



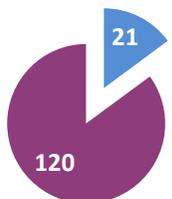
# Is it me or is it hot in here? Hot Flashes: an unmet need NRCI Breast CSG Working Party on Symptom Management (Vasomotor)

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## Introduction

Hot Flashes (vasomotor symptoms) are a serious problem. They impact significantly on daily life and sleep quality, affecting employment, relationships and quality of life. The only effective treatment for hot flashes is oestrogen which is contraindicated in the 75% of breast cancer patients who's cancer is oestrogen driven. There are an estimated 550,000 people living in the UK today who have been diagnosed with breast cancer and up to 70% women experience disabling hot flashes after treatment for breast cancer. That's a lot of hot flashes. These can continue for years after treatment and probably contribute to the 50% of patients who have stopping taking their life-saving anti-oestrogen drugs before 5 years.



■ All Hot flush studies, UK, USA & Europe since 2006  
■ Current Active Trials in Breast CSG portfolio

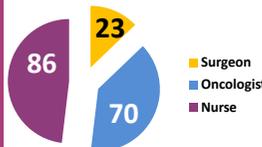
## Background

Patient advocate members of the National Cancer Research Institute UK Breast Clinical Studies Group and UK Breast Intergroup identified that there is very little research into the management of symptoms after breast cancer treatment and that this constituted a lack in the current portfolio. On the initiative of the patient advocate members of the NCRl Breast Clinical Studies Group, a Working Group on Symptom Management has been established. The group agreed to work on the management of hot flashes in the first instance, due to its prevalence, distressing nature and intractability. Members of the group all have a particular interest in the management of hot flashes and include patient advocates, clinical and academic partners, representing oncology, psychology, gynaecology, complementary therapies and the voluntary sector.

## What is Current Clinical Practice?

The first task of the Working Group was to gauge current clinical practice for hot flashes in cancer. A short questionnaire was developed and circulated in May 2013 to the UK Breast Intergroup mailing list (ca. 800 breast cancer health professionals) including nurses, oncologists and surgeons. Respondents were asked to report which medical and complementary therapies they were prescribing or recommending. A similar questionnaire has been circulated to patients through Breast Cancer Care. Over 500 responses were received in the first 48 hours.

## What discipline do you represent?



## Respondents to Questionnaire

There were 185 responses: 73% women and 27% men. 12% were surgeons, 39% were oncologists and 49% were nurses. Overall, 97% had direct clinical contact with patients. Most (94%) respondents agreed or strongly agreed that the management of hot flashes is an unmet need. **Nurses rated more people having severe hot flush problems that affected living and sleeping compared with oncologists and surgeons (p=0.0003)**

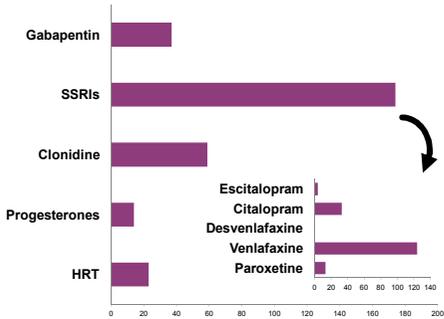


*Every morning my bed is soaked: I have had a hot flush every 45 minutes for the last eight years. It is difficult to convey to anyone who has never had a hot flush how awful they are; exhausting, embarrassing, agitating. I am fatigued, unable to work, sleep is only possible with medication.*

## Inadequate Treatments with Serious Side Effects

A small number of respondents prescribed hormone replacement therapy (6.7%) or progesterone (4.7%) (eg megestrol acetate 20 or 40mg or norethisterone 5 or 10mg). Non-hormonal treatments were more likely to be offered, particularly selective serotonin (and norepinephrine) reuptake inhibitors (58%), such as venlafaxine and citalopram. Gabapentin (11%) and clonidine (19%) were also used. The selective serotonin reuptake inhibitors seem to be the most effective non-hormonal medication in reducing the intensity of hot flashes and help women to cope. However, they can have significant side-effects, including sexual dysfunction including anorgasmia, in a group of women many of whom are already having significant sexual problems due to the anti-oestrogen drugs.

