

MOPE Clinic Releases Evidence-Based Report on the Safety of Vaginal Estrogen and DHEA for Menopausal Women

MOPE Clinic: Vaginal estrogen and DHEA shown safe for menopause relief without added cancer or clot risks.

METAIRIE, LA, UNITED STATES, September 25, 2025 / EINPresswire.com/ -- MOPE Clinic, a leader in integrative hormone and wellness care, has released an evidence-based overview addressing one of the most pressing concerns for women navigating perimenopause and postmenopause: the safety of vaginal estrogen and vaginal DHEA therapies.

Millions of women experience dryness, burning, urinary urgency, and painful intimacy during the menopausal transition. While treatment options exist, many hesitate due to concerns about cancer or blood clot risk. MOPE

Clinic's new report clarifies what current research shows and provides guidance for safe, effective symptom relief.

What Are Vaginal Estrogen and Vaginal DHEA?

Vaginal estrogen is applied locally through creams, tablets, or rings to restore healthy vaginal tissue. Vaginal DHEA, also known as prasterone, is a precursor hormone that converts in the vaginal tissue into small amounts of estrogens and androgens (i.e., local metabolism).

NCBI

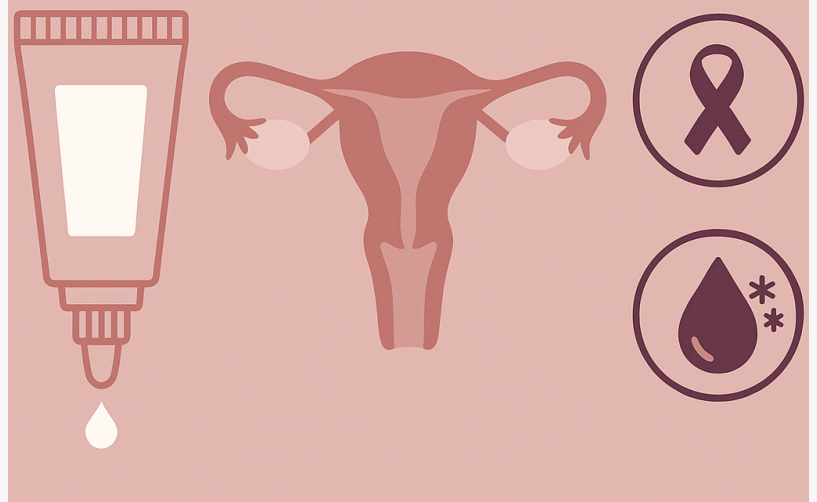
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Vaginal Estrogen and DHEA Safety in Menopause

Cancer and Blood Clot Risks



Benefits and Safety of Vaginal Estrogen and DHEA

Both therapies aim to relieve symptoms of genitourinary syndrome of menopause (GSM), including dryness, burning, painful intercourse, and urinary discomfort.

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Because these treatments work locally, they deliver relief with significantly lower systemic absorption compared to oral hormone therapy.

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ScienceDirect
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Documented Benefits for Women

Clinical research and patient experiences show that vaginal estrogen and DHEA can provide:

Relief from dryness, burning, and irritation

“

Research consistently shows that vaginal estrogen and DHEA safety in menopause is strong, with no significant increases in cancer or clot risk when used correctly.”

Chris Rue, FNP-C

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Improved comfort during intimacy (reduced dyspareunia)
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Decreased urinary urgency and frequency (improvements in urinary symptoms)

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MOPE Clinic

Enhanced overall quality of life (symptom relief correlates with better patient-reported outcomes)

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Safety Concerns: Cancer Risk

Large-scale studies offer reassuring evidence about cancer risks:

Vaginal estrogen use has not been linked to higher rates of breast, endometrial, or ovarian cancer. In a large cohort study of 49,237 women with breast cancer, use of vaginal estrogen was not associated with increased breast cancer-specific mortality (HR 0.77, 95% CI 0.63–0.94) compared with non-users.

JAMA Network

A meta-analysis of eight observational studies found that vaginal estrogen in breast cancer survivors was not associated with increased recurrence (pooled OR = 0.48, 95% CI 0.23–0.98) or higher mortality.

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Survivors of gynecologic cancers, once their disease is inactive, may safely tolerate low-dose vaginal estrogen under medical supervision (suggested in clinical reviews).

