

Selección de Resúmenes de Menopausia

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LATE and potential estrogen-related risk factors collected 30 years earlier: The 90+ Study

Annlia Paganini-Hill 1, Thomas J Montine, Syed A Bukhari, Maria M Corrada, Claudia H Kawas, S Ahmad Sajjadi. Limbic-predominant age-related TDP-43 encephalopathy neuropathologic change (LATE-NC) is a recently described neuropathological construct associated with dementia. This study aimed to investigate in an autopsy study, LATE-NC and its associations with potential estrogen-related risk factors collected about 30 years before death. Participants were part of The 90+ Study and had, as part of the Leisure World Cohort Study, provided information on menstrual and reproductive variables and details of use of estrogen replacement therapy (ERT). No menstrual and reproductive variable showed an association with LATE-NC. Use of ERT, especially long-term use (15+ years) and more recent use (within 1 year of completing the questionnaire), was associated with reduced risk. The odds were significantly lower for long-term (0.39, 95% confidence interval [CI]: 0.16-0.95) and recent use (0.39, 95% CI: 0.16-0.91) compared with no use. In conclusion, we found that women who reported long-term ERT in their 50s and 60s had a significantly reduced odds of harboring LATE-NC when they died in the 10th and 11th decades of their lives. Our study adds to the existing literature reporting seemingly protective effect of peri- and postmenopausal ERT against neurodegenerative dementia.

Pharmaceuticals (Basel). 2022 Dec 16;15(12):1571. doi: 10.3390/ph15121571.

Hyaluronic Acid and Radiofrequency in Patients with Urogenital Atrophy and Vaginal Laxity

Piotr Koleczewski 1, Mirosław Parafiniuk 2, Piotr Zawodny 3, Rashad Haddad 4, Agnieszka Nalewczyńska, et al. Vaginal laxity (VL) and genitourinary syndrome of menopause (GSM), as well as aesthetic changes in the vulvar skin, often occur together and cause physical, psychological, and functional problems for women and their partners. The current study evaluated the efficacy of a nonsurgical radiofrequency device (RF) procedure combined with hyaluronic acid (HA) injection into the skin of the labia majora on clinical, histological, and aesthetic levels. Twenty women with GSM and VL, aged between 36 and 72 (mean age 53.4), were treated with bipolar RF SECTUM, vaginal and vulvar application, as well as with a hyaluronic acid (HA) injection into the skin of the labia majora. The Vaginal Laxity Questionnaire (VLQ), Vaginal Health Index (VHI), and Female Sexual Function Index (FSFI) were used to examine the clinical effects of the operations. The Global Aesthetic Improvement Scale was utilized to measure patient satisfaction. On a histochemical level, the concentrations of elastin and collagen in the vaginal wall and vulvar skin were examined. Results: There was significantly higher patient satisfaction and a considerable clinical improvement across all areas of analysis. On the histochemical level, elastin and collagen fiber concentration increased after the treatment protocol both in the vulvar skin and in the vaginal wall: elastin in the vaginal wall, 11.4%, and in the vulvar skin, 61%; collagen in the vaginal wall, 26%, and in the vulvar skin, 27%. The current study demonstrated the efficacy and safety of this nonsurgical RF procedure combined with a hyaluronic acid (HA) injection into the skin of the labia majora on clinical, histochemical, and aesthetic levels.

Cancers (Basel). 2022 Dec 14;14(24):6163. doi: 10.3390/cancers14246163.

Phytoestrogens and Breast Cancer: Should French Recommendations Evolve?

Aurore Mauny 1, Sébastien Faure 1 2, Séverine Derbré 1 3

Breast cancer (BC) occurs less frequently in Asia, where there is high soy consumption. It has been hypothesized that soy isoflavones could be protective against BC recurrence and mortality. At the same time, health organizations in several countries have differing recommendations for soy consumption (soy foods or dietary supplements) in BC survivors. The objective of this review is to analyze the literature and to determine whether it is justified to advise avoiding soy in dietary supplements and/or food in women with a history of BC. We conducted a systematic literature search with the Medline/Pubmed and Web of Science databases. Only prospective cohort studies published since 2009

were retained. The endpoint of studies was BC recurrence and/or mortality, and the association with soy isoflavone intake was specifically targeted. Seven studies were included. None of these studies found statistically significant adverse effects of soy consumption on BC recurrence or mortality (specific or all-cause). Overall, only one study was not able to find beneficial effects of soy intake on BC patients. The other studies concluded that there were positive associations but in very variable ways. Two studies found a decrease in BC recurrence associated with a higher isoflavone intake only for post-menopausal women. The other four studies concluded that there were positive associations regardless of menopausal status. Four studies showed better results on women with hormonal-sensitive cancer and/or patients receiving hormonal treatment. Only one found a stronger association for patients with ER-negative BC. No adverse effects of soy isoflavones on BC mortality/recurrence were found. Soy isoflavones may exert beneficial effects. These results coincide with other recent works and suggest that soy isoflavone intake is safe for BC survivors. Thus, these data no longer seem to coincide with the French recommendations, which could then be brought to evolve. However, in order to confirm the current results, larger studies are needed.

