

Facing Menopause and Cancer

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Presented by:



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Facing Menopause and Cancer

Jenna:

Hey, everyone and good afternoon, and welcome to our webinar on facing menopause and cancer. I'm already seeing the love in the chat box, and I'm looking forward to moderating this program today with the incredible, incomparable Dr. Suzanne Gilberg-Lenz, who is our speaker today. So, thank you all for joining.

I'm just going to share a little bit of information, and then I'm going to turn the floor over to Dr. Gilberg-Lenz. So, first of all, thank you for those of you who took the survey that's on the screen. We're going to take it off in about a second.

I want to share a little bit about Sharsheret with you if we're new to you. We are a national organization that provides free support to women and your families for facing breast and ovarian cancer, as well of those who are at increased genetic risks. We provide free support, one-on-one, with a team of social workers who are available to you to speak both by phone, but also by email, and we also provide community health education programs.

We know this is a really tough time for everyone, and we want you to know that Sharsheret is here for you. So, please don't hesitate to reach out if you just want someone to talk to and you're looking for support.

Dr. Gilberg-Lenz is going to be providing a lot of incredible health information today, but I also want to add as our medical disclaimer that we are an organization that doesn't provide medical advice or perform any medical procedures. So, the information provided is not a substitute for medical advice or treatment for specific medical conditions and we encourage you to speak with your own healthcare professional about everything that is provided here in this webinar today.

We also have a few really exciting webinars coming up. Next Tuesday, Dr. Laura Esserman of University of California San Francisco is going to be doing an update on breast cancer screening, as well as how to talk with your family about COVID as things are starting to open back up in some places in the country.

Next Friday, we're going to be having a Shalom Shabbat. It's going to be an opportunity to come together on Shabbat to have some healing, to grow, to learn from our incredible panel of speakers. So, we're looking forward to that.

Then finally, and the one that I'm personally most excited about is on August 16th, Ruth Bader Ginsburg's personal trainer is going to be doing a program with us on his book the RBG workout, how she stays strong and you can, too. So, mark your calendar for all of those programs, and we'll send more information out as it comes.

We want to thank the Siegmund and Edith Blumenthal Foundation for supporting today's webinar.

Just a few pieces of Zoom etiquette. So, everyone has been muted on this call. Please remain muted for the remainder of the program. If you have a question, type it into the chat box at any time, and what we're going to do is after Dr. Gilberg-Lenz finishes her presentation, we are going to have a Q&A. I'll be moderating it, and we'll get to as many questions as we can, including those that were submitted in advance.

If you want to remain anonymous, now is the time for you to turn off your video if you haven't done so already. There's a button in the left-hand corner of your screen. Click stop video, and you can call in. My colleagues are putting the information to call in in the chat box.

This program is going to be recorded. However, no video of our speakers will be on the screen, but please know that if you missed anything, you want to go back to it or share it with a friend, you will get that recording after the program.

Jenna:

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So, now, it's my pleasure to introduce Dr. Suzanne Gilberg-Lenz, who has the wealth of knowledge about women's health. She's a self-described hardcore science nerd with a deep respect for the holistic approach to health and life. Dr. Gilberg-Lenz earned her medical degree at USC School of Medicine, and completed her residency at Cedars-Sinai in Los Angeles.

She's performed thousands of deliveries as a partner of Women's Care of Beverly Hills since 2004, and built relationships with incredible women as she helps guide them through the different phases of their life, from adolescence to menopause.

In 2010, Dr. Gilberg-Lenz graduated from California College of Ayurveda as a clinical Ayurvedic specialist, which has expanded and informed her practice. She also offers menopause bootcamp, and is a very active Instagrammer. I definitely encourage everybody to follow. Once again, we're just so delighted to have you on here today. Welcome.

Dr. Suzanne Gilberg-Lenz:

Hi. Thank you, Jenna. What a beautiful introduction. I just want to thank Jenna and Jessica and, yeah, Ellen, everybody at Sharsheret. I've had a really wonderful relationship with them and probably not appropriate, but I'm going to shout out to somebody who's on here. I won't say who it is, but she knows who she is, who introduced us, and we have really had a beautiful relationship where I get to share a lot of my knowledge. So, I'm sorry. I was getting texts from my office, but I didn't totally hear what you said. So, I'm not sure if you mentioned that I, too, am a breast cancer survivor.

So, in 2013, I'm coming up in October on my seven-year anniversary, canceriversary. I was diagnosed with breast cancer at the age of 47, which was pretty shocking and surprising, and I'm sure many of you have been through experiences like that where ... I mean, whoever expects they're going to get diagnosed with anything, but I was in my 40s. I was very, very healthy, "doing everything right", didn't apparently have a very strong family history at all. It really took me down. It was a really challenging experience to say the least.

One of the things that it did do was help me, as I recovered, help me focus on what was really important and my priorities, and also, my background really helped me to move through it on a very specific way that helped me to focus on staying healthy, and continuing to be healthy. That's been the focus of my practice, my entire practice, but nothing like your own diagnosis to really make you look at things and shift things, and re-hone those skills.

So, I think that my, I don't think, I know that my unique skill set, which is integrating Western and Eastern traditional holistic medicine really, really benefited me, and has then benefited my patients and the wider community as I've learned more and taught and shared. So, I'm excited to give you this talk.

So, I'm going to ... Let's see. I'm going to share, and you're going to tell me if I did it right. Let's see. Yeah. So, you guys can see my slides. We're good? If I don't hear anything, I'm going to assume that we're good. Okay.

So, I'm going to dive into this. I know you guys have a lot of questions, and I have a feeling a lot of your questions are going to get answered. So, here we go. This talk was originally written as early menopause, but it's really about menopause in women who are cancer survivors, and the differences that we go through and the differences in our treatment and how we can approach that. So, I'm just going to start with scope of the issue, and I'm going to give you some definitions. Again, this may not apply to all of you, and that's okay. You're learning.

