Is Vaginal Estrogen Safe After Breast Cancer?

Vaginal estrogen is one of the is one of the most effective and most effective and least least least used used used treatments in treatments in women's women's women's hormonal hormonal hormonal health. Most health. Most women avoid it women avoid it because of fears that because of fears that modern research modern research simply no longer simply no longer supports.

supports. Today I'll explain what the science really shows, including data the science really shows, including data on those who have beaten on those who have beaten breast cancer.

Welcome to Welcome to my channel. I am Dr. my channel. I am Dr. Elizabeth Tatakin, a Elizabeth Tatakin, a naturopathic doctor, naturopathic doctor, practicing in Arizona practicing in Arizona and consulting and consulting nationally and nationally and internationally.

internationally. internationally. I work with women I work with women throughout their throughout their lives, lives, lives, focusing on focusing on premenopause, premenopause, premenopause, menopause, and the menopause, and the hormonal hormonal hormonal transitions that transitions that accompany them. Before accompany them. Before we continue, we continue, one important one important note. This video note. This video contains educational contains educational information and is not information and is not medical advice for medical advice for your specific your specific situation. Therefore, situation. Therefore, please consult please consult your doctor. That said your doctor. That said, I regularly, I regularly prescribe prescribe prescribe vaginal estrogen vaginal estrogen in my practice. This is in my practice. This is one of the one of the most useful, most useful, effective, and effective, and least least least discussed discussed discussed tools I tools I use with pre- and post-menopausal women. By the end of and post-menopausal women. By the end of this video, you'll this video, you'll learn how it learn how it differs from differs from systemic systemic systemic hormone therapy, what the safety, what the safety data actually shows, data actually shows, and who benefits the most. Let's start with what benefits the most.

What Is Genitourinary Syndrome of Menopause?

Let's start with what exactly we are exactly we are talking about. Starting in talking about. Starting in premenopause, when premenopause, when estrogen levels estrogen levels begin to decline, begin to decline, the tissues of the vagina, vulva, the tissues of the vagina, vulva, and bladder and bladder begin begin begin to change. They to change. They become thinner, become thinner, drier, and less drier, and less elastic.

elastic. elastic. There is a name for this. This There is a name for this. This is called is called is called genitourinary genitourinary genitourinary syndrome of menopause, syndrome of menopause, or GUSM. The symptoms are or GUSM. The symptoms are very diverse, and very diverse, and many women do many women do not associate them with not associate them with hormones at all.

Vaginal dryness, Vaginal dryness, thinning and thinning and irritation, irritation, irritation, discomfort or discomfort or painful intercourse, painful intercourse, burning or itching, burning or itching, more frequent more frequent urinary tract infections, an urinary tract infections, an urgent urge urgent urge to urinate, that to urinate, that sudden feeling that sudden feeling that you need to go, and you need to go, and general general general bladder discomfort.

bladder discomfort. Here's what's important Here's what's important to understand. Hot flashes to understand. Hot flashes usually usually usually go away on their own over time, go away on their own over time, but GUSM does not, because but GUSM does not, because it is caused by a it is caused by a constant constant constant lack of lack of lack of estrogen in these estrogen in these tissues. Without tissues. Without treatment, it treatment, it tends to gradually tends to gradually worsen rather than worsen rather than improve. And this is a improve. And this is a common phenomenon. By common phenomenon. By some estimates, some estimates, about half of postmenopausal women postmenopausal women experience symptoms of experience symptoms of GUSM.

However, most GUSM. However, most never mention never mention it, and many are it, and many are never asked. This is not a cosmetic. This is not a cosmetic problem or a matter of problem or a matter of vanity. This vanity. This affects sleep, affects sleep, comfort, intimate comfort, intimate life, relationships, and life, relationships, and urinary tract health.

urinary tract health. This deserves to be This deserves to be treated as the treated as the medical condition that medical condition that it is. The reason it is. The reason so many women so many women go go go untreated comes down untreated comes down to one thing—fear to one thing—fear of estrogen. And of estrogen. And this fear this fear stems from a stems from a difference that has never been clearly never been clearly explained to most women. So, explained to most women.

