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**(winter edition)**  
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**The Daisy Network**  
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[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

**Registered charity number**  
**1077930**

All medical information should be used in conjunction with advice from a medical professional.

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To contact the *Update* editor with any comments you may have, email [katie@daisynetwork.org.uk](mailto:katie@daisynetwork.org.uk).

Our thanks go to Karen Palmer for her voluntary design help.

## WELCOME TO YOUR WINTER UPDATE!

Welcome to the first Update of 2017 - here at Daisy we can't believe how the year has flown by. We are already thinking ahead to the annual Daisy Conference on 10th June 2017 so save the date! Since July we have been holding live web chats on various topics regarding HRT treatment and fertility options for women with POI - we hope you have been finding these useful. We will continue to hold a monthly live web chat in the New Year but must express that each session is limited to 10 members only, so do keep an eye on facebook/twitter and the website for details of upcoming live chat dates if you are keen to participate.



Topics for 2017 will include general HRT questions, sexual problems related to POI, fertility issues and a session specifically focussed upon POI post cancer treatment. We would like to thank both Vicky Jones and Dr Louise Newson for the fundraising they have undertaken for Daisy this year - we are most grateful for your contribution and want to extend our sincere appreciation and a big thank you from all of us at the Daisy Charity for your support and contribution.

The festive period can be a difficult time for those coping with health or fertility issues - we are here to support you so please get in touch via email or the forum. We hope you all had a merry Christmas and a happy new year! Warm wishes

**Marie and Kate**

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# ASK THE EXPERTS

## Question

Bio-identical hormones (not FDA approved) are they safe? Superior to synthetic commercial HRT - specifically for younger women?"

## Answer

Non-FDA approved "bio-identical" hormones are not regulated and have not been subjected to scientific studies assessing their quality and safety.

As the manufacturing process of these drugs isn't regulated there is no guarantee of consistent dosing between batches. Furthermore, we have no evidence as to their efficacy, particularly in women with



POI, and so their use can't be recommended at present.

There are options for prescribing bio- or body-identical HRT products on the NHS which have been approved by the licensing

authorities. Essentially by this we mean estradiol (rather than the conjugated estrogens made from pregnant mares urine) and progesterone (rather than synthetic progestogens). These are the same molecules which the body produces naturally (ie "body-identical") and so they tend to have fewer side effects. Unlike the unlicensed, compounded bio-identical hormones, these drugs are regulated and have been studied in many clinical trials.

For a longer article on bio-identical hormones see <https://www.menopausedoctor.co.uk/wp-content/uploads/2016/09/body-identical-hormones.pdf>

## GOT A QUESTION?

Our experts are here to help you. If you'd like their advice on any issue, big or small, email your question to [info@daisynetwork.org.uk](mailto:info@daisynetwork.org.uk) or write to us at: **The Daisy Network, PO Box 71432, London, SW6 9HJ.** We will protect your anonymity at all times.

Please note that our postal address has changed.

**Dr Kate Maclaran** has worked for several years as part of a menopause clinic team and has a specialist interest in POI.

**Dr Marie Gerval** treats women with POI in specialist menopause clinics, many of whom have been provided with little information or treatment options following their diagnosis and are undergoing great emotional distress.



## Question

I have been experiencing a number of side effects with progesterone, please can you advise on other options/alternatives?

## Answer

Side effects from the progestogenic component of HRT are quite common. They tend to be PMS-type side effects such as low mood and bloating. There are several options of other progestogens that you can try to minimise side effects. Some people find the levonorgestrel intrauterine system (Mirena® coil) helpful. This has a local effect on the

womb lining and so relatively less progesterone is absorbed into the blood therefore it usually is associated with fewer side effects. The device can stay in for up to 4 years as part of HRT.