So, early menopause is actually defined as the cessation of your periods before 45 years old, which is different than somebody who loses their periods for any reason before 40, okay? The incidence of this

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varies based on all sorts of things, pre existing medical conditions like cancer, like cancer treatment, what was your fertility prior to the time that this happened, what age are you actually.

I think something to think about also that a lot of us don't think about is that up to 50% of childhood cancer survivors are actually going to go through menopause early. Again, if you've had a reproductive cancer, if you've had hormone-sensitive cancer, you're going to be dealing with this differently, okay? Because if you had lymphoma as a teenager, there wouldn't necessarily be any restrictions on your use of hormone replacement therapy. If you had breast cancer, obviously, that's different.

So, again, I'm not going to go too crazy into this because this may or may not relate to all of you, but just to give it some context because probably somebody on this webinar is going to be this person. This is pretty wild. Between one and four and 100% of women who have been through chemo are going to either lose their period completely or temporarily.

Then based on the kind of chemo you had, this will give a suggestion of who's going to lose their period and what the incidence is. Basically, without looking at all the details and getting lost, the main thing is the older you are, the closer you are to perimenopause and menopause when you go through chemo, the more likely you are to go through permanent menopause. All right?

A lot of us are going through this, too, adjuvant therapies, right? So, those of us who are on tamoxifen, Lupron, we're going to have higher rates of menopause, early menopause. Obviously, surgical menopause due to removing the tubes and ovaries. Specifically, the ovaries are going to, for sure, cause menopause.

So, let's dive into this because this surprises people a lot. I do a lot of menopause work. I do a lot of teaching, and I care for a lot of women in menopause of every variety. I think that people don't necessarily realize ... What just happened there? Sorry. Okay. The diagnosis is a retrospective diagnosis. "What is that?" You say, "I've never heard of that." It means that you're not going to know you're there until you get to 12 consecutive months without menstruation.

I'm going to put aside people who have had a hysterectomy because that's, obviously, going to be harder to diagnose if you don't have a uterus, but for those of us who have a uterus, and have been bleeding regularly, irregularly, once you hit 12 months without having a period, you are now in menopause.

So, we do know that we will treat this and deal with this a little bit differently with premature ovarian insufficiency. Remember, that's women under 40 in the setting of breast cancer. So, we would say that once you've had no period for four months and you've had some of these lab tests, the FSH in particular, that's the hormone that signals from the brain to your ovaries to release an egg, to set the cycle going.

Once you had a couple of these measures, then we would also confirm clinically that you are in menopause. I don't think I need to tell any of you that it's extremely stressful, and it's extremely stressful, especially, for those of us who are on the younger side, because it's going to set off a series of physical and emotional impacts that are piling on on top of the actual cancer diagnosis and treatment itself.

So, here are some of the issues that we find in women who are going through menopause earlier. We tend to see more severe menopausal symptoms in women who either suddenly go through menopause because of surgical menopause. One day, you have your ovaries. One day, you do not. Same thing with chemo-induced. It's very different than that natural midlife transition.

The other thing is that we may see damage to other sex steroids from chemotherapy specifically, and then as I mentioned, tremendous mental health impacts, grief, loss, lack of sleep, which can increase anxiety and depression, sexual changes, self-esteem. I'll get more into that.

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So, longterm, we have other impacts that we need to look at. So, as we age, whatever menopause we go through, we're looking at the big three for women that I really want people to look at is osteoporosis and bone loss, cardiac health, and then brain health, dementia and Alzheimer's.

So, these are things that women should be focusing on no matter, anyways, in terms of optimizing their aging, and how they can optimize those later years of life.

When you go through menopause early or suddenly, now, we're going to increase your risk for these things because if your body was expecting to have estrogen, and I'm going to boil it down to that right now until 50-ish but it stopped at 40 or 37, you have that deficit in those years that you were benefiting in these other body systems. Again, we'll get more into that. Okay.

Obvious symptoms. I'm going to run through these because you guys know them. I'm sure most of you had them or are having them. Number one, two, three, and four that I get complaints about are hot flashes and night sweats. Up to 85% of women who are going through any kind of menopause are going to have hot flashes, and yes, they can last untreated between two and 10 years. There are women who are experiencing hot flashes even into their 70s. Usually, they're not as severe or frequent.

When we don't treat them at all, generally, they're going to last about four or four and a half years. That might be different with somebody who's gone through early menopause. Fatigue, sleep disturbance, sometimes related to the hot flashes, sometimes not. Vaginal dryness, and what we now call GSM, genitourinary syndrome of menopause. I mean, if any of you've been told you have vaginal atrophy, that's an old term [inaudible 00:14:21] is I don't like it. GSM, it's just a note that there's a loss of estrogen in not only the vaginal tissues, but also the urinary tissues.

So, this can explain why people either feel like they're getting bladder infections a lot or are getting more bladder infections. We talked a little bit about bone health. Also, we can have some cognitive changes. Some of that's related to mood. Some of that's related to lack of sleep. Some of that may be related to the changes in blood flow overtime. We'll talk more about these things in detail. Okay.

Cardiovascular disease, heart disease, depression and anxiety, sexual dysfunction, weight gain. That's probably the other thing that, honestly, I probably hear most complaints about hot flashes, vaginal dryness, and weight gain to be perfectly honest. Okay.

So, what are our solutions? I want to spend as much time as I can on solutions. So, the deal here is to improve quality of life, right? That's it. That's all we care about. I think of those of us who have had any major medical illness, especially cancer, we learn a lot of resilience, honestly, and we learn ... I'll tell you what I've learned, and I hope you have learned this. To be here, to be here right now, what is happening today is what matters. No one has promised anything more than that. There's nothing like getting cancer to have that message sent loud and clear. That was my experience.

So, ameliorating symptoms, improving your day-to-day life, this is very, very, very, very important for you guys to understand, and I do this all day everyday about everything with all my patients. There is no such thing as a one size fits all. There's just not. What works for her may not work for her. Okay? The other thing is that what you need and what may work may be overtime and you're going to have to be comfortable with trial and error. That is really the only way to do it. You pick plan A, and if it works, fantastic, and if it doesn't, there's, B, C, D, E, F, and the rest. Okay?

