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Use of hormonal medication in patients with an elevated breast cancer risk

HRT

Personal history of breast cancer

- Systemic HRT – contraindicated with an aromatase inhibitor, effect with tamoxifen less clear but advise against
- Avoid progestogens
- Trial of a different form of AI / tamoxifen may alleviate some symptoms
- St John's wort, soy and red clover may interact with tamoxifen and should not be used concurrently
- Advise against Mirena coil

Vasomotor symptoms

- Use lifestyle and non-hormonal alternatives first-line
- Clonidine, pregabalin and gabapentin may be used
- Women on tamoxifen should not use SSRIs or SNRIs (particularly fluoxetine and paroxetine)
- SSRIs and SNRIs can be used in women on aromatase inhibitors and in women with ER negative cancers.

Vulvo-vaginal symptoms

- First line use vaginal moisturisers and lubricants (e.g. KY jelly, replens, astroglide)
- Women with ER negative cancers can use low-dose topical oestrogens e.g Gynest 0.01% cream and are very unlikely to be at increased breast cancer risk (Oxford)
- Women with ER positive cancers on Tamoxifen can use low-dose topical oestrogens e.g. Gynest 0.01% cream and are very unlikely to be at increased breast cancer risk (Oxford)
- Women with ER positive cancers on aromatase inhibitors should use non-hormonal lubricants and consider, if marked problems due to vaginal symptoms, sparing use of low-dose topical oestrogens e.g. Gynest 0.01% cream with an associated theoretical increase in breast cancer (recurrence) risk (Oxford) The BMS advice against using topical oestrogens in women taking aromatase inhibitors.

Women with a moderate to high risk family history of breast cancer

- Use lifestyle and non-hormonal alternatives first-line
- Second line = systemic HRT for as short a duration and as low a dose as possible. Oestrogen-only HRT preparations are preferable
- BRCA1/2 after RRSO – offer HRT until the age of 50 (combined if uterus present, oestrogen only if not)
- Consider systemic HRT for women with an early menopause, stopping at the age of 50

Women with biopsy proven high risk lesions (e.g. LCIS)

- Use lifestyle and non-hormonal alternatives first-line
- No further guidance available but advise treat as personal history of cancer.

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Hormonal contraceptives

Women with a personal history of breast cancer

- Avoid the oral contraceptive pill (risk of recurrence increased)
- Mirena coil – could consider in ER negative women, avoid in ER positive

Women with a moderate to high risk family history of breast cancer

- <35 years can use the oral contraceptive pill
- >35 years avoid OCP (risk of cancer increased)
- If contemplating OCP use, (cancer.org)
    - Use a low-dose oestrogen OCP – risk of breast cancer appears not to be increased
    - Avoid ethynodiol diacetate (risk increased)
    - Avoid triphasic OCPs with an average dose of 0.75 mg of norethindrone (risk increased)

Women with biopsy proven high risk lesions (e.g. LCIS)

- No guidance available – advise avoid OCP

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