

**Contact:**

The North American Menopause Society  
Eileen Petridis  
Phone: (216) 696-0229  
epetridis@fallscommunications.com

**New Guidelines to Help Clinicians Manage GSM in Women With Breast Cancer**

*NAMS and ISSWSH release consensus recommendations to provide clinicians with an approach to managing GSM in women with or at high risk for breast cancer*

CLEVELAND, Ohio (May 17, 2018)—Although the genitourinary syndrome of menopause (GSM) is more prevalent in survivors of breast cancer than in other menopausal women, it is commonly undiagnosed and untreated. This led The North American Menopause Society (NAMS) and The International Society for the Study of Women’s Sexual Health (ISSWSH) to form a multidisciplinary Consensus Panel to develop recommendations for clinicians to manage GSM in women with or at high risk for breast cancer. The recommendations are published online in NAMS’ official journal, *Menopause*.

For survivors of breast cancer, not only is GSM more prevalent, but these women may experience its symptoms earlier because of cancer treatments. With the lack of data regarding the safety of vaginal hormone treatments and other alternatives for women with or at high risk for breast cancer, many have avoided using hormone treatments, and clinicians have often been reluctant to prescribe them. Left untreated, GSM can potentially adversely affect quality of life and partner relationships because of ongoing symptoms, including vulvovaginal dryness, burning, or irritation; painful intercourse; and recurrent urinary tract infections. It is estimated that more than 2 million survivors of breast cancer in the United States are affected by GSM, with most receiving no treatment.

The Consensus Panel of 16 experts created the consensus recommendations after a comprehensive, evidence-based review of existing literature. In addition, the Consensus Panel agreed that decision making regarding the type of treatment for GSM should be individualized and include balancing the risk of cancer recurrence with the severity of symptoms and effect on quality of life. The recommendations offer clinicians caring for this population of women some guidance regarding therapeutic decision making in the absence of clinical trial data.

“We want clinicians caring for this at-risk population to be armed with as much information as possible so that they can provide the best course of treatment for their patients,” says Dr. JoAnn Pinkerton, executive director of NAMS. “Until additional studies are undertaken in this area, we are hopeful these consensus recommendations will provide added confidence for clinicians to move forward with treatment options that will provide relief to women from GSM symptoms.”

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Founded in 1989, The North American Menopause Society (NAMS) is North America’s leading nonprofit organization dedicated to promoting the health and quality of life of all women during midlife and beyond through an understanding of menopause and healthy aging. Its multidisciplinary membership of 2,000 leaders in the field—including clinical and basic science experts from medicine, nursing, sociology, psychology, nutrition, anthropology, epidemiology, pharmacy, and education—makes NAMS uniquely qualified to serve as the definitive resource for

health professionals and the public for accurate, unbiased information about menopause and healthy aging. To learn more about NAMS, visit [www.menopause.org](http://www.menopause.org).