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# Menopause hormonal therapy after treatment for gynaecological cancer

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**Canterbury**

District Health Board

Te Poari Hauora ō Waitaha



[Cancer.org.nz](http://Cancer.org.nz)



[Nzgcf.org.nz](http://Nzgcf.org.nz)



[Fertilityassociates.co.nz](http://Fertilityassociates.co.nz)



[Pincandsteel.com](http://Pincandsteel.com)



[Menopause.org.au](http://Menopause.org.au)

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## **Menopause hormonal therapy after treatment for gynaecological cancer**

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Menopause is when a woman stops having her periods.

For most women, menopause is a natural and gradual process that happens between the ages of 45 and 55.

If you have had treatments for gynaecological cancer, you may be experiencing symptoms of menopause which can be temporary or permanent.

When you have had radiation or surgery to remove your ovaries, these menopausal symptoms can come on suddenly and can be more severe than natural menopause because the body has not had time to get used to a gradual decrease in hormones

### **Menopause as a direct result of cancer treatment can happen due to**

- Surgery to remove ovaries (oophorectomy), can occur with a hysterectomy (uterus removed)
- Radiotherapy can damage the ovaries.
- Chemotherapy can affect how your ovaries function.

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## Menopause Symptoms

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- Change in menstrual periods either missing periods or infrequent periods
- Hot flushes
- Anxiety or mood changes
- Sleep disturbance
- Joint aches
- Dry vagina
- Loss of interest in sex
- Increased urinary frequency

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## Types of menopause

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- Natural menopause: occurs when a woman has had no periods for 12 consecutive months, typically between ages of 45-55
- Pre-mature menopause: menopause before age of 40
- Early menopause: menopause between age 40-45
- Surgical menopause: a result of surgically removing the ovaries that can lead to immediate onset of menopausal symptoms

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## Potential health risk due to menopause

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- Infertility
- Bone loss leading to bone fractures
- Cardiovascular disease such as strokes and heart disease
- Cognitive decline such as memory disturbance

Treatment should be individualised depending on your age, tumour type and stage, any underlying health problems and any other medications you are taking.

The goal of menopause treatment is to reduce troublesome menopause symptoms and minimise long term health risk due to menopause.

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## Menopause treatments to discuss with your doctor

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### Menopause hormonal therapy (MHT)

- Contains hormones oestrogen and progesterone
- Most effective treatment of menopausal symptoms
- Comes in many different forms i.e patches, creams, gels

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### Non hormonal pharmacological therapy

- Suitable for those who have contraindications to MHT
- Management of menopausal symptoms with varying evidence of effectiveness
- Medications that can be prescribed include venlafaxine, paroxetine, gabapentin, clonidine

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### Complementary therapies

- Complementary therapies may help some women. More research is required on the benefits. If you wish to use these it is important to seek advice from a qualified professional

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### Lifestyle changes

- Avoid triggering foods like spicy food
- Smoking cessation
- Weight loss and exercise
- Dressing in layers
- Should be used in conjunction with above therapies

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### Psychological techniques

- Mindfulness, hypnosis and cognitive behavioural therapy has been shown to improve hot flushes and low mood
  - Can be used in conjunction with all therapies
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## **What is menopause hormonal therapy (MHT)**

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- Menopausal hormonal therapy (MHT) was previously known as hormone replacement therapy (HRT)
- MHT contains the hormone oestrogen and progesterone
- It replaces hormones your ovaries have stopped making after treatment for cancer has triggered menopause

## **Who should start MHT**

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- Your suitability to start MHT on the type of tumour you have
- You should always discuss with your gynaecology oncologist before starting MHT
- If suitable:
  - » MHT should be offered to pre-menopausal patients with menopausal symptoms who have surgically induced menopause
  - » All women younger than 45 years old after completion of chemoradiation

## **MHT by tumour type**

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### **Endometrial cancer**

- MHT is reasonable for those who have had surgery (removal of uterus and both ovaries) for low risk endometrial cancer
- Oestrogen replacement by pill, patch and/or cream
- MHT treatments to discuss with your doctor

### **Ovarian cancers**

- MHT treatment depends on whether you have had surgery to remove your uterus
- In some types of ovarian cancers, MHT can be considered after weighing up the risk and benefits. It is important you discuss with your gynaecology oncologist before starting MHT

## **Cervical, vaginal and vulval cancers**

- MHT is generally suitable for those who have had cervical, vaginal and/or vulval cancers
- Cervical, vaginal and vulval cancer are not considered hormone responsive cancers
- MHT treatment depends on whether you have had surgery to remove your uterus

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## **When to start MHT**

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Ideally as soon as possible after completion of chemoradiation but can be commenced at any time.

