

Premature Menopause Symptom Management in Cancer Patients and *BRCA1/2* Mutation Carriers After Risk-Reducing Adnexectomy: Literature Review and Personal Experience

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Introduction

With advances in oncological therapy, more patients now achieve long-term remission or cure, making quality of life a key element of care. Oncological treatments, including surgery, chemotherapy, radiotherapy, and hormone therapy, frequently induce premature menopause. *BRCA1/2* mutation carriers undergoing prophylactic adnexectomy represent a particularly challenging group. Menopausal symptoms, including genitourinary syndrome of menopause (GSM), significantly impair quality of life and may lead to withdrawal from sexual activity.

Objective

To review the literature on strategies for alleviating symptoms of premature menopause, including GSM, in cancer patients and in *BRCA1/2* mutation carriers after prophylactic adnexectomy, with consideration of personal clinical experience.

Methods

Analysis of available guidelines and clinical studies, stratified by patients with hormone-dependent and non-hormone-dependent malignancies, as well as women from high-risk groups (*BRCA1/2*). Both systemic and local therapies, as well as regenerative gynecology methods, were considered.

Results

The review assessed the efficacy and safety of:

- systemic hormone replacement therapy (HRT) and alternative oral pharmacologic agents,
- local therapies (estrogenic and non-hormonal preparations),
- regenerative gynecology interventions (laser therapy, vaginal radiofrequency, hyaluronic acid injections).

Clinical examples and personal experience in GSM management in this patient group were presented.

Conclusions

Individualized management, tailored to the oncological profile and patient preferences, is crucial for improving quality of life. Awareness of available therapeutic options enables safe and effective care for women with premature menopause after oncological treatment and prophylactic adnexectomy.