

**NORTH
LONDON
GYNAECOLOGICAL
CANCER
NETWORK**



**Treatment for cancer and
early menopause**

Patient Information Series No. G2





Treatment for cancer and early menopause

When a woman is coping with a cancer diagnosis, treatment and its side effects, the overall impact of the menopause may be exacerbated. This leaflet explains why some cancer treatments cause a woman to have a premature menopause, what side effects she may expect and what can be offered to relieve these symptoms.

The menopause is a natural process, during which levels of oestrogen and reproductive hormones fall. As a result, the women's periods become irregular, and will eventually stop. In most women, the menopause happens between the ages of 45-55, and a woman is described as post-menopausal when her period has not returned for one year.

Some treatments for gynaecological cancer (such as surgery, chemotherapy and radiotherapy) may lead to early ovarian failure and bring on menopausal symptoms earlier. This is known as a treatment-induced menopause.

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What is a treatment-induced premature menopause?



This differs from a natural menopause, as there is a sudden rather than gradual change in hormone levels as a direct side effect of cancer treatment. How quickly this occurs will vary from woman to woman and also relate to the type(s) of treatment received.

Surgery:

- **Both ovaries removed (bilateral oophorectomy):** sudden onset of menopausal symptoms can occur postoperatively.
- **One ovary removed or simple hysterectomy:** only occasionally does this lead to an earlier onset of the menopause.
- **Ovarian transposition (procedure to 'hitch' the ovaries away from radiation site):** this procedure can be offered before pelvic radiotherapy to help reduce ovarian failure. The procedure itself may alter the blood supply to the ovaries and induce a premature menopause. However we do not have any direct evidence that this occurs.

Radiotherapy:

- **Pelvic radiotherapy:** can cause radiation damage to the ovaries and is dependent on radiation dose.
- **Radiation dose:** 10-13 fractions can induce an early onset menopause. Symptoms may not occur immediately, but are more common within a few months of treatment.

Chemotherapy:

The impact of various chemotherapy drugs is dependent on:

- **Type of drug:** some are known to be more toxic to the ovaries.



- **Dose:** high doses increase the risk of ovarian failure, though this is unpredictable.
- **Drug combinations:** increased toxicity to ovaries the more drugs that are used.
- **Age:** increased risk of ovaries failing over the age of 35.
- **Previous or unknown fertility/gynaecological problems:** in general population about one to three per cent of all women under the age of 40 experience premature ovarian failure.

Impact of various chemotherapy drugs on the ovaries:

Severe effects on ovaries:

Chlorambucil
Cyclophosphamide
Busulfan
Melphelan

Moderate effect on ovaries:

Cisplatin
Adriamycin
Carboplatin
Etoposide

Less effect on ovaries:

Methotrexate

Unknown effect on ovaries:

Paclitaxol (taxol)
Caelyx (liposomal doxorubicin)
Topotecan
Gemcitabine

Research on these newer drugs is limited, but they are thought to have a moderate effect on ovarian function.

What will happen if I have a treatment-induced menopause?



After the menopause, women cannot get pregnant. Many women have not completed their families when they start treatment. Some may be devastated to hear that they will never become pregnant. This may be an important issue to discuss with your Clinical Nurse Specialist or doctor before starting your cancer treatment. The emotional effects can be wide-ranging, and occur at different times. They can be intense and surprising. You may feel that you need to concentrate on your treatment, and the emotional effect appears later. You may want to talk in more depth about your feelings. Our clinical psychologist is available to help you.

What can you do to help yourself?



Each woman is different and the severity and duration of symptoms will vary. This will affect the management option you choose.

Hot flushes

This is the most common symptom and affects four in five women. Flushes can occur at any age if oestrogen levels are reduced, and vary in severity and duration. You may wish to try the following:

- Keep a diary of your hot flushes: you may see a pattern developing. You may have more hot flushes at a particular time of the day or in a particular situation. You may be able to avoid activities at those times or avoid some situations if they increase the amount of intensity of the flushes
- Choose clothes carefully: wear natural fabrics next to skin, rather than synthetics. Cotton or linen nightclothes and bedding may be more comfortable, particularly if you suffer



from night sweats. Loose clothing in layers is easier to remove during a hot flush.

- Find ways to cool down quickly: keep iced water, a spray mist or a small fan with you. Take cool showers and keep rooms well ventilated (particularly at night if prone to night sweats).
- Regular exercise improves circulation, and may help reduce the intensity and frequency of hot flushes as the body adapts to coping with extreme temperatures.
- Limit foods and drinks that trigger hot flushes and night sweats. These may include spicy foods, salty dishes, sugary foods, chocolate, alcohol, tea, coffee and soft drinks containing caffeine. Limiting hot drinks at night may help to reduce night sweats. These affect the blood vessels and make you prone to flushing.
- Try soya products as part of your normal diet as they can help to reduce menopausal symptoms.
- Relaxation techniques: different types of relaxation therapies are known to be effective in reducing hot flushes. These include:
 - progressive muscle relaxation (slowly tensing and then releasing each muscle group)
 - paced respiration (slow, controlled breathing)
 - relaxation audio-tapes
 - applied relaxation. We can give you leaflets on relaxation. If you need help in learning these skills, our clinical psychologist can help.

Vaginal dryness

- Water-based lubricants such as KY Jelly™ and Replens™ (available to buy from supermarkets and pharmacies) and Sylk™ (available by mail order) are recommended rather than oil-based products. Oil-based lubricants can cause irritation,

stain fabrics and damage condoms. You can discuss this further with your Clinical Nurse Specialist.

