

BREAST CANCER SURVIVORS & VAGINAL HORMONES



*A Summary of Key Studies and Professional
Society Consensus Statements*

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Recent Clinical Studies and Reviews

Vaginal Estrogen Use in Breast Cancer Survivors: Systematic Review and Meta-Analysis of Recurrence and Mortality Risks (2024)
[DOI link](#)

Vaginal Estrogen Therapy Use and Survival in Females With Breast Cancer (JAMA Oncology, 2024)
[Read article](#)

Estrogen Therapy After Breast Cancer Diagnosis and Breast Cancer Mortality Risk (2023)
[Read full text \(PMC\)](#).

Safety of Vaginal Estrogen Therapy for GSM in Women With a History of Breast Cancer (Obstetrics & Gynecology, 2023)
[Abstract link](#)

Genitourinary Syndrome of Menopause (GSM): Recommendations from the Fifth International Consultation on Sexual Medicine (ICSM 2024)
[PubMed link](#)

Review of Systemic Estradiol Levels in Women Using Vaginal Estrogen (Santen et al., 2020)
[Read full text \(PMC\)](#).

Safety of Vaginal Estrogens: Systematic Review (Crandall et al., Menopause 2020)
[PubMed link](#)

Management of GSM in Women With or at High Risk for Breast Cancer (Faubion et al., Menopause 2018)
[PubMed link](#)

Women's Health Initiative (WHI) Observational Study (Crandall et al., Menopause 2018)
[PubMed link](#)

Local Estrogen Therapy and Breast Cancer Recurrence Risk (Le Ray et al., Breast Cancer Research & Treatment 2012)
[PubMed link](#)

Major Society Position Statements

American Urological Association (AUA) 2025 GSM Guidelines
[Guideline link](#)

The Menopause Society (TMS) 2022 Hormone Therapy Position Statement
[Full PDF](#)

ACOG Clinical Consensus: Treatment of Urogenital Symptoms in Individuals with a History of Estrogen-Dependent Breast Cancer (2021)
[ACOG clinical consensus link](#)

TMS 2020 Genitourinary Syndrome of Menopause Position Statement
[Full PDF](#)

TMS Practice Pearl – “Genitourinary Syndrome of Menopause: The Unmet Need” (Kellogg Spadt & Larkin, 2020)
[Read here](#)

NAMS Practice Pearl – “Restoring Vaginal Function in Postmenopausal Women with GSM” (2017)
[Read here](#)

Studies Specific to Aromatase Inhibitor (AI) Users

Safety of Local Hormonal Treatment for VVA in ER+ Women on AI Therapy: Meta-analysis (2019)
[Abstract link](#)

Managing GSM in Breast Cancer Survivors Receiving Endocrine Therapy (Sussman et al., J Oncol Pract 2019)
[Full text PDF](#)

Vaginal Testosterone Cream vs. Estradiol Vaginal Ring for Vaginal Dryness or Decreased Libido in Women on AIs (JAMA Oncology, 2016)
[Read article](#)

Systemic or Vaginal Hormone Therapy After Early Breast Cancer: Danish Observational Cohort Study (Cold et al., JNCI 2022)
[PubMed link](#)

Response to the Danish Study (Pederson et al., 2023)
[Read response \(PMC\)](#)

Vaginal Hormones & Aromatase Inhibitors

What Happened

A 2022 Danish study suggested that women using **vaginal estrogen while taking aromatase inhibitors (AIs)** might have a higher risk of breast cancer coming back.

This caused a lot of worry, but experts later reviewed the research and found it was **not reliable** for women being treated today.

The study was based on older treatments, missing information, and higher-dose vaginal estrogen products that are no longer used.

What Experts Recommend

Experts from **The Menopause Society** say this study should **not** be used to deny vaginal estrogen to women who need it for dryness, pain, or urinary symptoms.

Modern **low-dose vaginal estrogen** (tablets, rings, or creams) has **very little estrogen absorption** and is considered safe for breast cancer survivors.

Treatment should always be **individualized**, and decided together with your oncologist or menopause specialist to balance safety and quality of life.

LOW DOSE FDA approved vaginal hormones for treating and preventing GSM :

Vaginal estradiol cream 0.01% (Estrace, generic estradiol) 0.5 gram - 1 gram 2-3 times a week

Tip: You can ditch the applicator if you find it messy and apply the dose with your finger by inserting up inside the vagina, making sure to apply to the anterior wall of the vagina and you can use a small amount on the vulva as well.