Cancers (Basel). 2022 Dec 12;14(24):6117. doi: 10.3390/cancers14246117.

Cost-Effectiveness of Risk-Reducing Surgery for Breast and Ovarian Cancer Prevention: A Systematic Review

Xia Wei 1 2, Samuel Oxley 2 3, Michail Sideris 2 3, Ashwin Kalra 2 3, Li Sun 1 2, Li Yang 4, Rosa Legood 1, et al. Policymakers require robust cost-effectiveness evidence of risk-reducing-surgery (RRS) for decision making on resource allocation for breast cancer (BC)/ovarian cancer (OC)/endometrial cancer (EC) prevention. We aimed to summarise published data on the cost-effectiveness of risk-reducing mastectomy (RRM)/risk-reducing salpingo-oophorectomy (RRSO)/risk-reducing early salpingectomy and delayed oophorectomy (RRESDO) for BC/OC prevention in intermediate/high-risk populations; hysterectomy and bilateral salpingo-oophorectomy (BSO) in Lynch syndrome women; and opportunistic bilateral salpingectomy (OBS) for OC prevention in baseline-risk populations. Major databases were searched until December 2021 following a prospective protocol (PROSPERO-CRD42022338008). Data were qualitatively synthesised following a PICO framework. Twenty two studies were included, with a reporting quality varying from 53.6% to 82.1% of the items scored in the CHEERS checklist. The incremental cost-effectiveness ratio/incremental cost-utility ratio and cost thresholds were inflated and converted to US\$2020, using the original currency consumer price index (CPI) and purchasing power parities (PPP), for comparison. Eight studies concluded that RRM and/or RRSO were cost-effective compared to surveillance/no surgery for BRCA1/2, while RRESDO was cost-effective compared to RRSO in one study. Three studies found that hysterectomy with BSO was cost-effective compared to surveillance in Lynch syndrome women. Two studies showed that RRSO was also cost-effective at $\geq 4\%$ / $\geq 5\%$ lifetime OC risk for pre-/post-menopausal women, respectively. Seven studies demonstrated the cost-effectiveness of OBS at hysterectomy (n = 4), laparoscopic sterilisation (n = 4) or caesarean section (n = 2). This systematic review confirms that RRS is cost-effective, while the results are context-specific, given the diversity in the target populations, health systems and model assumptions, and sensitive to the disutility, age and uptake rates associated with RRS. Additionally, RRESDO/OBS were sensitive to the uncertainty concerning the effect sizes in terms of the OC-risk reduction and long-term health impact. Our findings are relevant for policymakers/service providers and the design of future research studies.

Gynecol Endocrinol. 2022 Dec 22;1-6. doi: 10.1080/09513590.2022.2159024. Online ahead of print.

Study of pelvic organ prolapse as a predictor of osteoporotic fracture risk

A C Fernández Rísquez 1, N Mendoza Ladrón de Guevara 2, A Carballo García 1, J J Hijona Elósegui 1, J C Presa. Purpose: The present study aimed to examine the association between the stage of pelvic organ prolapse (POP) and the risk of fracture in postmenopausal women. Methods: A cross-sectional design was used, which included 133 women with POP over 50 years of age. The participants were classified according to their POP stage, underwent blood tests (hemogram, biochemistry, bone remodeling markers, and hormone tests), and completed a sociodemographic and lifestyle questionnaire along with densitometry, FRAX, and FRIDEX tests. Results: Of the 133 women studied, 66 presented stages I-II POP (49.6%) and 67 III-IV POP (50.4%). The mean age of the participants was 64.47 years. Women with a high POP stage showed higher FRAX scores for major osteoporotic and hip fracture (p .001 and p < .001p). Bivariate analysis revealed that higher scores on the FRIDEX scale were associated with a higher POP stage (p = .032). In addition, there was a marginally significant negative association between bone mineral density (BMD) and POP stage (p = .054). Conclusions: High-stage POP can be considered an independent predictor of osteoporotic fracture risk, as measured using the FRAX and FRIDEX scales.

Maturitas. 2022 Dec 7;168:84-91. doi: 10.1016/j.maturitas.2022.11.006. Online ahead of print.

Hypertension across a Woman's lifespan

Tara D'Ignazio 1, Sophie Grand'Maison 2, Lyne Bérubé 2, Jessica Forcillo 2, Christine Pacheco 3

Hypertension is a leading risk factor for cardiovascular disease in women. Both traditional and sex-specific risk modifiers occurring from menarche to pregnancy to menopause modulate the risk of hypertension and adverse cardiovascular events. This review provides a narrative summary of risk and treatment of hypertension in women across the lifespan, from adolescence to the post-menopausal period, where each period represents a potential window for risk assessment, diagnosis, and appropriate treatment. Management of hypertension throughout a woman's life must be included in a holistic cardiovascular prevention approach for women in order to prevent future cardiovascular complications.