### If you treat hot flashes medically what do you use?



Oncologists and surgeons were more likely to recommend drug treatment than nurses (p<0.001)

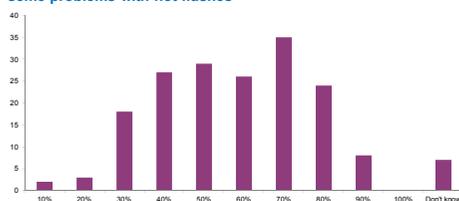
Reference: Morgan A, Fenlon DR: Is it me or is it hot in here? A plea for more research into hot flashes. Clin Oncol. 2013 Nov;25(11):681-3.



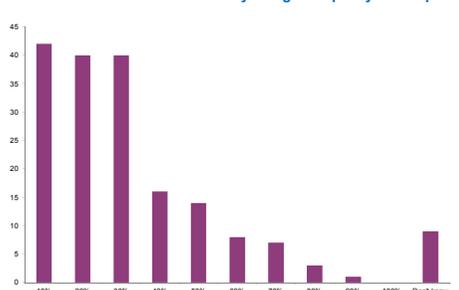
## Estimates of Severity of Hot Flashes

Compared with oncologists and surgeon, nurses rated more patients having severe hot flush problems that affected living and sleeping (p=0.0003)

### Roughly what percentage of your breast cancer patients have some problems with hot flushes



### Roughly what percentage of your breast cancer patients have severe hot flushes that affect daily living and quality of sleep

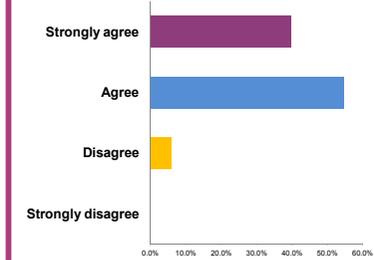


## Acupuncture, Cognitive Behavioural Therapy and Relaxation: Popular and Effective

70% of responders recommended patients to psychosocial services, relaxation and exercise classes and 49% to acupuncture treatments, where there is more evidence of effectiveness, but there was considerable variation in the availability of these services. Only 16% of patients were often or frequently referred to a menopause clinic. In particular, nurses treating women with breast cancer reported their frustration in having so little to offer people many of whom are in extreme distress.

*Umm, when they were at their worst I would be yeah pretty much dripping in, in err, various places umm err from really from the nose downwards; the lips; the neck; umm chest and back; crooks of my arms. And I could, you know, often if I was sitting down I would get up and my trousers would be really wet and it would go right down to my toes*

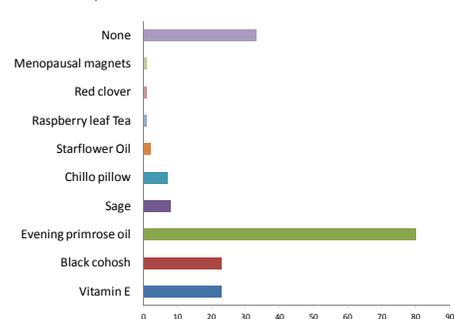
## I believe treatment of hot flushes is an unmet need



## Complementary Treatments

The most popular complementary treatment was evening primrose oil, with almost half the respondents recommending it to their breast cancer patients, although evidence suggests that it offers no benefit over placebo. About 12% recommended vitamin E and black cohosh. In a placebo-controlled trial, vitamin E reduced hot flashes by one a day, but was not preferred over placebo by patients. There is evidence that black cohosh is more effective than placebo, but there are concerns about its phytoestrogenic effect in breast cancer. Homeopathy, reflexology and Reiki were infrequently recommended (2.6, 7.5 and 5.4%, respectively). These findings are in line with those of a previous study of breast cancer patients' treatment preferences for treatments that often lacked evidence of their effectiveness. **Nurses and oncologists were more likely to recommend complementary therapy than surgeons (p=0.05) Healthcare professionals who treated hot flushes medically were more likely to also recommend complementary therapy ( 65% vs 14%)**

### Which complementary treatments would you recommend to your breast cancer patients for hot flushes?



*It's as though somebody has built a furnace inside of you and it's your whole body. It starts almost at your feet and works up and you just feel as though you are literally on fire inside and it's trying to escape and you just want to escape but you can't escape, there's nowhere to go and nothing to do*