The other thing is that you have to understand that these things are interrelated. So, if you intervene with hot flashes, you may have a wonderful downstream effect on the rest of these things. I tend to look at hot flashes and sleep together primarily for this reason because I'm most likely going to be able to help you improve your fatigue, your mood and your sexual function and your cognitive function as well, and then you're going to be able to exercise, and all sorts of other great things are going to happen. Okay.

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So, the solutions are behavioral and lifestyle. Okay. These are things that we can do, right? Educational, psychological. There are some pharmacologic agents. There are some medications that are non-hormonal that can be helpful for certain people. I'm not going to lie. These are not my go-to, but some people use them very effectively. I'm a big herb person. I'm a big plant medicine person. That is where my holistic training comes in. Then, yes, hormones. Hormones can be safe for some of us with breast cancer in very specific ways. Okay.

So, let's look at these. For hot flashes, what we know in terms of the pharmacologic, the medications, there's all sorts of data on antidepressants that can be very, very helpful for not just food, but also for hot flashes. Those of us on tamoxifen have to be careful because some of these medications like Paxil, paroxetine cannot be used. They can interact and interfere with tamoxifen's effectiveness. So, this is obviously something you're going to be doing with your physician.

Clonidine, which is an old school antihypertensive, it's a medication that will decrease blood pressure, has been used effectively for decades. Super old school. For hot flashes, gabapentin is another one that can work pretty well for a lot of people as well, and can also help with sleep.

Herbs. Okay. So, here's the deal that you guys need to understand. When I'm talking about plant medicine, we're never going to have a study with 100,000 women placebo, controlled, double blind, prospective trials, which are the gold standard in medical evidence. That's not going to happen. So, if you're going to proceed with herbs and supplements, you may get some pushback from your docs who don't believe in this data because the data is not as robust.

We're talking about studies that maybe have ... If you have 200-300 people in a study that is of an herb, you're psyched, okay? That's very, very different from the world that they live in. I will tell you about my own oncologist who's an internationally renowned breast cancer doctor and look, she knows me. I'm a physician, I'm well-trained, I have this particular subspecialty. She has been very open with me about what she thinks I can and should do. She's been very open with me about experimenting, knowing that I'm very well-educated in the risk benefits and alternatives, but she's also been very open with me that they just don't know. They don't know.

So, you need to understand when we talk about herbs, the data is just not as good and strong. I personally feel comfortable with these suggestions. I personally use some of these things, and I also use them with my patients after a consent conversation that involves some of the information I just gave you. Okay?

So, here are the herbs that are my favorite for hot flashes, specifically. Black cohosh is my number one. I think the data is the strongest here. I have specific brands I like. We can get into that if we have time or I can get that information probably to Jenna and Jessica, and get it out to you.

Red rhubarb is another one. EstroG, Pycnogenol, the phytoestrogens, okay? Do you guys know about these phytoestrogens? I think there's a lot of fear around the "plant estrogens" that they somehow promote breast cancer. There is no data to support that. That's the same with soy, by the way. There is some limited data on omega-3s like fish oil, flax oil, vitamin E. There's some bee pollen-derived, very safe alternatives. This one in particular is called Rolazin.

Then traditional Chinese medicine and acupuncture, which I use a lot. I refer my patients out for that a lot. There are a lot of proprietary, very safe Chinese medicine treatments. Actually, the data in traditional Chinese medicine and acupuncture, in general, the data is a lot stronger than in other herbal medicines.

Then there's the lifestyle stuff, which probably most of you know. Wicking materials, bamboo, Tencel, which is made from eucalyptus. I happen to have Tencel sheets, layers, and cooling blankets. I mean, I've seen mattress pads that have water circulating. Essential oils can be very helpful.

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Whenever I recommend essential oils, I want you to understand that that is directly exposed to the olfactory bulb, which is a part of your brain. You should never, never be using an essential oil that you do not know for a fact is organic and highly vetted. There are plenty of brands out there that do those things. Rando, CVS, uh-uh, no. That's going to be a no for me. Then cognitive behavioral therapy, okay? So, hot flashes. All right.

Sleep. Sleep, sleep, sleep, one of the biggest, most problematic issues for humans, humans with cancer and having menopause as well. This is, I think, so challenging. I mean, obviously, you guys know about sleep meds and anti anxiety meds. I think that these are the go-tos for a lot of our doctors colleagues. I understand. I think that in the middle of treatment, do what you need to do. You got to get some rest.

If you don't sleep three days in a row, you're going to be a hot mess. If any of you have kids, if you remember those early days for yourself, and for the babies, when people don't sleep, it is no bueno, and it's a real thing that happens. You have much more fight or flight. People get very depressed and anxious. It's not acceptable. Longterm, you're getting more cortisol released, more stress, more inflammation, and this is going to have downstream negative effects on your health, not just your mood.

So, for sleep, I really have to say I don't really like people using over the counter sleep meds and antihistamines. I mean, once in a while, okay, but they actually have been shown to have some detrimental cognitive effects when used long term.

So, this is where I really, really like the lifestyle stuff like blue blocking, sleep hygiene, which means no screen time, no boot device, no phone, no iPad, no television for 45 to 60 minutes before you sleep. Turn the screens off. You have to. It is known to disrupt sleep patterns.

Making your room a sanctuary for sleep. That's really hard right now. A lot of us are working from our bedrooms, but try to do what you can to make that room about sleep and nothing else, okay?

Then some of my favorites, melatonin. Melatonin works really well for a lot of people. These are herbs, Valerian, Passionflower, magnesium, and I tend to use ... There's a lot of different magnesiums out there and they do a lot of things. Magnesium is probably one of my favorite supplements, nutritional supplements. Magnesium has an impact on smooth muscle activity. It slows it down. So, it can be helpful. Also great for restless legs.

I tend to lean toward magnesium glycinate, and then cannabinoids. Honestly, I wonder if I should come back and just do a whole webinar on cannabinoids. I'm a huge fan of cannabis. If you are afraid of the psychoactive impact of the THC, so cannabinoids are the cannabis plant, right? The major active compounds are CBD, cannabidiol, and THC. THC is what's associated with the high.