Curr Oncol. 2022 Nov 26;29(12):9215-9223. doi: 10.3390/curroncol29120721.

Quantification of Women Who Could Benefit from Hormone Therapy after Endometrial Cancer Treatment: An Analysis of SEER Data

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Our primary aim was to estimate the magnitude of stage I endometrial cancer (EC) survivors that could benefit from hormonal therapy (HT). Our secondary aims were to assess EC incidence in women below 50 and below 60 over the years, and analyze the overall survival and any influencing factors. We analyzed the endometrioid EC data from the Surveillance, Epidemiology, and End Results (SEER) program according to women's age, tumor stage, and grade. We analyzed the proportions of EC survivors below 50 and below 60 years of age and stratified those age groups by race. For age distribution and survival analysis SEER, 18 registries' research data (2000-2018) were analyzed. We analyzed the SEER 12 registries' research data (1992-2019) for incidence time trends. Our investigation found a 14% and 40% cumulative prevalence of stage I EC that occurs in women below 50 or 60 years, respectively. EC's prevalence has progressively risen in recent decades, but cancer-specific mortality remains low. The increasing number of women affected by EC in premenopause or early postmenopause face an 18 years-survival rate of 96.86% and 95.73%, respectively. A significant proportion of low-grade EC survivors can potentially benefit from HT treatment, and this requires awareness of other aspects of their health or quality of life, in addition to cancer treatments.

Ceska Gynekol. 2022;87(6):427-431. doi: 10.48095/cccg2022427.

Endometriosis in postmenopause

Jiří Hanáček, Jan Drahoňovský, Hynek Heřman, Michal Eminger, Petr Křepelka, Petr Velebil, et al.

In our review article, we focused on the rare topic of endometriosis in postmenopause. Endometriosis is primarily a disease of women of reproductive age. In postmenopause, atrophy of endometriosis foci usually occurs. However, recurrence or even de novo occurrence of endometriosis in postmenopause has also been described. The prevalence in postmenopause has been reported to be around 2-5%. Factors that may account for the recurrence of endometriosis are exogenously administered estrogens, self-production of estrogens in peripheral adipose tissue, or activation of aromatase in the focus of endometriosis. When hormonal therapy is required, the best results are achieved by administration of Tibolone. Risk factors for recurrence and subsequent difficulties are the extent of endometriosis, the retained uterus and adnexa. Pain was the most common symptom in 43.5% and palpable finding in 28%. Endometriotic cells are capable of proliferation, survival in an ectopic localization and metastasis to distant locations. The risk of malignant transformation is around 1% and the most common are ovarian tumors. Endometriosis-associated ovarian tumors are typically low-grade disease, histologically endometrioid or clear cell carcinomas. Diagnosis is based on ultrasound and magnetic resonance imaging. The basis of therapy for newly developed endometriosis or when symptoms associated with the risk of endometriosis appear is a surgical solution, primarily to exclude the cancerous process.

Menopause. 2022 Dec 20. doi: 10.1097/GME.0000000000002114. Online ahead of print.

Aspirin for primary prevention of cardiovascular disease in women

Emily S Lau 1

Aspirin use for primary prevention of cardiovascular disease is controversial. Low-dose aspirin may be considered for primary prevention in women on an individualized basis for those aged 40 to 59 years with a 10-year cardiovascular

risk of 10% or more and without increased bleeding risk. Low-dose aspirin for primary prevention is not advised for low-risk women or women aged 60 years or older.

Nutr Hosp. 2022 Dec 14. doi: 10.20960/nh.04431. Online ahead of print.

Assessment of calcium intake in Costa Rica and Panama with the International Osteoporosis Foundation calcium calculator

[Article in Spanish]

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Introduction: calcium intake is fundamental over the whole life cycle; despite this, the world consumption of calcium is deficient. In Central America, there is little data on calcium intake. Objective: to evaluate daily calcium intake in the adult population of Costa Rica and Panama. Methods: an adult's population (> 18) survey was conducted in both countries. A questionnaire specifically design for the study was applied to subjects that were willing to participate after they signed of the informed consent form. The International Osteoporosis Foundation (IOF) calcium calculator was used to quantify their calcium intake. Results: the study included 1189 participants, 50 % were men. The median calcium intake was 862 mg/d (IQR, 650.5 to 1115) in Costa Rica and 825.5 mg/d (IQR, 579.75 to 1029.2) in Panama. Significant differences were found between calcium intake and age group in Costa Ricans, while in the Panamanian population differences were found in calcium intake according to educational level. Conclusion: this study is the first one conducted in Central America using the IOF calcium intake calculator. The study shows that calcium intake is deficient in Costa Rica and Panama. It is necessary to establish educational campaigns in both countries to correct this deficiency.