

Respect



Quality



Solidarity



Innovation



Engagement

Treatment of Vulvo-vaginal atrophy (VVA) using vaginal dilators in addition to usual treatment: a randomized control trial

J.Piral (JP), S.Rozenberg (SR), A. Joris (AJ)



In the center of the city, in the center of life, with passion for care



Conflict of interest & Disclosure

- No conflict of interest declared
- JP & AJ: no disclosures
- SR Disclosures
- Research funding IRIS- King Baudouin Fondation, Vesale research Foundation, Amgen, MSD
- Speakers bureau &/or Advisory Boards/ & or research grants obtained
- Viatris, Abbott, Pfizer, Gedeon Richter, MSD, Amgen, Bayer, Theramex, Astellas

Overview of VVA/GSM

- VVA or GSM: under-reported
- Associated with decreased estrogenization
- Symptoms: dryness, irritation, and soreness, dyspareunia, urinary frequency and urge incontinence.
- The standard treatments: MHT or topical estrogens, DHEA, ospemifene (SERM).
- Additional treatments (controversial): fractionated CO₂ laser, vaginal dynamic radiofrequency, hyaluronic acid



External genitalia show scarce pubic hair, diminished elasticity, and turgor of the vulvar skin, decreased introital moisture, and fusion of the labia minora. *Courtesy of Aron Schuftan, MD*. From Uptodate.

Study Objectives

 Primary objective : Evaluate the efficacy of vaginal dilators as an addition to SoC in premenopausal or menopausal women.

 Broader Scope : Evaluate women with contraindications to MHT who experience VVA symptoms.

Study Design & Methods

- **Design**: Monocentric pilot RCT evaluating SoC (MHT, lubricants, moisturizers) (control group) to SoC + vaginal dilators (test group).
- **Population**: Peri- and postmenopausal women with VVA, including breast cancer survivors.
- **Procedures**: Assessments at baseline, at 4 & 12 weeks
- **Measures** : VVA severity , dyspareunia, VHI, FSFI, and VAS (for vaginal dryness, vaginal and/or vulvar irritation/itching, and pain during sexual intercourse).

Vaginal Dilator Use and Instructions



Vaginal Dilator:

- A silicone medical device for gradual stretching
- The kit includes dilators of progressively larger sizes

Statistical Analysis and Power

• Statistical Analysis:

- Differences at baseline, 4 weeks, and 12 weeks will be tested using:
 - Two-sample t-test
 - Mann-Whitney test

• Statistical Power:

- Assuming a 20% improvement in Group 1 and 40% in Group 2, with:
 - p < 0.05 (type I error)
 - 80% power (type II error),
 - 160 patients needed across both groups.

Study Phases & Current Status

• Phase 1:

Ongoing pilot study evaluating feasibility at CHU St-Pierre.

• Phase 2 :

Multicenter study to include a sufficient number of patients.

Aim to involve Belgian physicians specialising in menopause.





WHO WILL PARTICIPATE TO THE STUDY ? ETHICAL APPROVAL OF OTHER CENTERS UNIFORMIZATION OF PROTOCOLS

julie.piral@ulb.be



References

- Bachmann GA, Nevadunsky NS. Diagnosis and treatment of atrophic vaginitis. Am Fam Physician. 2000 May 15;61(10):3090-6.
- Nappi RE, Kokot-Kierepa M. Women's voices in the menopause: results from an international survey on vaginal atrophy. Maturitas. 2010 Nov;67(3):233-8.
- Mortensen OE, Christensen SE, Løkkegaard E. The evidence behind the use of LASER for genitourinary syndrome of menopause, vulvovaginal atrophy, urinary incontinence and lichen sclerosus: A state-of-the-art review. Acta Obstet Gynecol Scand. 2022 Jun;101(6):657-692.