The reality is for a lot of us, combining the two in certain ratios will probably be most beneficial for sleep, but even just CBD itself can be magical for somebody to just relax. It's great for mood also. It will not get you high or make you nonfunctional or make you unable to get on Zoom and do your work or drive a car.

I will provide a link with a discount code to a company that I know is very highly vetted, very clean, and works really, really well. For people who are having problems, there's a difference between falling asleep and staying asleep. You're going to need to digest orally to stay asleep. So, a gel or anything you swallow and digest is going to take a couple of hours to get into your system.

So, for those of us who fall asleep, okay, but three hours later or up, you want to digest and have it take time to get into your body. If you really have a hard time falling asleep, then getting that immediate hit, either a tincture under the tongue. I guess, I don't know, people probably aren't vaping right now or they shouldn't be, but if you smoke weed, stuff like that, the immediate integration to your blood system is going to be better for falling asleep. I do not have a problem with this. I think this plant is a magic, amazing plant. Okay.

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Vaginal dryness. So, here is where the hormones come in, okay? We have a lot of solid medical evidence to suggest that vaginal administration of hormones is effective and safe even for breast cancer survivors. The reality is that vaginal dryness is honestly going to be most effectively treated by the administration of vaginal hormones. If that really freaks you out and scares you, you don't have to do it, but I'm going to tell you that the best way to treat it is to treat it with what it's missing.

So, one of my favorites right now is something called prasterone, which is just a DHEA, which is a precursor hormone. If you go online, you could see all the crazy hormone pathways. There's a million different steps that are taken. DHEA gets converted by enzymes in your vagina to either estrogen or testosterone. Again, locally only. This is not going to go throughout your system. It's only going to be in the vagina.

The other way to do it is just vaginal estrogen preparations that are, again, not systemic. They're not going through the body, which is why they are not going to have an impact negatively on recurrence of breast cancer.

Some oncologists and gynecologists feel uncomfortable giving it at the same time to women who are on aromatase inhibitors. Honestly, I think the work around there is while I don't in general advocate for testing hormones via blood, there could be a case made for that because I think if you can show that using any of these medications vaginally truly is not increasing your hormone levels and then thereby not interfering with your medicine, I think you can use it. Again, you're going to have to work with your doc.

There are a lot of other compounded topicals that can be useful for pain. Even Valium can be compounded into a vaginal suppository, testosterone, estriol, which is an estrogen byproduct. Lidocaine, I put it in here because people talk about it. To me, making your vagina numb seems like the worst idea in the world. That is actually not a solution to vaginal dryness. That is a solution to whoever you maybe having sex with feeling like they're not hurting you. I'm just going to leave that there because I don't personally think that's empowering you.

Using Lidocaine if you're having pain on a daily basis could be okay. The problem with that is that you're not addressing the pain. So, maybe better than that are things that are vaginal moisturizers. This is different than a lubricant, which is used for sex or masturbation. A moisturizer is going to be made from these other things. So, hyaluronic acid in particular, I like a lot because they'll bring fluid back into the tissue and these are great. Revaree is a brand I like, Luvena.

Lubricants are for sex and to reduce friction. You have to be very, very careful with these because the quality is everything. I'm not a huge fan of a lot of stuff you'll find over the counter. This is another trial and error because some people will respond differently. Coconut is a natural brand I like, Good Clean Love. Uberlube is probably my favorite, silicone-based. Anything that's got a fragrance, cooling, heating, oh, my God! No. No, no, no. That's just going to irritate you. Please don't do that.

Herbs and supplements, a little bit harder. Because of my training in Indian Ayurvedic medicine, we use ghee a lot, which is clarified butter, and we use clarified butter to moisturize and to bring medicine into the vaginal tissue. That would be something you would be doing with a qualified, trained practitioner.

Then I just want to remind you guys that hygiene products and wipes are just evil. Please don't use them. Please don't even put soap in your vaginal and vulvar area, especially if you're having dryness because you're going to increase your discomfort. You're going to strip the natural occurring microbiome, the bacteria that needs to live there. You're going to create more discomfort. You're going to remove the naturally occurring oils.

When you go through menopause, the hormone levels decrease in the vaginal area. The blood flow decreases in the vaginal area. The tissue changes. It goes from a nice supple accordion to a PVC pipe.

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Okay? So, your pH is going to change, and the naturally occurring bacteria are going to change. These are all going to set you up for discomfort, irritation, and infections, which is why, sorry, why you may also see more bladder infections or symptoms similar to bladder infections because the urethra is being affected exactly the same way as the vaginal tissue.

So, all these things we're talking about are going to also help with the urethral and urinary tract health. So, this is a big topic. I think it's controversial for some people. It is not controversial for me. Okay.

So, talking a little bit more about long term health. Your bones, osteoporosis, bone loss. We know that women who go through menopause are going to have some bone loss. We know that women who go through menopause earlier are going to have that deficit of those years of estrogen that are helping to build and maintain their bones.

There's some interesting stuff out there. It looks women who are young, very young, less than 40 who are on tamoxifen may actually have better bone density than women who resume their cycle. Can't explain that. I don't know what that's about. I think, actually, we can. We know tamoxifen acts differently in different tissue levels. I'm not going to get deeply into the treatment of osteoporosis, but I will let you know that, obviously, if you have been diagnosed with osteoporosis, you really need to make sure you're seeing somebody who specializes in this or that your oncologist is comfortable treating it because hip fractures increase your mortality massively. Within the year of a hip fracture, mortality rates skyrocket. So, it's very, very important to protect our bones, especially if we've already lost a bone before or during treatment.

Here is where lifestyle herbs and supplements are so important. So, you guys probably know about vitamin D, optimizing your vitamin D. To me, vitamin D in a cancer survivor should be over 50 at least. Calcium with magnesium, I don't think there's controversy about calcium. I think the problem is not putting these things together because they work together synergistically. In our cells, you don't just put calcium in a cell. Calcium can't do anything without its best friends, vitamin D and magnesium. They need to come together.