Another alternative is to use micronized progesterone (Utrogestan®), rather than the synthetic progestogens. As it is bio- or "body"-identical it tends to have fewer side effects. It can be taken orally or as vaginal pessaries. It can make you feel a little drowsy and so it is normally recommended to take it at night – some people find this a helpful side effect!

THE DAISY NETWORK

## SAVE THE DATE

Our 2017 conference will be held in London on **Saturday 10th June 2017**

### Prices:

£15 members

£20 non-members

+ Bring a guest at reduced price of £15

More details to follow, keep a look out on our website, Facebook & Twitter pages!



# IN THE NEWS

## SAY GOODBYE TO THE COMMON COLD?

Article written by Amy Beanie

We all experience it. When winter arrives so does the dreaded common cold. Whilst sitting curled up surrounded by tissues, constantly sneezing and coughing, a cure is something we all dream of, but seems impossible. However, these pesky colds may be a thing of the past.

Scientists, based in Paddington, London, are close to a breakthrough in the development of a nasal spray, SynGEM, that could prevent colds.

Despite being the most common ailment that humans get, there are over 200 viruses that cause a cold, which is why a treatment has been so difficult

to develop. However, 80% of colds are caused by just three viruses: the rhinovirus, coronavirus and respiratory syncytial virus, known as RSV. But after spending 30 years researching colds and flu, Professor Peter Openshaw believes they really are on the cusp of a breakthrough with the vaccine, which targets the most common virus, RSV.

His team have already found the nasal spray successful during initial testing on rats and mice, and are in the process of testing on 36 volunteers. If the volunteers produce antibodies that counteract RSV, they'll know SynGEM works in curing the cold causing virus.

Colds may be an annoyance for most people, but for those with weaker immune systems, and for babies and the elderly, colds can be fatal. As this group of people are more at risk, they will be the first to be given the spray should it be successful.

For now, it's a case of waiting to see how those 36 volunteers react, but it's safe to say Professor Openshaw and his team could be on the verge of something life changing.

However, it may be too early to say a complete goodbye to red noses, sore throats and sneezing, as there may be one cold virus cured, but there is still 199 to go.

## SOY AND OSTEOPOROSIS

Article written by Amy Beanie

Soy has been used by many women for years as a dietary addition after menopause in hopes to regulate symptoms such as hot flushes. New research shows that isoflavones found in soybeans, may protect women against osteoporosis.

Osteoporosis is a disease that reduces density and quality of bone, increasing the risk of fracture. Often, there are no symptoms until a fracture occurs. The disease is more common in women with premature ovarian insufficiency or after menopause, as bone loss occurs more rapidly with low oestrogen levels. Soybeans contain isoflavones which are compounds that have a chemical structure that is similar to oestrogen. This has led scientists to speculate that they may therefore have a similar effect on protecting bones.

The study conducted by the University of Hull recruited 200

women in early menopause and randomised them into two groups. In one group, the women took a daily supplement of 30g soy protein with 66mg isoflavones, and in the other group, the women also took a daily supplement of the same amount of soy protein but without the isoflavones. Over the 6 months that the women took the supplements, they gave blood samples from which the researchers could measure bCTX, a protein found when bone breaks down.

The results showed that the women whose daily supplement contained soy protein and isoflavones had significantly lower levels of bCTX than the women whose daily supplement only contained soy protein, suggesting that their bones were breaking down at a lower rate and therefore had a lower risk of developing osteoporosis. The women who took soy protein and isoflavones supplements


also showed an improvement of cardiovascular risk markers, note the researcher Dr. Sathyapalan.

He explains that the 66 mg of isoflavone in the daily supplements that the women took, is about the same as that consumed in an oriental diet, which is rich in soybean foods. The average Western diet, on the other hand, only contains around 2-16 mg of isoflavone. Dr. Sathyapalan suggests supplementing a Western diet with isoflavones could be a way to significantly lower the rate of women being diagnosed with osteoporosis.