Vaginal Estrogen vs Systemic Hormone Therapy

So, let's explain this. When most people When most people hear about hear about hormone therapy, hormone therapy, they imagine they imagine systemic HRT, which is systemic HRT, which is estrogen in pills, estrogen in pills, patches, or creams patches, or creams that is absorbed into the that is absorbed into the bloodstream and distributed throughout the bloodstream and distributed throughout the body. It body. It reaches the brain, heart, reaches the brain, heart, breast tissue breast tissue, and the entire, and the entire body. This is the body. This is the form that requires a more form that requires a more complex conversation complex conversation about risks and benefits, and it is what the, and it is what the old old old headlines were about.

Vaginal estrogen is a completely different thing. This is a very low dose This is a very low dose that is applied that is applied directly to the directly to the tissues of the vagina and tissues of the vagina and vulva, where it acts vulva, where it acts locally. The amount locally. The amount that enters the that enters the bloodstream is minimal.

bloodstream is minimal. In women In women using using using low doses of low doses of vaginal vaginal vaginal estrogen, estrogen, estrogen, blood estrogen levels blood estrogen levels usually remain usually remain within the normal range for within the normal range for postmenopausal women postmenopausal women. Here's an. Here's an analogy I analogy I use with use with patients.

patients. patients. Systemic hormone Systemic hormone therapy is like therapy is like turning on the heating in the turning on the heating in the whole house.

Vaginal estrogen is like a heating pad for is like a heating pad for one room. The effect one room. The effect stays where stays where it is needed and does not it is needed and does not heat up the entire heat up the entire system, as it does system, as it does not significantly increase not significantly increase estrogen levels in the estrogen levels in the rest of the body. It does not rest of the body. It does not carry the same carry the same cardiovascular risks as as as oral oral oral hormone therapy.

It also bypasses what is It also bypasses what is called primary called primary metabolism in the liver. metabolism in the liver. Therefore, a very small dose is Therefore, a very small dose is sufficient to sufficient to do the job do the job locally. This locally.

What Does the Breast Cancer Research Show?

This mechanism is key, mechanism is key, and it brings us and it brings us to the question that to the question that most most most women are here for. What about women are here for. What about breast cancer?

breast cancer? It's fear that It's fear that keeps women from getting keeps women from getting treatment that could treatment that could really help them.

really help them. So, let's So, let's see what the research actually says. The research actually says. The most recent and most recent and largest analysis on largest analysis on this topic was this topic was published in published in 2025. It combined seven 2025. It combined seven studies and more than studies and more than 118,000 women who 118,000 women who had had had breast cancer.

breast cancer. Women who Women who used used used vaginal estrogen did not have a higher not have a higher rate of rate of breast cancer coming back. The recurrence rate did not recurrence rate did not increase, and increase, and breast cancer mortality breast cancer mortality was not higher. A previous review in 2024 previous review in 2024 reached the same reached the same general conclusion.

general conclusion. Think about this for a moment. In the group with the greatest In the group with the greatest reason for reason for caution—women caution—women caution—women who already had who already had breast cancer— breast cancer— the data did not show that the data did not show that low-dose low-dose low-dose vaginal vaginal vaginal estrogen estrogen estrogen worsened worsened worsened outcomes. Now I outcomes.

Vaginal Estrogen and Aromatase Inhibitors

Now I want to be honest with want to be honest with you, because that's how I you, because that's how I practice. There is one practice. There is one group where the situation is group where the situation is less clear-cut. For less clear-cut. For women taking a women taking a class of drugs class of drugs called called called aromatase inhibitors, which are aromatase inhibitors, which are used for used for some types of some types of estrogen-positive estrogen-positive estrogen-positive breast cancer, breast cancer, the evidence is more the evidence is more conflicting. Several conflicting. Several analyses have raised analyses have raised the question of the question of recurrence, which has recurrence, which has not yet been not yet been definitively answered. If this applies to. If this applies to you, discuss this you, discuss this directly with directly with your oncologist and a your oncologist and a doctor doctor doctor specializing in specializing in menopause. This is not a menopause. This is not a decision that should be decision that should be made after made after watching a video, and I would watching a video, and I would never want to do it. But for most. But for most women, the fear of women, the fear of vaginal vaginal vaginal estrogen arises estrogen arises because the because the risk profile of systemic risk profile of systemic hormone therapy hormone therapy is being transferred to a is being transferred to a product that simply product that simply does not work in the body in does not work in the body in this way. If this this way. If this helped you helped you understand understand understand vaginal vaginal vaginal estrogen, estrogen, estrogen, leave a comment leave a comment below. I'm curious below. I'm curious to know if this is a topic to know if this is a topic you were afraid you were afraid to ask about. And if it to ask about. And if it became clearer to you, became clearer to you, subscribe. This subscribe. This channel is dedicated to channel is dedicated to naturopathic and naturopathic and functional functional functional medicine in the field of medicine in the field of women's and women's and family health.

family health. Now I'm going to go into detail about Now I'm going to go into detail about premenopause and premenopause and menopause. You won't menopause. You won't want to miss what want to miss what comes next. So, comes next. So, who is this really for? Let's look at?