- If you have recently had surgery, the best time to commence MHT is anytime 6 weeks after surgery

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## **Why start MHT**

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- MHT is an effective treatment for menopausal symptoms
- Benefits : Alleviates symptoms of menopause , prevention of bone loss and fracture risk, prevent cardiovascular disease (if no underlying heart conditions), may prevent memory disturbance

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## **Who can prescribe MHT**

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- Your gynaecology oncology doctors will initiate your MHT after a consultation and your GP can usually provide follow up support

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## **Who should not use MHT**

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Women with:

- Severe active liver disease
- Prior breast cancer
- Coronary heart disease
- Stroke
- Dementia
- Uncontrolled high blood pressure
- Personal history of blood clots



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## Risks to know about

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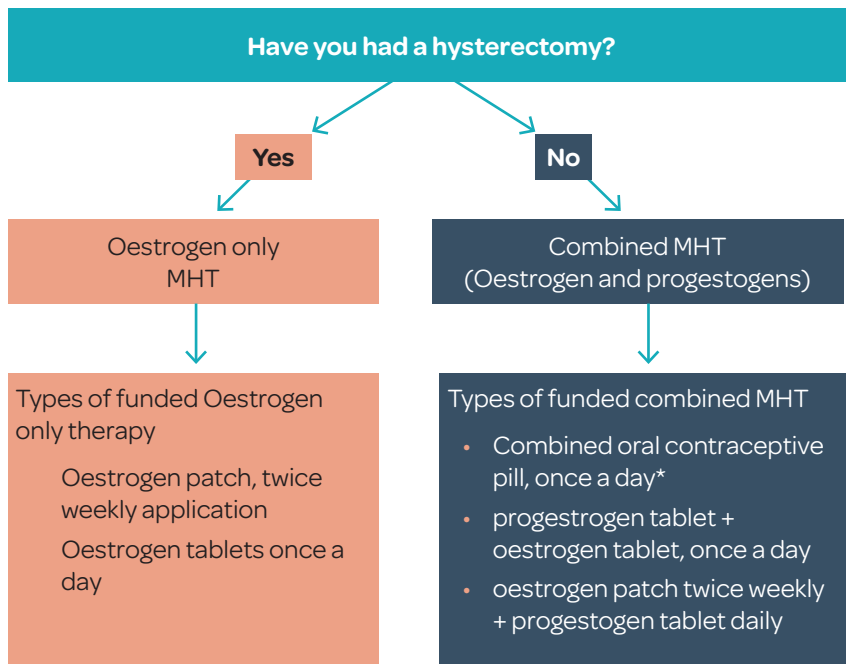
Like all treatments, MHT comes with some risk but most are small. Risk associated with MHT depends on multiple factors; age, dose of MHT, time since menopause and your overall health

- Breast cancer – taking the combined MHT (oestrogen and progesterone) is linked to a higher risk of breast cancer. The longer the combined MHT use, the higher the risk. If 10000 women took the combined MHT for a year, 8 more cases of breast cancer per year would be diagnosed than if they had not taken MHT. Oestrogen only MHT does not appear to increase breast cancer risk
- Blood clots – MHT tablets can increase your risk of blood clots, less than 2 out of 1000 women using MHT over 7 years will develop blood clot. MHT skin patches do not increase your risk of blood clots
- Stroke – an increased risk of stroke if MHT was initiated after age of 60 years old or 10 years from menopause

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## How to start MHT

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\* Note combined oral contraceptive pill only suitable if <50 years old without any medical conditions

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## When to stop MHT

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- If you have premature or early menopause then continue MHT until the age of usual menopause at 50 years old
- After 50 years old, decision to continue MHT will depend on your symptoms and risk factors

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## Once you start MHT, what happens after?

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- A follow up appointment should be scheduled 4-6 weeks after initiating MHT treatment
- This is to assess treatment effect, dose adjustments and review for side effects of bloating, breast tenderness, increased blood pressure, headaches, urinary incontinence

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## Topical vaginal oestrogens

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- Suitable to alleviate menopausal symptoms such as vaginal dryness or increased urinary frequency
- Is safe to give with MHT (20% of women will need both)
- Can be used safely in patients treated for endometrial, cervical, vaginal and vulval cancers
- Women who have a history of breast cancer (except those on aromatase inhibitors) can safely use vaginal oestrogens
- Can be given as a pessary or cream for long term use
- Funded in New Zealand

Additional information can be obtained from your treatment team and clinical nurse specialist

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