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Vaginal DHEA (prasterone) improves GSM symptoms with only minimal increases in circulating hormone levels. In a pilot study of breast cancer survivors on aromatase inhibitors, mean serum estradiol remained extremely low (3.4 ± 4.3 pg/mL, $p = 0.9136$), while vaginal symptoms improved significantly.

PubMed

To date, no definitive evidence shows a significant rise in cancer recurrence tied to vaginal DHEA use, although long-term data in high-risk populations remain limited.

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While long-term data in high-risk populations are limited, experts recommend shared decision-making with oncologists.

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Safety Concerns: Blood Clot Risk

Venous thromboembolism (VTE), commonly known as blood clots, is another concern with hormone therapy. Research shows:

Vaginal estrogen is not associated with increased clot risk, even in women with a history of VTE (because of low systemic absorption). Clinical reviews and safety assessments conclude negligible increased risk.

ScienceDirect

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American College of Physicians Journals

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Local application and low absorption explain the reduced risk compared to oral estrogen.

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ScienceDirect

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Vaginal DHEA does not appear to raise clotting risk, although long-term studies remain fewer. (No clear evidence of prothrombotic effect in available studies.)

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Comparing Vaginal and Systemic Hormone Therapy

Oral / systemic estrogen is associated with higher risk of breast and endometrial cancers, increased clot risk, and high systemic absorption (well established in large trials and

observational studies).

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JAMA Network

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Vaginal estrogen / DHEA: no significant evidence of increased cancer, minimal to no clot risk, and low absorption (per systematic reviews and safety studies).

ScienceDirect

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This distinction highlights why localized therapy is considered safer for many patients.

Medical Guidelines

Professional organizations, including the North American Menopause Society (NAMS) and ACOG, recommend:

Trying non-hormonal options first

Using the lowest effective vaginal estrogen or DHEA dose if symptoms persist

Annual reassessment of therapy need

Shared decision-making with providers for women with cancer or clotting history

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Practical Advice for Patients

MOPE Clinic encourages women to:

Share complete medical history with their providers

Report any unusual bleeding or symptoms immediately

Use therapies only as directed

Reassess annually with their healthcare team

Conclusion

"Research continues to show that vaginal estrogen and vaginal DHEA are safe and effective options for many women," said Chris Rue, FNP-C of MOPE Clinic. "For patients concerned about cancer or blood clot risk, the evidence is reassuring. When prescribed and monitored correctly, these therapies improve comfort, intimacy, and quality of life."

References

Beste, M. E., et al. "Vaginal estrogen use in breast cancer survivors: a systematic review and meta-analysis of recurrence and mortality risks." *American Journal of Obstetrics & Gynecology* (2025).

ScienceDirect

+1

McVicker, L., et al. "Vaginal Estrogen Therapy Use and Survival in Breast Cancer." *JAMA Oncology* (2024).

JAMA Network

Mension, E., et al. "Safety of prasterone in breast cancer survivors treated with aromatase inhibitors: a pilot study." *PubMed* (2022).

PubMed

Heo, Y. A. "Prasterone: A Review in Vulvovaginal Atrophy." *Drugs & Aging* (2019).

PubMed

Hussain, I., et al. "The safety of vaginal hormones and selective estrogen receptor modulators: a systematic review." *PMC* (2023).

PMC

Danan, E. R., et al. "Hormonal Treatments and Vaginal Moisturizers for Genitourinary Syndrome of Menopause." *Annals of Internal Medicine* (2024).

American College of Physicians Journals

Barton, D. L., et al. "Systemic and local effects of vaginal DHEA (prasterone)." *PMC* (2017).

PMC

Comini, A. C. M., et al. "Safety and Serum Estradiol Levels in Hormonal Treatments in Patients with Breast Cancer History Presenting with VVA Symptoms." (2023).

ScienceDirect

Sauer, U., et al. "Efficacy of intravaginal dehydroepiandrosterone (DHEA) in menopausal vulvovaginal atrophy and dyspareunia." Menopause (2018).
ScienceDirect

European Medicines Agency. "Intrarosa (prasterone) – Product Information." (EMA).
European Medicines Agency (EMA)

Cuccu, I., et al. "A Scoping Review of a Tailored Treatment-Based Approach for GSM, side-effects, safety." MDPI (2024).
MDPI

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