K2, also, is very important for absorption. Your gut microbiome is very, very important for all of this because if your gut is messed up, if you're having digestion issues, how much are you really going to be taking this into your body. That's a whole other topic, too, because the gut is so, so, so, so important for hormones, for your mental health, for all of your body's health. If you're hoping to supplement and manage some of the issues that you're going through and prevent further problems going forward, but your gut isn't working, how well is really that strategy going to happen? It's not.

Exercise, in particular, like we know cardio is very important, especially to get blood flow everywhere, the sexual organs, your brain, not just your heart, right? You want to maintain brain health. You have to exercise. Weight bearing, in particular, for your bones are very, very important. So, if you are sedentary, you don't need to go and start doing Olympic lifting, which you can't do right now, anyways, but even ankle weights on a walk is a big deal or your own body weight.

This is where working with a trained fitness professional is really important. There's all sorts of stuff on Zoom, but I'd be very careful about it online. If you are an exerciser, awesome, keep doing it. If you're not, don't hurt yourself. Get some instruction. Okay.

So, cognitive function, I talked about this or touched on this in the last slide. I'm not going to get too much into the pharmacologic stuff other than some of the things that I talked about how important sleep and mood are on your cognitive function, how important blood flow to your brain is. I want to remind you guys or tell you guys if you don't know, women, all comers, women in menopause are two and a half to three times more likely than men to get Alzheimer's and dementia.

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So, menopause, forget whatever other issues you may have and forget our breast cancer status. We really need to be protecting our brains as we go forward. The data is really coming in. I encourage you to look at Dr. Lisa Mosconi, her work. She's just published a book called *The XX Brain*. Super fascinating. Like most of women's health, there's just not enough information on women as humans, not women as men with boobs and vaginas and reproductive organs because that's not what we are. We work differently. When we lose estrogen, we can have some negative impacts on our brain.

So, what can we do to really manage that going forward and prevent? Again, honestly, the number one thing you can do is to increase that blood flow to the brain. So, use it and exercise, really. If you are sitting on your butt all day, you don't need to run a marathon. You can take a walk. You can take a walk around the block if that's the first thing you do. Lifestyle is the most important.

Some of my favorite herbs are a category of herbs called adaptogens. Adaptogen is not a medical term. It is an herbalism term. Rhodiola, really, really great for anxiety as well. Ashwagandha and shatavari, which are the king and queen of Ayurvedic medicine. Ashwagandha has become very popular now, but in Ayurveda, it's a rejuvenative tonic.

Green tea extract increases blood flow and high quality caffeine, high quality caffeine. So, that means green tea, matcha in particular, and caffeine that is produced very cleanly with no mold. Not so easy to find. Okay.

Cardiovascular health. A lot of this is going to be repeating stuff I've done. Really, cardiovascular health is going to be, in terms of prevention and what you can do, and if you already have cardiovascular disease, I'm not going to go there. I'm not a cardiologist. You need to be paying attention to that. If you have a family history, you really need to be seeing a primary care doctor.

I want to remind you guys that your oncologist loves you and here, she is really not your primary care doctor. A lot of us use our oncologists as our primary. They're not. I feel like once you get to a certain point, you really need to make sure you have a great primary, whether it's an internal medicine doctor, family practitioner because they are going to help you manage the rest of the preventative care. You're here with us, so let's look at that stuff and not put it on the oncologist.

So, cardiovascular is lifestyle. Come on. We know this. What you eat is very important. I think, honestly, the more I look into this, anything that's antiinflammatory, which is I know the buzzword right now, but I'm going to explain to you what that is. So, the data is really very clear, plant-based. You don't have to be vegan. You don't have to be having zero animal products.

Now, I don't subscribe to the fact. I already told you that everybody should do things the same way. Everybody is not going to do things the same way, but plant-based, I think if you want to reduce grain or gluten, please try to stay away from alcohol and sugar if you can, particularly in breast cancer. We know that that can increase risk of recurrence, but for cardiovascular health, we know how important that is, and then all the other things you already know, exercise, sleep, stress reduction. There's a tremendous amount of data on stress reduction, specifically meditation and yoga on not only cardiovascular health, but cancer recurrence.

Mood, we know about the pharmacologics. We talked a little bit about how they can impact meds you're already on. So, you need to talk with your doc about that. We did talk about some of the cognitive herbs, rhodiola, the other adaptogens. There are a lot of other things you can do with an integrative practitioner. As I've said 15 times, sleep, stress, support, exercise, and that mind-gut connection, your diet and your gut health, these are really, really basic things that need to be addressed if you are hoping to address your mood.

Then sexual function. Gosh! There's so much to say, you guys. I'm sorry. I'm going to turn around through these. Okay. So, I'm not going to get too much into the pharmacologics because I think there's

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not a lot of great data on them. They're certainly safe. I think for people who are feeling zero libido but are also breast cancer survivors on medication to say that it's somehow their libidos, I mean, your libido is not an on/off switch, okay? If you don't feel good in your body, if you feel like you're traumatized by what's happened to your body, if you don't feel lubricated and sexy, in general, giving you medication to make that happen, I don't think that's where it's at. I think what we need to do is to look at how we get you back into your body in a way that is loving and how you explore your sensuality as a woman who's a breast cancer survivor. Again, this could be another webinar in and of itself.

There are meds out there that can be used for libido. They're Addyi and Vyleesi. Very few people really use them, I don't think. They're out there. For herbs, the one that I do see that works very well for increasing sexual function is Ristela. It's actually made by the same company as Revaree, which I didn't mention, I don't think, which is a good moisturizer, not only a moisturizer and also ... I'm totally blanking on the hot flash one. Anyways, if you have cardiovascular disease, it's not safe because it's going to increase blood flow.

Then lifestyle, again, lubes in vaginal dryness we talked about. Safe sex exploration. Exploring yourself, what feels good to you, what do you like. Even if you don't have a partner or if you do have a partner, I think you need to get back in touch with your body and start to like it again. I know for me with my diagnosis, I felt like my body was trying to hurt me, and I had to learn how to like my body again. If I don't like my body, I'm not going to want to have sex. I mean, that's the ultimate mind-body experience.