Vaginal estradiol tablet (Yuvaferm, Vagifem) 10 mcg twice a week

Vaginal estradiol gel insert (Imvexxy) 4 mcg or 10 mcg twice a week

Vaginal estradiol ring (Estring) 7.5 mcg, place in vagina and changed every 90 days

Vaginal DHEA (Intrarosa) 6.5 mg vaginal insert nightly (many women find relief with 3 times a week use)

Symptoms	0	1	2	3	Comments
Irritation, burning, or itching of the vulva or vagina					
Vulval skin tearing with contact, wiping or with sexual activity					
Labial and clitoral shrinking/atrophy					
Bleeding or spotting after sex					
Symptoms have caused decreased arousal, orgasm, desire					
Painful or uncomfortable with gyn exam / speculum exam					
Repeated UTIs					
Urinary urgency and frequency					
Bladder symptoms, feeling of not being able to empty the bladder fully leaking					

GSM and Breast Cancer Tips

- **Bring your symptom tracker.** Document your symptoms and how they affect your daily life, sexual health, relationship, urinary health, and emotional well-being. Having this record helps your clinician understand the real impact of GSM on your health and quality of life.
- **Message ahead if it helps you feel more comfortable.** You can send a secure portal message before your visit to share that your genitourinary symptoms are significantly affecting you. This sets the tone for a focused, supportive discussion.
- **State clearly that you'd like to discuss treatment options.** Let your doctor know in advance that you'd like to talk about getting a prescription for low-dose vaginal estrogen or DHEA to manage GSM.
- **Don't wait for a referral.** If your clinician seems hesitant or wants to refer you elsewhere, you can ask for a three-month prescription to start treatment while waiting for another provider to assume ongoing management.
- **Bring supportive evidence.** If your doctor expresses uncertainty about the safety of vaginal hormones after breast cancer, share the summary list of studies and guidelines included in this packet. These highlight that modern low-dose vaginal hormones are considered safe for breast cancer survivors when prescribed appropriately.
- **Emphasize your goals.** Let your care team know you want to stay on your cancer treatments and want to protect your long term health, but you also need help managing the side effects that are affecting your ability to thrive. Remind them it is more than vaginal dryness.

Understanding the difference between lubricants, moisturizers, and vaginal hormones

Genitourinary Syndrome of Menopause (GSM) happens when estrogen levels drop—after menopause, chemotherapy, or certain breast cancer treatments. The vaginal and vulvar tissues become thinner, drier, and more fragile. This can cause burning, irritation, pain with intimacy, and urinary symptoms such as urgency, leakage, or recurrent infections. Women are often recommended a lubricant or a moisturizer and it is important to understand the difference between the two. When used along with vaginal hormones, they are a “trifecta” that can optimize GSM. You do not need to “fail” moisturizer and lube prior to starting vaginal hormones.

Vaginal Health & Comfort Guide

Type	What It Does	How to Use	Notes / Tips
Lubricants	Temporarily reduces friction during sex or intimate touching.	Use right before intimacy or anytime for comfort.	• Does not fix atrophy, dryness or urinary issues. • Water-based: easy to clean, may dry fast. • Silicone-based: long-lasting, preferred in very atrophic tissue • Oil-based: soothing, may not last as long.
Vaginal Moisturizers	Keep tissue soft, hydrated - like lotion for skin.	Apply at least 3 times a week , even if not sexually active.	• Help maintain moisture & healthy pH. • Does not fix atrophy, or urinary issues. • Consistent use keeps tissue healthier.
Vaginal Hormones (Estrogen or DHEA)	Repair and rebuild vaginal & urinary tissue for long-term relief. Prevents UTIs. Treats underlying cause of GSM.	Use regularly as prescribed (cream, tablet, insert, or ring).	• Restore natural moisture & function. • Minimal absorption —safe for breast cancer survivors. • Results in a few weeks; continue for best effect. • Can start early, even during cancer treatment.

Recommendations:



Moisturizers

- Via Vaginal Moisturizer – [Solv Wellness](#)
- Revaree – [Bonafide](#)
- V Magic – [Medicine Mama's Apothecary](#)

Lubricants

- Uberlube (Silicone based) – [uberlube.com](#)
- Coconu (Water-Based) – [coconu.com](#)



Need help finding a clinician?

Don't know where to begin? Here's a list to help you get started right away!

- ☐ We can help at Alloy: <https://tr.ee/5TTuhb9up>
Alloy has vaginal estrogen cream and other options and support. Use code **DRMENN25**
- ☐ **ISSWSH Directory**
<https://app.v1.statusplus.net/membership/provider/index?society=isswsh>
- ☐ **TMS Directory**
<https://portal.menopause.org/NAMS/NAMS/Directory/Menopause-Practitioner.aspx>

Need more insight and support?

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