginal bleeding also need to be considered and may need investigation (please see the separate ENHANCE information leaflet on monitoring vaginal bleeding).
- A noticeable decrease in the number of hot flushes, as this may indicate return of ovarian function.
- A noticeable change in other symptoms that may indicate a return of ovarian function e.g. improved sleep, energy levels or mood; decreased vaginal dryness, skin dryness, and any other symptoms you have noted as part of your menopause.

Other publications from the ENHANCE Consultative Group include:

- Managing hot flushes
- Managing joint symptoms
- The importance of staying on treatment
- Sexual wellbeing
- Managing vaginal bleeding



The Enhance Consultative Group

The ENHANCE (ENdocrine Health and Adjuvant Management of Breast CaNCER) Consultative Group is a collaboration of 19 doctors with an interest in the management of breast cancer. The Group involves specialists from around Australia and includes breast surgeons, medical oncologists, endocrinologists and gynaecologists. Recommendations for patients generated by the Group are reviewed by a national breast cancer advocacy group prior to circulation.

Hormonal therapy has proven extremely effective in the management of breast cancer in patients who have what is termed 'hormone receptor-positive disease'. Such therapy, however, can be associated with unwanted menopausal symptoms. The aim of the Group is to provide practical advice on how to best manage these side effects and to help improve the quality of life of people taking this type of medication.



The ENHANCE Consultative Group is an educational initiative supported by AstraZeneca.

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