This is where CBD and THC can be a real game-changer. I want to give you a specific name. It's a company called Foria, F-O-R-I-A. They make amazingly safe, wonderful lubes and vaginal suppositories that help with sensation, and pleasure, and they are incredible. Again, cannabis is amazing. Just so you know, our body actually has a system intrinsic to it that are receptors for this plant. The highest concentration is in the pelvic girdle. So, you tell me if that's going to help with sex. If anybody's ever gotten high and wanted to have sex, that's the explanation. I guess I'm outing myself. Okay.

So, weight, another huge one. This drives all of us crazy. I'll tell you, basically, there isn't anything magical. Now that we've had this conversation, it's going to be all over your social media feeds. You're going to have lots of offers.

I will tell you that stress and lack of sleep and your gut health, and your dietary changes if you're comfort eating when you're going through a treatment or you're depressed or whatever, obviously, those are going to cost you and gain weight. Menopause in and of itself does lower your metabolic rate, slow it down, and redistribute where you gained your weight. You get more visceral fat, more abdominal fat.

So, you feel, "Ugh." I know I'm going through that. Also, it increases your risk for metabolic disease, diabetes, high blood pressure, cardiovascular disease. Obviously, if you're in the medically obese category, I don't want to get into body shaming stuff. That is a medical term. You could be increasing your risk of recurrence for cancer. So, it's super important, but it's also frustrating because the things that you might have done before menopause are not working after menopause.

We don't have great data on this. I will tell you that, really, just, again, inside out, meditation, yoga, stress reduction, self-exploration, body image work, gratitude, those are enormously important, self-acceptance. Apps that help you change your mindset. I've never been a big Weight Watchers' fan. Some people love it. I do like Noom because it's helping you with lifestyle choices and behavioral modification. Exercise is not everything. As we get older and as we're in menopause, and as we're cancer survivors, and as we're being treated, recovery is very, very important. So, pushing too hard is not going to help you lose weight. It's going to cause an injury or cause you actually to hang on to weight.

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I've been looking at some of the diet research as well. I'm very interested in plant-based keto. Keto is basically all over the place. I think traditional keto is a huge no-no in general, but especially for us because it's very, very animal, protein and animal fat heavy. So, the ketogenic diet proposes that we switch from the energy source being carbohydrates and sugar to ketones, to fat.

So, what do you do? You feed yourself. This sounds crazy, but essentially, between 60% and 70% of your daily macronutrients is fat, 20% to 35% is protein, and 5% to 10% is carbohydrate. I would not recommend doing this without assistance, and I would do plant-based because the traditional keto eat all the butter and bacon in the world I think ... I guess it's most bizarre eating bacon, anyways, but those of us who do, that's just a bad idea for your heart. It's not sustainable. Will Cole and Stephanie Estima are two chiropractors that are functional medicine practitioners that I think are very smart. You may want to take a look at that. I've been exploring that.

Mediterranean diet has also been shown to potentially decrease the risk of recurrence and is a good way to maintain healthy weight. Mediterranean diet would be plant-based, a lot of fish, olive oil, and healthy fats. So, I tried to just get through as much as I could. I'm sorry because I know I want you guys to have time to ask for questions, and this is just something I already talked about, dealing with your feelings, accepting, sharing, letting go. This is why organizations like Sharsheret are so important because when we talk amongst ourselves, we understand each other, and we understand what we're going through.

Self-care is so important. A lot of us came into this community with ourselves last on the list of who gets cared for, and that just has to change. We don't take care of anybody else if we don't take care of ourselves. If we have to get cancer to learn that, so be it. If you have cancer and you still haven't learned how to care for yourself or put yourself first, I really want you to call somebody as soon as you get off this webinar or text somebody or be in touch with Sharsheret because we need to help you because that is not okay, and that is not thriving.

So, we know that community support like this organization, being gentle, changing, adding something one thing at a time. If you watch this and you're now going to institute 14 things, you're going to be overwhelmed, and you won't do anything. Accountability, having that accountability buddy, and then let me give you one last thing you can do for yourself, okay?

So, if I'm going to ask you to self-care, let me give you one thing you can do. So, in Ayurveda, we talk about something called Abhyanga, which is oil massage. If you can get an Abhyanga safely now, please go find one. You can do it for yourself. What I usually tell people to do is get some really high quality organic oil, put a nice essential oil in there if you want, again, organic. Put it in a squeeze bottle, and at the end of your shower, be careful you don't slip, maybe stand on a towel. Put it on your hands, and you're going to rub it all over your body.

Now, actually, according to Ayurveda, when you get to a joint, you're going to circular motion, and when you get to a bone like your finger or your arm, you're going to go in longitudinal motion. So, you're going to work from the outside in toward your heart, your arms, your shoulders, your feet, your legs, your belly in the direction of digestion, so from your right across and down your left, your butt, your hips, if you can your back, your neck, your ears, all of that. Luxuriate in that. You're releasing oxytocin by touching yourself. You're nourishing your skin. You just paid attention to yourself. This is going to take you two minutes, okay? Please try to do that if you can.

The other thing is a little meditation. So, if you've meditated before, wonderful. If you're afraid of meditation, I'm going to give you a mantra, okay? So, I'm going to close with this. I want you guys to get comfy for a sec. Put your feet on the ground if you can. Close your eyes. Slow your breathing down. So, try to breathe in to a count of two, hold it for a count of two, release it for a count of two. Then breathe in for a count of four, hold it for a count of four, release it for a count of four.

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You can go on like this for a while if you have a timer on your phone. You can do this when you wake up tomorrow morning or tonight before you go to bed. Your brain is going to start to wander and make a list. I really wanted to ask that question, "Why is she still talking?" I want you to have something to focus when your thoughts start invading because meditation is a practice. We practice it. We don't perfect it. We practice it.

