

## When should screening colonoscopies stop?

There are recommendations for colonoscopies to be carried out every 5 years as the “gold standard” method of screening for colorectal malignancies. The debate as to whether less invasive and less expensive means are more cost-effective is a reasonable one, but until “liquid biopsies” prove to be as reliable as predicted - up to what age should colonoscopies be done?

A study from the US aimed to determine the frequency and outcomes of screening colonoscopies in asymptomatic patients older than 75 years with a life expectancy of less than 10 years ([Halabi et al JAMA Intern Med 2023 doi 10.1001/jamainternmed.2023.0435](#)). The results showed that a large proportion of screening colonoscopies were performed on patients with a limited life expectancy and were associated with an increased risk of complications. Colorectal cancer was rare, and treatment seldom embarked upon in patients with decreased life expectancy. The authors suggest that screening colonoscopies in older adults should be reserved for those in good health and with a life expectancy of at least 10 years.

*Editorial comment - On the horizon there may be blood-based biomarker tests providing more options for patients seeking convenient forms of screening. While the prospect of phasing out colonoscopy may be appealing, it would require a big shift for a field in which such procedures have dominated. For the present, colonoscopies for those aged 75 to 85 years should be advised on a case by case basis, taking into account previous results, present health and the patients choice.*

## Adnexal masses and malignancy

Adnexal masses diagnosed on clinical or ultrasonic criteria require further evaluation and algorithms for their elucidation are useful. One such mechanism is the Ovarian-Adnexal Reporting and Data System (O-RADS) using ultrasound which is widely employed in the United States but its reliability has recently come under scrutiny as a Risk Score in non-selected patients presenting to radiology departments ([Jha et al JAMA Netw Open 2022;5:e2216370](#)).

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The study included about 1,000 women and an O-RADS US 4 was found to be the optimal cut-off for diagnosing cancer, with a sensitivity of 91%, specificity of 82%, positive predictive value of 31%, and negative predictive value of 99%. The authors conclude that the O-RADS US risk stratification system performs within the expected range, and when a lesion can be classified as an O-RADS US 2, the risk of cancer is low.

See also "Ultrasound-identified ovarian cysts: a guide to interpretation, management, and follow-up." [Goodman Menopause](#) 2023;30:465-6

## Laser therapy & GSM

Another two articles have appeared in the American journals on laser treatment of the genitourinary syndrome of menopause.

The first is a controlled trial in breast cancer survivors ([Mension et al JAMA Netw Open](#) 2023;6:e2255697). The following is the ChatGPT summary:

*The article reports on a randomized clinical trial that aimed to assess the safety and efficacy of vaginal laser treatment for genitourinary syndrome of menopause (GSM) in survivors of breast cancer receiving aromatase inhibitors. The study involved 84 participants, who were randomized into two parallel study groups, one receiving fractional carbon dioxide laser therapy (CLT) and the other receiving sham laser therapy (SLT). Both groups received first-line therapy, and the results showed that both groups improved in sexual function, dyspareunia, vaginal health, body image, and quality of life. However, there were no statistically significant differences between the two groups in safety or efficacy outcomes at the 6-month follow-up. These findings suggest that while vaginal laser treatment is safe, it is not more effective than first-line therapy with a placebo in survivors of breast cancer receiving aromatase inhibitors. Overall, the study provides useful information for clinicians, patients, and policymakers regarding the use of vaginal laser treatment for GSM in breast cancer survivors.*

The second article comments on the above research and is a robust condemnation of laser therapy for this indication ([Gunter JAMA Netw Open](#) 2023;6:e2255706). The ChatGPT summary follows:

*The article discusses the issue of genitourinary syndrome of menopause (GSM) and the use of vaginal laser therapy as a potential treatment. While GSM affects a large percentage of people in menopause, the cost and potential risks of pharmaceutical treatments can be prohibitive. Vaginal laser therapy has been promoted as a painless and safe alternative to these treatments. However, the reality is that these devices are*



not cleared by the US Food and Drug Administration for this purpose, and there is a lack of high-quality evidence on their efficacy and safety. Recent studies have shown no significant difference in outcomes between vaginal laser therapy and a sham procedure. The article warns against the use of inadequately studied devices in obstetrics and gynecology and emphasizes the need for rigorous testing of potential treatments.

*Editorial comment* - If you are a non-believer in laser for GSM management, these two articles will add to your misgivings about the commercialisation of therapies which are not supported by the published literature. As editor of Menopause Matters, I strive to retain a neutral stance and only report on peer-reviewed articles with the standard attention against biases. So far, I am unaware of any good quality trials which provide evidence that laser is better than sham treatment.

The reason I have used ChatGPT summaries as the basis for these reports is to avoid any personal bias in the interpretation of the findings. You decide where you stand in this debate.

## Estetrol for GSM

Estetrol is a newcomer to the array of hormonal preparations for menopausal treatments. An article describes a randomised, double-blind, placebo-controlled study aimed at determining the minimum effective dose of estetrol (E4) in postmenopausal women ([Gaspard et al Menopause 2023;30:480-9](#)).

The study focused on the effects of E4 15 mg on vaginal cytology, genitourinary syndrome of menopause (GSM), and health-related quality of life. Results showed that E4 15 mg had estrogenic effects in the vagina and decreased signs of atrophy. It also decreased vaginal dryness and dyspareunia and improved the severity of GSM symptoms. Additionally, E4 15 mg decreased the frequency and severity of vasomotor symptoms and improved overall wellbeing. These findings suggest that E4 15 mg is a promising treatment option for postmenopausal women experiencing symptoms beyond vasomotor disturbances.

