

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/advances-in-womens-health/neurokinin-targeted-therapies-menopause/67538/>

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Exploring Neurokinin-Targeted Therapies for Menopause

Announcer:

Welcome to *Advances in Women's Health* on ReachMD. On this episode, we'll learn about the role of neurokinin-targeted therapies in menopause care from Dr. JoAnn Pinkerton. She's the Women's Midlife Help and Mamie Jessup Professor of Obstetrics and Gynecology at the University of Virginia. She also serves as Division Director for the Midlife Health Center at UVA and is the Emeritus Executive Director and past President of The Menopause Society. Here's Dr. Pinkerton now.

Dr. Pinkerton:

Neurokinin-targeted therapies actually work in the brain at the level of the neurokinin receptor, and they antagonize it. So what happens during menopause is that you have activation of the KNDy neurons, and this triggers the vasomotor symptoms. And when you target those receptors and antagonize them, you decrease the number of hot flashes and sweats with the NK3s.

Elinzanetant, which is a dual NK3/NK1, is also going to have an effect through that NK1 on sleep disruptions and mood. They are both FDA approved. They work rapidly, and they have very acceptable safety. They're well tolerated. Fezolinetant reduced hot flashes and night sweats rapidly, within a week, and improved sleep and quality of life. Elinzanetant rapidly, again, within a week, reduced the hot flashes and night sweats, but improved mood and sleep disruption.

And in OASIS-4, which were survivors of breast cancer on endocrine therapy who had hot flashes and night sweats due to that endocrine therapy, we saw the same rapid reduction in hot flushes and night sweats and improvement in mood and sleep with elinzanetant, and it's now recommended first-line by the National Comprehensive Cancer Center for Women with Breast Cancer. Fezolinetant is in testing.

So I think that for women who have contraindications, we have these great therapies. The biggest problem is the issue of being able to get them approved by the insurances. We often have to do step therapy. Many times, we have to try these repurposed non-hormone therapies—oxybutynin, gabapentin, low-dose antidepressants—before we're able to actually prescribe the medications that are FDA approved that work: fezolinetant and elinzanetant.

That's frustrating, but often you just have to warn women that you have to go through it. The good news is, the companies have partnered with online pharmacies and coupons and are working really hard to make these available. They're very expensive, because they're brand new medications.

Announcer:

That was Dr. JoAnn Pinkerton talking about how neurokinin-targeted therapies fit into menopause management. To access this and other episodes in our series, visit *Advances in Women's Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!