So, my favorite mantra to keep me in that moment is, "I love you. Keep going." So, I want you to repeat that to yourself, "I love you. Keep going." When you're ready, you can flutter your eyes open, and I want to thank you for your time.

Jenna:

Thank you so much, Suzanne. That was really incredible live, valuable information and a good way to end. So, we are going to dive into some questions. Anyone who's asking about specific slides, when we send out the recording, you will all get those slides as part of the recording. So, please know that you will have access to this indefinitely on Sharsheret's website and in your email inbox. Okay.

Suzanne, have you written any books or articles-

Dr. Suzanne Gilberg-Lenz:

My book proposal is in my agent's hand right now.

Jenna:

Okay.

Dr. Suzanne Gilberg-Lenz:

I want you guys to know that it is called Menopause Bootcamp. One of my main goals is my main goal all the time, which is what you got out of this talk, which is self-love, and with specific skills to help that. One of the things that I'm doing in this book is talking about people who have experiences that are different from everybody else is. So, there's going to be a section on cancer and menopause, and some other things. So, there's going to be a focus on this in the book as well. So, keep in touch with me and you will see what's happening with that.

Jenna:

Fantastic. Okay. In regards to sleep, a question about your thoughts on OTC estrogen.

Dr. Suzanne Gilberg-Lenz:

OTC, over the counter estrogen? I don't know what they mean. There's no such thing as-

Jenna:

Okay. Whoever wrote that, if you don't mind-

Dr. Suzanne Gilberg-Lenz:

Estrogen is not over the counter. So, if you think you're getting estrogen over the counter, that's not estrogen or I'm worried. So, I need some clarification on that one.

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Jenna:

Okay.

Dr. Suzanne Gilberg-Lenz:

I do not think-

Jenna:

If you can clarify magnesium glycosate for people and how that's used for sleep.

Dr. Suzanne Gilberg-Lenz:

Okay. It's glycinate, G-L-Y-C-I-N-A-T-E. It depends on if you're taking it or not already. I mean, I take magnesium every night anyways for lots of reasons. It's great for bowel function. It's great for, like I said, restless legs, for relaxation, but I would start with 400 mg. You could probably work your way up to 800, but it might give you loose stools. So, I'd start with that.

Again, look, pharmaceuticals are like you take it, that's not how herbs or supplements work. Thank you for bringing this up because when you're using ... I mean, with the magnesium, it would probably work fairly quickly to relax you, but for herbs, if you're taking herbs, for instance, if you're going to take the Black cohosh, you have to give yourself at least three weeks, if not 60 to 90 days.

Jenna:

Great. A few questions. One more about hot flashes. A few questions about turmeric, and if that's effective.

Dr. Suzanne Gilberg-Lenz:

I have not seen any data on turmeric, specifically, for hot flashes. Turmeric is a great anti inflammatory. I think in combination with other things, it could be fantastic probably for metabolic health, for cardiovascular health, for overall health. I don't know anything about turmeric and sleep.

Jenna:

Okay. Cannabis questions. We got one about, "Does CBD interfere with metabolizing tamoxifen?"

Dr. Suzanne Gilberg-Lenz:

I don't think so. I don't have any information on that, and I will tell you what, I'll look into it because I have looked into this, and I feel like CBD for me has been one of my go-tos because it doesn't interfere with a lot of things other than pregnancy, preconception, and nursing. I mean, a big no for any cannabis products, but I will look into that. I have not seen any data indicating this.

Jenna:

We did, for everyone's knowledge, a webinar on cannabis use two months ago. So, we've provided that link to that webinar in the chat-

Dr. Suzanne Gilberg-Lenz:

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Oh, that's great. That's great.

Jenna:

... with Dr. Sherry Yafai from the ... I don't know if you know her.

Dr. Suzanne Gilberg-Lenz:

Wonderful.

Jenna:

Okay. Questions about vaginal dryness. Thoughts about the MonaLisa Touch.

Dr. Suzanne Gilberg-Lenz:

Oh, yeah. I didn't have time for that. I do the MonaLisa Touch, and radiofrequency devices have changed, and I think they can be helpful as well. I will tell you, if you do one of the energy-source devices, that's what these are, and you're not doing anything else, it may not last. So, for cancer survivors, I think it's really fantastic, but I'll be honest. The longer I do these things, the more I see you're probably going to need either a vaginal moisturizer or, honestly, you may need some hormone therapy. It's great for cancer survivors.

I will tell you with the MonaLisa, specifically, and also any of the energy devices, the longer you wait, the less good they're going to work. You may need more treatments. Please do not do this with a person who's not a gynecologist. Please, please find a gynecologist who does this, not a plastic surgeon or a dermatologist. They don't know anything about the vagina, and they should not be doing anything with it.

Dr. Suzanne Gilberg-Lenz:

So, for local providers, the isswsh.org, which is the International Society for the Study of Women's Sexual Health, they will have a provider list and things like that.

Jenna:

Speaking of which, for people who are looking for more information about menopause, who is the right doctor to go to?

Dr. Suzanne Gilberg-Lenz:

A menopause practitioner. Not all gynecologists really know anything about this. I mean, up to 75% or 80% of OB-GYN grads come out feeling like they don't know anything about menopause. Those of us who do have trained ourselves or I've been trained through North American Menopause Society, through ISSWSH. I've studied myself. It's a lifelong learning like all professions.

Dr. Suzanne Gilberg-Lenz:

Everybody does not know about menopause, and they ... I think if you're a gynecologist, I'm not trying to take you away from your gynecologist. Start with your gynecologist. If they have a bag of tricks and, obviously, you can tell, then cool. If they're like, "You have breast cancer," no. Okay, no. Uh-uh. There's people out there who know. That's another story.

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Jenna:

Is there a listing?

Dr. Suzanne Gilberg-Lenz:

Yeah. I mean, not everybody. I'm not going to be on the NAM's website. I'm not going to be on the ISSWSH website. I actually do telemedicines. So, if you're not local, go to my website and you can find out how to do that. So, I think you guys are going to put my links up, right?

Jenna:

Yes. Yeah. We'll send them out.

