Gynäkologische Probleme bei Mammakarzinompatientinnen
Screened data bases:

- **Pubmed** 2009 –2017
- **ASCO** 2009 - 2017
- **Cochrane** 2009 - 2017
- **Medline** 2009 - 2017

Screened: Metaanalyses/ Systematic reviews / RCT / Cohort studies
Endocrine responsive disease

Endocrine non-responsive disease

Endocrine responsive disease: combined treatment TAM plus low-dose-HT


Tibolone


Topical Vaginal Application


Weitere Methoden zur Erleichterung postmenopausaler Symptome nach Mamma-Ca I

Medikamentöse Ansätze:

<table>
<thead>
<tr>
<th>Oxford LoE</th>
<th>GR</th>
<th>AGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>A</td>
<td>+</td>
</tr>
<tr>
<td>1b</td>
<td>A</td>
<td>+/-</td>
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<tr>
<td>1b</td>
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<td>1b</td>
<td>A</td>
<td>+/-</td>
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<tr>
<td>1b</td>
<td>A</td>
<td>-</td>
</tr>
<tr>
<td>2b</td>
<td>C</td>
<td>+</td>
</tr>
</tbody>
</table>


**SSRI**


**Venlafaxine**


**Desvenlafaxine**


**Paroxetine**


**Fluoxetine**

1. Loprinzi CL, Sloan J, Stearns V et al.: Newer antidepressants and gabapentin for

Citalopram

Gabapentin

Pregabalin

Clonidin

(D) MPA (depo-) (Medroxyprogesterone acetate)

Vitamine E


Melatonin

CAM*-Therapie
Postmenopausale Symptome II
* Complementary and Alternative Medicine

Bei laufender onkologischer Standardtherapie:

CAVE: Medikamenten-Interaktionen!

1. Soja – Isoflavonoide
   - Hitzewallungen
   - Schlafstörungen
   - topische vaginale Applikation
   - Rotklee – Isoflavonoide
     - Hitzewallungen und Schlafstörungen
       (Aktivierung von MaCa-Zellen insbes. bei hormon-rezeptorpositiver Erkrankung nicht ausgeschlossen)
     - Leinsamen (40 g/d) (bei HR+ ≤ 10g/d (1Essl.))
       (mög. Reduktion des Rezidivrisikos, keine Reduktion v. Hitzewallungen)
     - Traubensilberkerze gegen Hitzewallungen
     - Traubensilberkerze und Johanniskraut als fixe Kombi
     - Johanniskraut-Produkte
       (cave: pharmakokinetische Interferenz mit endokriner Therapie,
       Zytostatika und Tyrosinkinase-Inhibitoren)
     - Ginseng Wurzel (Panax ginseng or P. quinquefolius)
     - Bromelain + Papain + Selen + Lektin (AI-induzierte Gelenkbeschwerden)

Oxford

LoE GR AGO
1b B -
1b B +/-
1b B +/-
1b B -
1b B +/-
1b B +/-
1b B +/-
1b B -
3b B +


Soy- derived isoflavonoids

Red clover-derived isoflavonoids


Flaxseed


Black cohosh (Cimicifuga racemosa) nor St John’s Wort nor Ginseng root


Sodium selenite, proteolytic plant enzymes (bromelaine and papain), and Lens culinaris lectin

Physical exercise


Mind Body Medicine


3. Cramer H: Characteristics of randomized controlled trials of yoga: a bibliometric


Cognitive behavioral therapy


Acupuncture


5. Hershman DL, Unger JM, Greenlee H et al.: Randomized blinded sham- and waitlist-controlled trial of acupuncture for joint symptoms related to aromatase inhibitors in women with early stage breast cancer (S1200). San Antonio Breast
Cancer Conference 2017; Abstract GS4-04.
**Ovarian function protection**