## Topical treatment for dyspareunia

A trial has been published on topical vestibular/introital treatment of painful intercourse ([Goetsch et al Menopause 2023;30:467-75](#)). The study aimed to compare the effectiveness of two strengths of estradiol cream and the use of silicone lubricant to reduce pain scores in postmenopausal women with moderate to severe dyspareunia.

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The trial assigned 50 women to nightly applications of estradiol cream, 50 or 100 µg, for 12 weeks, and measured pain using the 0-10 Numerical Rating Scale. The study found no significant difference between groups in the primary outcome of intercourse pain score or any secondary outcome measures. However, both groups experienced a significant decrease in pain scores after 4 and 12 weeks of treatment. The most tender anatomic area, the vulvar vestibule, improved by 82% to 100% with therapy. The study suggests that estradiol cream applied to the vulvar vestibule, along with silicone lubricant, may be a promising alternative to vaginal therapy for dyspareunia.

In an accompanying editorial the results are described as “amazing ” and the study as “providing an extraordinary piece of information for the management of GSM” ([Gambacciani Menopause 2023;30:463-4](#)).

### What women want

Do we really know what women want in terms of information and assistance about the peri-menopause? In an attempt to find out researchers carried out an investigation entitled “Seeking Health Care for Perimenopausal Symptoms: Observations from The Women Living Better Survey.” ([Richardson et al J Women’s Health 2023;32, No. 4](#)).

The article discusses the challenges faced by both those seeking health care and health care professionals in perimenopausal health care interactions. The authors analyse responses to the Women Living Better survey and identify six codes reflecting positive health care interactions, including validating experiences, having matching explanatory models, being supported by a team, engaging in shared decision-making, and having symptoms addressed. They also identify 13 codes reflecting negative health care interactions, including invalidating experiences, a mismatch in expectations, barriers to treatment, and not feeling helped.

The authors suggest that enhancing validation, educating HCPs about perimenopausal symptoms and interaction strategies, and providing anticipatory guidance could improve midlife health care interactions. They propose the possibility of a pre-menopause/midlife health visit that includes anticipatory guidance and an individualised wellness plan.



**Ludwig van Beethoven (1770-1827) for SAMS music lovers**

Beethoven was perhaps the greatest composer who ever lived, but he was afflicted by various medical conditions - some of which impacted his career. He left instructions that after his death his maladies should be made public together with testament revealing that from his mid-twenties he had been "hopelessly afflicted" by a progressive hearing loss. He stated that he had suicidal ideations, but he could not leave the world "before I had produced all the works that I felt the urge to compose."

Although an autopsy was carried out, his exact cause of death was not satisfactorily concluded and the gastrointestinal symptoms that plagued him for many years, and latterly spells of jaundice were never adequately explained. Now, nearly 200 years after his death, age 56, much has been revealed through genomic investigations ([Begg et al Current Biology 2023 doi 10.1016/j.cub.2023.02.041](#)).

Eight putative samples of his hair exist, but last month geneticists were able to show that only five are genuine - excluding one containing high levels of lead which had previously been analysed and speculated to be fatal to "Beethoven".

The five best authenticated locks of hair were subjected to high-coverage genome sequencing, and such was the correlation that scientists could declare them truly belonging to Beethoven and make the following deductions about his health:

There did not appear to be a genetic component to his deafness, but the post-mortem report records showed thickened auditory canal nerves along with the "bony part of the skull, consistent with Paget disease of the bone" ([Wilson Medscape 2023](#)).

This is in keeping with the clinical signs of "tinnitus, loudness-recruitment, and loss of high-tone frequencies" that would end his career as a performing artist by his mid-40s."

His GIT symptoms did not suggest a hereditary origin, and both coeliac disease and lactose intolerance can be ruled out genetically. He was known to have been prescribed alcohol as treatment for his "kolik" and he is recorded as consuming "more than his fair share" which could predispose him to cirrhosis which was found at autopsy. He was also heterozygous for two variants that can cause hereditary haemochromatosis - a situation in which alcohol enhances the risk of cirrhosis.



Another factor was the clear evidence of hepatitis B virus which was prevalent in Europe at the time. This, together with his polygenic risk score, placed him in the 96<sup>th</sup> percentile of risk for cirrhosis. Liver failure appears to be the most likely cause of his demise.

There was some DNA mystery that was also revealed in the analysis. The Y chromosome Ludwig inherited was not from the "family line" which strongly "suggest an extramarital paternity event, at least in the generations preceding his birth."

*Editorial comment - I find our fascination with exceptional people intriguing. There have been few genuine geniuses who were capable thinking and conceptualising beyond the boundaries that constrain the rest of us - Leonardo da Vinci, William Shakespeare, Albert Einstein - and Ludwig van Beethoven. Our awe of their cerebral range and creativity draws us to delve into their secrets, their motivation, their personalities - and their health. These revelations through the science of genetics have only become possible this century.*

*Will Artificial Intelligence reveal more about our heroes in the future? Will it be possible to better understand more fully "genius"?*

*Maybe, in these revelations about Beethoven, we learn of triumph against adversity and feel our spirits rise to greater joy at the sound of his music?*

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Menopause Matters is a monthly review of matters menopausal that have recently appeared in the journals. It is produced for the South African Menopause Society. These summaries and opinions do not necessarily reflect the views of the S A Menopause Society. Any clinical decisions made on the data presented are at the reader's discretion. ChatGPT has been used to assist with the production of some of the summaries .

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