Reduced libido ('sex drive')

- This effect is common. Please contact your Clinical Nurse specialist if you would like further advice or see our leaflet.

Osteoporosis

- The National Osteoporosis Society recommends the following daily allowances of calcium for menopausal women:

Without HRT 1500mg

With HRT 1000mg

The body absorbs calcium from food better than from calcium supplements.

Bisphosphates-2 bisphosphates, Etidronate and Alendronate, are currently licensed for the treatment of established osteoporosis. Controlled clinical trials show they may offer long-term prevention of bone loss.

Raloxifene (a selective oestrogen receptor modulator), widely known as SERMS, is the latest non-hormonal treatment to prevent bone loss. However all the currently available SERMS medications can cause hot flushes and sweats. There is no evidence that they alleviate the physical or psychological symptoms that women may experience due to a treatment-induced menopause.

Hormone replacement therapy



Hormone replacement therapy (HRT) usually involves giving additional doses of the hormone oestrogen. This hormone is often given to women to help relieve the symptoms of the menopause. Oestrogen can be taken as a tablet or through the skin using a



patch or gel. If a woman has not had a hysterectomy, she will need to take another hormone called progesterone as well as oestrogen for all or part of the month. This stops the lining of the womb building up.

Vaginal oestrogen can also be given in the form of a cream, pessary or ring to help with symptoms of soreness and dryness. It may be given together with HRT or on its own.



How long should I take HRT?

It is normally recommended that women who have had an early or treatment-induced menopause should take HRT until they are at least 50 years old.



Who cannot have HRT?

Women who have been diagnosed with an endometrial (womb) cancer or have a previous history of breast cancer are not normally recommended HRT. Symptoms can often be controlled with other medication.

Research shows that taking HRT may slightly increase your risk of being diagnosed with breast cancer. However this evidence is not conclusive and you should discuss this further with your doctor if you have any concerns.



Can I stop using contraception?

Contraception must be used for at least two years after a definite diagnosis of the menopause if you are under 50 and probably longer if under 40 (unless you have had a hysterectomy or had pelvic radiotherapy). The exact date of the menopause can be

difficult to work out if HRT is started for symptom relief before periods have finally stopped. HRT is not a contraceptive and it is often impossible to say that a woman is definitely infertile. Speak to your CNS or doctor about your particular situation.

Psychological approaches



Psychological approaches to managing menopause and hot flushes are being developed at the moment. What we know so far is that reducing stress is helpful, as is looking at the whole of your life to try and put the whole experience in perspective. If you feel the need for further psychological support, the Centre's clinical psychologist can explore some of these issues with you.

Infertility



Many women are devastated when they discover that the treatment they need for their cancer will also mean they can no longer have children. Infertility is very hard to come to terms with, especially if you were planning to have children in the future or to have more children to complete your family. The sense of loss can be very painful and distressing for people of all ages. Sometimes it can feel as though you have actually lost a part of yourself. You may feel less feminine because you can't have children.

People vary in their reactions to the risk of infertility. Some women may come to terms with it more quickly and feel that dealing with the cancer is more important. Others may find that they accept the news calmly when they start treatment, and find that the impact doesn't hit them until the treatment is over and they are sorting out their lives again.

There is no right or wrong way to react. Your partner, if you have one, will also need special consideration in any discussions

about fertility and future plans. You may both need to speak to a professional counsellor or therapist specialising in fertility problems. Some women have found that groups run by the Centre for women who have completed their treatment, have been helpful.

**Useful contact numbers at University College
London Hospitals NHS Foundation Trust**



Clinical Nurse Specialists, Gynaecological Oncology
0845 1555 000 ext 8636
Monday – Friday, 9.00am – 5.00pm



Team Co-ordinator
0845 1555 000 ext 8636 or Bleep 2422
Monday – Friday, 9.00am – 5.00pm
(answerphone available outside of these hours)



T13 Ward (Gynaecology)
0845 1555 000 ext 71300 or 71392



T14 Ward (Oncology)
0845 1555 000 ext 71486 or 71488

Support groups

Cancer BACUP

0808 800 1234

www.cancerbacup.org.uk

Macmillan Cancerline

0808 808 2020

www.macmillan.org.uk

Jo's Trust (Fighting Cervical Cancer)

www.jotrust.co.uk

Ovacom (Ovarian Cancer Support Network)

020 7380 9589

www.ovacom.org.uk

VACO (Vulval Awareness Campaign Organisation)

www.vaco.co.uk

Amarant Trust

01293 413000

www.amarantmenopausestrust.org.uk

Chai Cancer Care: 020 8302 2211

www.chaicancercare.org

This is a support service based in Hendon for Jewish patients and their families, offering a full range of support and alternative therapies.

Cherry Lodge: 020 8216 4486

This is a support service based off Barnet High Street. It offers appointments and drop-in sessions including aromatherapy, massage, and reflexology. There is also an ovarian cancer support group for people with cancer and for their families, friends, and carers. To book an appointment with Cherry Lodge contact the service. On your first appointment, a nurse will assess you to find out how they can support you best.

Cancerlife: 020 8373 6222

This is similar to Cherry Lodge and is based in Enfield.

Helen Rollason Cancer Care Centre, North Middlesex Hospital

www.helenrollason.org.uk/north_middlesex.php

This support service offers counselling, aromatherapy, reflexology and bach flower remedies. For more information contact:
020 8887 2408

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