Vitamin D supplements are often given to protect bone mass especially during the winter months when we have less sun. So perhaps adding more soybeans into our diets alongside a vitamin D supplement, is a sure way to protect bone health in women with low oestrogen levels.


## A BIG THANK YOU

Daisy would like to say a huge thank you to the following for their kind donations to the charity this year.

 Vicky Jones who has raised a huge amount of money through Just Giving by doing a sponsored Daisy Stitchathon – read her story in full by

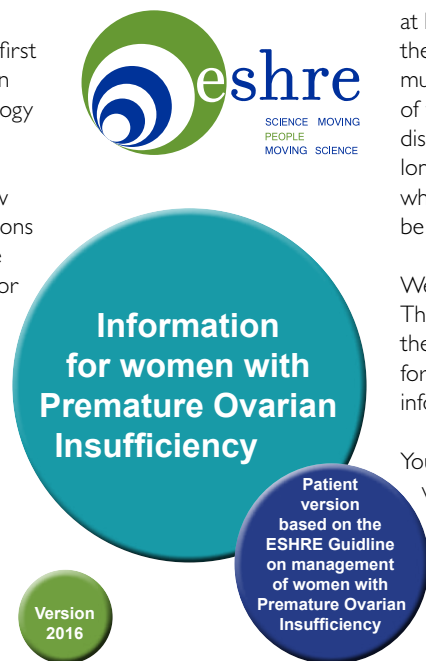
visiting her page <https://www.justgiving.com/fundraising/vickysdaisystitch>

 Dr Louise Newson who kindly donated some

of her earnings from speaker meetings in 2016  
 PwC LLP UK kindly donated £500 as part of their Community Stars programme.

## NEW ESHRE MANAGEMENT OF WOMEN WITH POI PATIENT VERSIONS LAUNCHED

Following on from the publication last year of the first European Society of Human Reproduction and Embryology (ESHRE) guidelines on the "Management of women with POI", ESHRE have now launched their patient versions of the guidelines. They have produced 2 leaflets – one for women with spontaneous POI and one for women who developed POI after surgery or medical treatments such as chemo- or radio- therapy. The guidelines have been developed by a large panel of experts (including representatives of Daisy) and are based on all the latest research in POI and expert recommendations. The full guidelines are aimed



at health professionals and so these patient versions give a much more practical summary of the recommendations. They discuss the symptoms and long-term effects of POI and what treatment options should be recommended.

We are also pleased that The Daisy Network is top of their list of recommendations for further support and information!

You can find the patient versions of the guideline on our website: <https://www.daisynetwork.org.uk/about-poi/poi-guidelines/>

The full version of the guideline is available at: <https://www.eshre.eu/guidelines>

## 7 TIPS: SHARPER MEMORY

**With recent research from Menopause researchers at Brigham and Women's Hospital and Harvard Medical School finding that declining oestrogen can affect memory and give us 'brain fog', and with HRT recently being found to reduce the risk of Alzheimer's disease. Here are 7 tips to for a sharper memory.**

**Sleep:** Sleep helps the brain think more creatively and improves the memory. All that we learn throughout the day becomes categorized while we are asleep, so that we can recall it later on. If you don't sleep well, then your recalling ability is reduced and you can become forgetful.

**Challenge yourself:** By frequently testing your memory,

you are working to improve it. As the old saying goes, "Use it or lose it." Even something as simple as crosswords or playing memory games will help keep the brain active.

**Do something new:** Switch up your routine, try a new food, watch a different TV show or read a new book. Anything you do that is new, will stimulate brain cells, helping to improve memory.

**Reduce stress:** Stress is harmful for overall health. Chronic stress has been linked to gradual memory loss because the constant release of stress hormones decreases your brain's ability to use energy and concentrate. Find helpful ways to reduce stress like exercise, yoga or meditation, and if stress is too much to handle on your own, consult with a doctor.

