4 Hormone options considered

OPTION	STATUS	CLINICAL RATIONALE & ROLE
Vaginal estradiol	Started	Low-dose cream applied by finger to heal the vulva, vagina and urethra; stop recurrent UTIs.
Testosterone	Started	Systemic, for libido and brain fog; off-label for women in the US.
Estradiol, systemic	Added later	Oral, for the cardiovascular benefits and to heal her bones.
Progesterone	Considered	Optional without a uterus; for sleep and bone, given osteoporosis.

ORDER Sequential (local vaginal estradiol alone first or with systemic testosterone) or all at once: each woman decides.

5 Initial plan and follow-up

STARTED AT THE CONSULT

VAGINAL Low-dose estradiol cream on the finger, not the messy, drippy, high-dose applicator: labia, clitoris and urethra, the vaginal opening, then inside the vagina.

TESTOSTERONE 1% female-dose testosterone in a click dispenser. One click is 2.5 mg: start once a day. If nothing changes after 4 to 6 weeks, two clicks (5 mg).

ADDED LATER

ORAL ESTRADIOL Added after she felt better for several months with initial therapy but wanted her well-being and for the cardiovascular benefits. In her words: “I want the rest of my body back. I want my bones to heal.”

OBSERVED AT FOLLOW-UP, TWO MONTHS LATER, ON ALL THREE

REPORTED No hot flashes. Sleeping again for the first time in four years; wakes refreshed. Her sex drive is back. In her words: “There’s not a day that goes by that I’m not grateful for the life I have now. I would rather live 5 years living like this even if the cancer comes back than 20 years like I felt before. Thank you for working with me for my choices.”

MONITORING AND NEXT

BONE DEXA in two years. Dr. Bosserman: “I expect it’s going to be better.”

BOTTOM LINE *“Life is risks, and life is not all about breast cancer risk and fear of the future.”*
— Dr. Linda Bosserman

CHOICES is educational only — not medical advice.