

MHT(Menopause hormone therapy) for the Cancer survivors

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Globally, 9 million women suffer from cancer each year. Cancer treatment is improving so more women are experiencing treatment related premature ovarian insufficiency (POI)/early menopause & climacteric symptoms. Symptoms of sexual dysfunction, hot flushes, sleeplessness, vaginal dryness, dyspareunia, musculoskeletal pain and severe mood swings diminishes the quality of life of women. Moreover POI increases the risk of osteoporosis, cardiovascular disease, and cognitive impairment.

Along with the life style modification, MHT became an important therapy that ameliorates vasomotor symptoms, [vaginal](#) dryness, and dyspareunia. It lowers the incidence of fractures, colorectal cancer and increases the longevity of lives. So symptomatic women need MHT. There are different types of MHT with different types of doses, routes and combinations. Decision making regarding the use of MHT for the treatment of intractable menopausal symptoms in a cancer survivor can be complex, and includes assessment of its impact on disease-free or overall survival

In case of ET, the risk of breast cancer reduced after using it for 7.2 years and significantly reduced after 13.2 years of follow-up observation. WHI study revealed slight increased risk of breast cancer by estrogen (1'15) & more by progesterone(1'19).

But in modern era, there is an opportunity to molecularly risk stratify the women of genomically low-risk disease and new safer MHT agents, provoke the thought of MHT for breast cancer survivors.

To prevent Endometrial carcinoma, women with intact uterus, must take estrogen along with progestogen. Microionized progesterone and dydrogesterone have reasonably safety profile for the breast cancer than the other progestogens. Squamous cell cervical carcinoma is not hormone-dependent, therefore patients may take MHT. Cervical adenocarcinoma is likely estrogen-dependent, thus only progesterone need be used. Some reports showed prolong estrogen therapy increases the risk of epithelial ovarian cancer, but the absolute risk is very less (0.7 cases per 1,000 people for 5 years). So ovarian cancer survivors may use MHT except those with low-grade serous [ovarian cancer](#).

MHT can be used in colorectal, hematologic cancer, melanoma, most cervical, vulvar and vaginal cancer.

Cancer recurrence is not elevated by use of vaginal estrogen. Nevertheless, before starting MHT, an in-depth counselling of risks/ benefits is important along with oncologist's involvement is mandatory to get the desired result .

REFERENCES

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