**Exercise:** Regular aerobic exercise has been proven to trigger brain cell growth and improve memory. Some suggested exercises include a brisk walking to reach a 10000 daily steps goal, moderate-intensity swimming or bike riding. But if you really hate exercise, don't forget that household activities can count as well, such as intense floor mopping, raking leaves, or anything that gets your heart pumping so much that you break out in a light sweat.

**Don't overeat:** New research has shown a clear link that greater body mass index is associated with a decline in memory function. So really pay attention to your portion size and food choices in order to keep your brain and body healthy.

## VOLUNTEERS NEEDED!

We are looking for a number of volunteers to get involved this year – if any of the below take your interest, please get in touch and email [info@daisynetwork.org.uk](mailto:info@daisynetwork.org.uk)

### Secretary

This is an ongoing position which involves

attending quarterly meetings in London, taking minutes and helping with member emails and sending out communication when requested.

### Lawyer

This is a one off position and we are looking for someone to help review/ rewrite our constitution. Approx 8 hours work.

### Treasurer

This is an ongoing position from April onwards. We are looking for a volunteer, preferably someone with accounting/ bookkeeping experience for an average of 3 hours per month.

### Support Group Co-ordinator

This is an ongoing role and we are looking for someone who is interested in being involved with helping setting up local support groups across the country.

### Campaign Manager

This is an ongoing role and we are looking for someone to take the lead on managing the promotion of the charity plus key projects.

### Fundraising Co-ordinator

This is an ongoing role for someone who is looking to help the charity think of ways to raise money locally and nationally.

 Please note all Daisy roles are voluntary.

# HRT & BREAST CANCER

## Recent study about breast cancer and HRT – No need to panic. Article written by Dr Louise Newson

Breast cancer is very common. Each woman in the UK has a 1 in 8 lifetime risk of developing breast cancer regardless of whether they take HRT or not.

Many women develop breast cancer and have no risk factors. There are certain reasons that increase your risk of developing breast cancer and these include getting older; being overweight, drinking alcohol and if you have young family relatives who have had breast cancer.

When women are asked about reasons not to take HRT, the most common answer is their concern about the increased risk

of breast cancer. Many women are very worried about this risk and it leads to much concern and confusion. There is evidence that taking combined HRT over the age of 50 years is associated with a small increased risk of breast cancer.

However, there has been even more alarm about HRT following the publication of a study in August 2016 in the British Journal of Cancer<sup>1</sup>. This study used information from serial questionnaires from the UK Generations Study cohort to estimate hazard ratios for breast cancer among post-menopausal women with known menopausal age. Around 40,000 women were involved in this study. This retrospective observational study has shown that there is a 2.74 times increased risk of developing breast cancer (or preinvasive DCIS) for

women using combined HRT for five years and also that this risk increases to around threefold with prolonged treatment – over 15 years. As shown with other studies, there was no increased risk of breast cancer seen for users of oestrogen only therapy. This increased risk returned to normal after stopping HRT.

However, a very small number of breast cancer events occurred in this study. This means that it is important that these increased risks stated are interpreted with caution. There is no information about whether cancers were diagnosed via screening or presented symptomatically. It is well documented that women who are taking HRT are more likely to attend for breast screening.

In addition, this study has not differentiated between the various

combined HRT products nor between different progestogens used. This is a shame as there is evidence to suggest that certain synthetic progestogens, such as medroxyprogesterone acetate, may increase breast cancer risk when used in combined HRT when compared to using micronised progesterone<sup>2</sup>.

This study reported no effect on risk for past users of HRT irrespective of the duration of use, and no difference for breast cancer hormone receptor status or morphological type.

A very important learning point is that taking HRT does not affect the risk of dying from breast cancer. Women need to be made aware that this increased risk of developing breast cancer is less than being overweight or having a glass or two of wine each night.

It is so important that a woman's individual risk factors for breast cancer; and indeed other conditions, are clearly assessed and

evaluated. The results of this study should not lead to women panicking about HRT and stopping any treatment they are on.