Who Can Benefit From Vaginal Estrogen?

Let's look at the range of applications, the range of applications, because it is wider than because it is wider than many many many women think. First, women think. First, vaginal dryness vaginal dryness and atrophy. This is the and atrophy. This is the most well-known most well-known use case. Low-dose. Low-dose vaginal estrogen vaginal estrogen restores tissue thickness and restores tissue thickness and hydration, and hydration, and the changes can be the changes can be dramatic. Secondly, dramatic. Secondly, pain during pain during sexual intercourse. When sexual intercourse. When pain is caused by pain is caused by thinning of dry thinning of dry tissues, restoring tissues, restoring them to health in them to health in most cases most cases eliminates the pain.

Women who have Women who have avoided intimacy for years avoided intimacy for years sometimes reclaim this sometimes reclaim this part of their lives.

Third, and this is Third, and this is most often most often most often overlooked, are overlooked, are recurrent recurrent recurrent urinary tract infections.

When the tissues of the vagina and When the tissues of the vagina and urethra lose urethra lose estrogen, they also estrogen, they also lose some of their lose some of their protective barrier and protective barrier and healthy

microflora.

Therefore, restoring Therefore, restoring local estrogen local estrogen restores this restores this protection and can significantly protection and can significantly reduce the incidence of reduce the incidence of infections in infections in postmenopausal women. If postmenopausal women. If you feel like you you feel like you 're taking 're taking 're taking antibiotics every antibiotics every few months, it's worth few months, it's worth asking about it.

Fourth, urge to Fourth, urge to urinate and bladder symptoms. The bladder symptoms. The bladder and bladder and urethra also have urethra also have estrogen receptors.

estrogen receptors. For many women, For many women, restoring restoring restoring local estrogen local estrogen calms these urges calms these urges and improves and improves bladder function. And bladder function. And finally, the physical finally, the physical aspect of sexual aspect of sexual function. By reducing function. By reducing pain and restoring pain and restoring tissue sensitivity, tissue sensitivity, vaginal estrogen vaginal estrogen can improve the can improve the physical sensation physical sensation during sex. This is during sex. This is related to libido.

Although libido itself is a Although libido itself is a broader topic with many broader topic with many aspects, and I will make a aspects, and I will make a separate video about it.

separate video about it. So, let's get to the So, let's get to the practice. If you practice. If you think this might be right for think this might be right for you, here's what you you, here's what you should know.

Vaginal Estrogen Options and How to Ask Your Doctor

Vaginal estrogen Vaginal estrogen comes in several comes in several forms, and they all forms, and they all work work work by delivering this by delivering this low dose. There is a cream, there is a low dose. There is a cream, there is a small tablet small tablet or insert. There is a soft or insert. There is a soft ring that ring that is inserted and is inserted and slowly releases slowly releases estrogen for estrogen for about 3 months, as about 3 months, as well as suppositories. The choice well as suppositories. The choice depends on depends on personal preference personal preference and what is more convenient for you and what is more convenient for you. There is also a. There is also a non-estrogenic non-estrogenic non-estrogenic option option option worth knowing about— vaginal DHEA. This is a vaginal DHEA. This is a precursor that your precursor that your body body body converts locally into converts locally into small amounts of small amounts of estrogen and estrogen and testosterone right in the testosterone right in the tissues. For women tissues. For women who prefer who prefer to avoid the word " estrogen" altogether, this is another estrogen" altogether, this is another path to the same goal.