Dr. Suzanne Gilberg-Lenz:

Okay. Great.

Jenna:

We can put them in the chat box right now, too.

Dr. Suzanne Gilberg-Lenz:

Great. Cool.

Jenna:

People who had cancer, in this person's case, in her 30s. Her periods did come back. Would she still anticipate getting menopause earlier than the average percent?

Dr. Suzanne Gilberg-Lenz:

Yeah. Probably. Yeah.

Jenna:

Okay.

Dr. Suzanne Gilberg-Lenz:

So, this is really important information because there's a lot of things that she can be doing now to optimize.

Jenna:

Great. Thoughts on frankincense.

Dr. Suzanne Gilberg-Lenz:

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As a treatment? I mean, for an essential oil, I love it. I haven't used it orally. If you have information, I'd love to have that shared with me, but frankincense is actually known for its benefits in immune system function and also it can be an antimicrobial, but I don't know anything about it for menopause.

Jenna:

Okay. Regarding nutrition, we've gotten a lot of questions not just today about intermittent fasting.

Dr. Suzanne Gilberg-Lenz:

Yes. Yeah. I mean, I only have so much time. I think intermittent fasting is getting a lot of attention for a good reason. I think especially as we get into menopause and we're trying to boost your metabolism, which is why I wanted to talk a little bit about the plant-based keto because I think intermittent fasting plus plant-based keto is probably has the strongest study to support it and is safest for us because some of these diets are so animal-heavy, and I do eat animal products. I'm pretty strict about grass-fed and making it more to condiments. I'm just not a person who's done well without animal protein, but there's so much data occurring on animal protein and breast cancer recurrence. I can't say that I suggest doing it.

Intermittent fasting, again, be careful. I think that the window. I think the eight-hour window of eating is probably the most effective in our age group. Then the other thing that people do, there is ... If you guys know about ProLon, which is very science-based. It's a box. It's 100% plant-based, five-day intermittent fasting. It's calorie-restricted. Those can be really great.

So, the other way to do intermittent fasting is to actually restrict for a short period of time. That is a five-day window. I think it's great. You can go directly to them or you can find a clinician who can order it for you.

Jenna:

Great.

Dr. Suzanne Gilberg-Lenz:

You guys understand what intermittent fasting is. You're actually not eating between eight and 18 hours. So, a lot of times what I'll do is, and I'm just not hungry in the morning, anyways, I have coffee with nothing else in it, and then I start eating at noon and I try to stop eating at eight. I want to be careful, though, because I think that this is a great way for us to really activate our disordered eating.

There's a fine line between maintaining health, promoting health, and self-hate, especially with female bodies. We already have a lot of stuff. We had our boobs removed or mask hurt or whatever. We've been through a lot with our bodies, and I think we need to make sure that we are doing this from a place of love and not from a place of fear.

Jenna:

So, we are out of time. I think that's a really great way to end. We do have more questions that have come in. A lot of them are regarding specific products. So, if we can send you an email after.

Dr. Suzanne Gilberg-Lenz:

Yeah, yeah, and then I know I'm seeing questions about the specific company or spelling or something like that. You guys get that to me and I will get it out to you. I'm available. If you guys go to thedrsuzanne.com, the D-R, no punctuation, S-U-Z-A-N-N-E dot com. You can find all my social skills. You

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can get to my ... Please don't send me clinical questions there. Those are immediate questions, but there's a link to my office. You can either make an appointment and see me or make a telemedicine appointment. I'm available. This is my life's work. I'm passionate about it. So, I really appreciate you guys letting me go on and on.

Jenna:

Thank you for sharing your passion with us. We're so grateful on behalf of everyone here today.

Dr. Suzanne Gilberg-Lenz:

Thanks so much.

Jenna:

We look forward to sharing your information with everyone afterward.

Dr. Suzanne Gilberg-Lenz:

Awesome. Okay. Bye.

Jenna:

Have a great day, everyone. Thank you so much for joining us.

About Sharsheret

Sharsheret, Hebrew for “chain”, is a national non-profit organization, improves the lives of Jewish women and families living with or at increased genetic risk for breast or ovarian cancer through personalized support and saves lives through educational outreach.

With four offices (California, Florida, Illinois, and New Jersey), Sharsheret serves 150,000 women, families, health care professionals, community leaders, and students, in all 50 states. Sharsheret creates a safe community for women facing breast cancer and ovarian cancer and their families at every stage of life and at every stage of cancer - from before diagnosis, during treatment and into the survivorship years. While our expertise is focused on young women and Jewish families, more than 15% of those we serve are not Jewish. All Sharsheret programs serve all women and men.

As a premier organization for psychosocial support, Sharsheret’s Executive Director chairs the Federal Advisory Committee on Breast Cancer in Young Women, Sharsheret works closely with the Centers for Disease Control and Prevention (CDC), and participates in psychosocial research studies and evaluations with major cancer centers, including Georgetown University Lombardi Comprehensive Cancer Center. Sharsheret is accredited by the Better Business Bureau and has earned a 4-star rating from Charity Navigator for four consecutive years.

Sharsheret offers the following national programs:

The Link Program

- Peer Support Network, connecting women newly diagnosed or at high risk of developing breast cancer one-on-one with others who share similar diagnoses and experiences
- Embrace™, supporting women living with advanced breast cancer • Genetics for Life®, addressing hereditary breast and ovarian cancer
- Thriving Again®, providing individualized support, education, and survivorship plans for young breast cancer survivors • Busy Box®, for young parents facing breast cancer
- Best Face Forward®, addressing the cosmetic side effects of treatment
- Family Focus®, providing resources and support for caregivers and family members
- Ovarian Cancer Program, tailored resources and support for young Jewish women and families facing ovarian cancer • Sharsheret Supports™, developing local support groups and programs

Education and Outreach Programs

- Health Care Symposia, on issues unique to younger women facing breast cancer
- Sharsheret on Campus, outreach and education to students on campus
- Sharsheret Educational Resource Booklet Series, culturally-relevant publications for Jewish women and their families and healthcare Professionals

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