Pregnancy rates


Fertility preservation counselling


Fertility preservation with assisted reproduction therapy


Ovarieller Funktionserhalt – Synopse der randomisierten Studien

<table>
<thead>
<tr>
<th>ZERO</th>
<th>PROMISE</th>
<th>Munster et al. - US</th>
<th>POEMS</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient number</td>
<td>60 (60 HR.)</td>
<td>281 (50 HR.)</td>
<td>49 (13 HR.) of 124</td>
<td>218 (218 HR.)</td>
</tr>
<tr>
<td>Age median</td>
<td>38 years</td>
<td>39 years</td>
<td>39 years</td>
<td>Premenop. &lt; 50 years</td>
</tr>
<tr>
<td>Treatment</td>
<td>goserelin</td>
<td>triptorelin</td>
<td>triptorelin</td>
<td>goserelin</td>
</tr>
<tr>
<td>Start of treatment</td>
<td>&gt;2 weeks prior to cht</td>
<td>&gt;1 week prior to cht</td>
<td>&gt;1 week prior to cht</td>
<td>&gt;1 week prior to cht</td>
</tr>
<tr>
<td>Primary Endpoint</td>
<td>menstruation at month 6 after chemotherapy</td>
<td>rate of early menopause at month 12 after cht</td>
<td>menstruation rate within 2 years after cht</td>
<td>Ovarian failure at 2 yrs after cht</td>
</tr>
<tr>
<td>Primary objective</td>
<td>to detect 30% absolute increase of menstruation rate</td>
<td>to detect at least 20% absolute reduction in early menopause</td>
<td>to detect 20% difference in amenorrhea rate – from 10% to 30%</td>
<td>To detect 20%-25% absolute reduction in early menopause</td>
</tr>
<tr>
<td>Multivar. analysis</td>
<td>age as only independent predictive factor</td>
<td>treatment as only independent predictive factor</td>
<td>n.d.</td>
<td>Treatment as only independent predictive factor</td>
</tr>
<tr>
<td>Resumption of menses at month 12</td>
<td>83% with LHRH vs. 80% w/o</td>
<td>93% with LHRH vs. 74% w/o</td>
<td>74% with LHRH vs. 68% w/o</td>
<td>78% with LHRH vs. 75% w/o; at 2 years; 2% with LHRH vs. 8%</td>
</tr>
<tr>
<td>Median time to restoration of menses (months)</td>
<td>6.1 w/o; p=0.30</td>
<td>not reached with LHRH vs. 6.7 w/o; p=0.07</td>
<td>5.8 with LHRH vs. 5.0 w/o; p=0.58</td>
<td>n.d.</td>
</tr>
<tr>
<td>Cyclophosph. dose</td>
<td>4600 vs. 4730mg</td>
<td>4080 vs. 4008 mg</td>
<td>n.r.</td>
<td>n.a.</td>
</tr>
</tbody>
</table>


Abschätzung der ovariellen Reserve

Tests recommended to assess ovarian reserved (according to ACOG Committee Opinion No. 618: Ovarian Reserve Testing. Obstetrics & Gynecology 2015;125: 268-273)

<table>
<thead>
<tr>
<th>Test</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSH (follicle stimulating hormone) plus estradiol</td>
<td>▪ Serum level on cycle day 2–3&lt;br▪ Variation between cycles possible&lt;br▪ High FSH value is associated with poor response to ovarian stimulation</td>
</tr>
<tr>
<td>Anti Müllerian Hormone (AMH)</td>
<td>▪ No specific timing for the test&lt;br▪ Stable value within and between menstrual cycles&lt;br▪ Low AMH value is associated with poor response to ovarian stimulation</td>
</tr>
<tr>
<td>Antral follicle count (AFC)</td>
<td>▪ Number of visible follicles (2–10 mm) during transvaginal ultrasound&lt;br▪ Performed on cycle days 2–5&lt;br▪ Number of antral follicles correlates with ovarian response to stimulation</td>
</tr>
</tbody>
</table>

All the tests do not predict failure to conceive, but they allow to counsel that the window of opportunity to conceive may be shorter than anticipated.


Emergency Contraception - Options after Diagnosis of Breast Cancer

Vaginal dryness


Laser therapy

2. Gambacciani M, Levancini M. Vaginal erbium laser as second-generation

Tests zur sexuellen Gesundheit

- Sexual Complaints Screener (SCS) for women*
  German Translation

Screening-Check-Fragebogen: Sexuelle Gesundheit
1. Sind Sie zufrieden mit Ihrem Sexualleben? Ja, nein, wenn nein
2. Seit wann/wie lange sind Sie mit Ihrem Sexualleben unzufrieden?
3. Ihr Problem im Sexualleben ist:
   1. Kein Interesse bzw. keine Lust
   2. Reduzierte Empfindlichkeit/Sensibilität im Genitalbereich
   3. Trockenheit der Scheide
   4. Problem, den Orgasmus zu erreichen
   5. Schmerzen beim Geschlechtsverkehr
   6. Andere
4. Welche Probleme stören Sie am meisten? 1, 2, 3, 4, 5, 6.
5. Wollen Sie über diese Probleme mit Ihrem Arzt/Ihre Ärztin reden?