So, how do you So, how do you start a conversation about this? start a conversation about this? Keep your Keep your wording simple. You wording simple. You might say, “ might say, “ I have vaginal I have vaginal dryness, or frequent dryness, or frequent urinary tract infections, urinary tract infections, or discomfort during or discomfort during intercourse, and intercourse, and I would like to discuss whether whether whether low-dose low-dose low-dose vaginal estrogen would be right for me.” This one phrase.” This one phrase opens the door. And one more thing opens the door. And one more thing : unlike : unlike systemic systemic systemic hormone therapy, which involves, which involves talking about when and talking about when and whether to stop it, vaginal, vaginal estrogen estrogen estrogen can usually be used for can usually be used for a long time. This is a a long time. This is a treatment for local treatment for local changes that do not changes that do not go away on their own.

go away on their own. Therefore, if treatment is stopped Therefore, if treatment is stopped, symptoms, symptoms usually usually usually return. And the return. And the regulatory framework is regulatory framework is now catching up with now catching up with scientific data. The FDA scientific data. The FDA recently updated recently updated the labeling for these the labeling for these products, removing products, removing the most stringent the most stringent the most stringent warning from warning from low-dose low-dose low-dose vaginal vaginal vaginal estrogen, recognizing estrogen, recognizing that its systemic that its systemic absorption and absorption and risks are risks are minimal. This is where one of the principles that one of the principles that I follow in I follow in practice comes in handy. In practice comes in handy. In naturopathic naturopathic naturopathic medicine, one of our

medicine, one of our oldest ideas is "the doctor as teacher." doctor as teacher." My job here is My job here is not to not to make decisions for make decisions for you. And it's about you. And it's about providing you with providing you with information so you information so you can come to your can come to your appointment and build a appointment and build a better dialogue. So, better dialogue. So, let's summarize.

let's summarize. Vaginal estrogen is not what not what many women many women think of it. It think of it. It is not systemic. This is not the same is not systemic. This is not the same hormone therapy hormone therapy that caused all the that caused all the controversy controversy controversy a decade ago. This is a a decade ago. This is a targeted, targeted, targeted, low-dose low-dose low-dose topical treatment for a topical treatment for a condition that affects condition that affects about half of about half of all all all postmenopausal women. Three postmenopausal women. Three things to things to remember. First: remember. First: vaginal estrogen vaginal estrogen has minimal has minimal systemic systemic systemic absorption. It is absorption. It is fundamentally fundamentally fundamentally different from different from systemic systemic systemic hormone therapy. Second: Recent. Second: Recent data among over 100,000 breast cancer survivors found that breast cancer survivors found that vaginal estrogen did vaginal estrogen did not increase the risk of cancer recurrence or death, of cancer recurrence or death, except in the case of except in the case of aromatase inhibitors, which is worth aromatase inhibitors, which is worth discussing with your discussing with your oncologist. Third: oncologist. Third: The problems it The problems it treats—dryness, pain treats—dryness, pain during during during intercourse, frequent intercourse, frequent urinary tract infections, urinary tract infections, and the urge to and the urge to urinate—are urinate—are urinate—are serious medical serious medical issues, and they don't issues, and they don't go away on their own.

In naturopathic In naturopathic medicine, we talk medicine, we talk about removing about removing obstacles to obstacles to healing and giving the healing and giving the body what it body what it needs. Sometimes needs. Sometimes this obstacle is this obstacle is inflammation or inflammation or nutrient deficiencies nutrient deficiencies. And sometimes it's. And sometimes it's simply a lack of the simply a lack of the hormone in the tissue hormone in the tissue that that that depends on it. Your depends on it. Your body knows how to body knows how to heal itself. My role is to help remove what gets in the way to help remove what gets in the way.

.. If decreased libido If decreased libido is part of your is part of your situation, and it often situation, and it often accompanies the changes accompanies the changes we talked about we talked about today, I will make a today, I will make a separate video on separate video on what actually what actually causes it and what the causes it and what the evidence supports. I will prepare evidence supports. I will prepare it as soon as possible.

it as soon as possible. And here is your next And here is your next step. The conversation step. The conversation starts at starts at your next your next appointment. Name appointment. Name the symptoms out loud.

the symptoms out loud. Ask about Ask about topical topical topical estrogen options. And if your estrogen options. And if your doctor is not familiar with the doctor is not familiar with the current evidence, it is current evidence, it is entirely appropriate entirely appropriate to ask for a to ask for a to ask for a referral to a referral to a menopause specialist.

If you are looking for clear If you are looking for clear and up-to-date and up-to-date information about women's hormonal health, this channel is women's hormonal health, this channel is for you. Subscribe and see you in the and see you in the