The International Menopause Society (IMS) evidence based recommendations remain as listed below:

1. The risk of breast cancer in women over 50 years associated with HRT is a complex issue  
2. The increased risk of breast cancer is primarily associated with the addition of a synthetic progestogen to oestrogen therapy (CEE + MPA continuous combined therapy) and is related to duration of use.

3. The risk may be lower with micronised progesterone or dydrogesterone than with a synthetic progestin.  
4. The risk of breast cancer attributable to HRT is small and the risk decreases progressively after treatment is stopped.

These recommendations should provide reassurance for both clinicians and women.

In addition, women who are under 51 years of age have absolutely no increased risk of taking breast cancer; regardless of the length of time they take HRT for. This is because women who take HRT when they are young are simply replacing the hormones that their bodies should otherwise be producing.

It is really important that women and doctors are aware of this. If you do not have the correct type and strength of HRT when you are young, then this increases your risk of developing osteoporosis and heart disease.

## References

1. Jones ME, Schoemaker MJ, Wright L, McFadden E, Griffin J, Thomas D, Hemming J, Wright K, Ashworth A, Swerdlow AJ. Menopausal hormone therapy and breast cancer: what is the true size of the increased risk? *Br J Cancer*. 2016 Aug 23;115(5):607-615
2. Panay N. Body identical hormone replacement. *Post Reprod Health*. 2014 May 22;20(2):69-72.

## POI AND BREAST CANCER

### Kate Maclaran Daisy Network Co-Chair

Following the recent publication in the British Journal of Cancer<sup>1</sup>, which received much media attention, we have heard from several members who wanted us to discuss HRT and breast cancer in more detail. The risk of cancer is a very complex issue and will be affected

by many factors including genes and the environment.

At present, there is no evidence that women with POI who are taking HRT up until the average age of menopause (51-52 years), are at any increased risk breast cancer. We view HRT as just replacing the hormones which should have been present naturally until this age.

Population studies have shown that the small risk of breast cancer from HRT only increases beyond the age of 50 years<sup>2</sup>. Furthermore, there are data which suggest that women with POI actually have a lower incidence of breast cancer than women with a later menopause<sup>3</sup>.

Women with POI who are using HRT do not therefore need to start mammogram screening early, unless there are significant other risk factors for breast cancer such as a strong family history.

## References

1. Jones ME, Schoemaker MJ, Wright L, McFadden E, Griffin J, Thomas D, Hemming J, Wright K, Ashworth A, Swerdlow AJ. Menopausal hormone therapy and breast cancer: what is the true size of the increased risk? *Br J Cancer*. 2016;115(5):607-615
2. Ewertz M, Møller M, Kjaer L, Poulsen AH, et al. Hormone use for menopausal symptoms and risk of breast cancer: A Danish cohort study. *British J Cancer*. 2005;92(7):1293-1297.
3. Wu X, Cai H, Kallianpur A, Li H, Yang G, Gao J, Xiang YB, Ji BT, Yu-Tang, Zheng W, Shu XO. *PLoS One*. 2014; 9(3):e89597.



# MEMBER'S STORY

When I was younger I knew more than anything else I wanted to be a mum. I assumed it was an inevitable event in my future that I wouldn't have to think about until I was an adult. Little did I know my fertility would become a huge part of my life from the age of 15. After failing to get my period, blood tests showed that I had developed Premature Ovarian Insufficiency (POI), and that my ovaries weren't responding to my hormones and had stopped working. POI can happen for many reasons; in my case, after numerous tests, an official cause has never been found, but it has been suggested that at some point in my teens I might have developed an autoimmune disorder that attacked my ovaries.

At the time of the diagnosis, I remember my mum crying when the doctor told us, and my dad and sister being confused as to how this had happened when I hadn't been ill or had any other related health issues. I on the other hand didn't really comprehend the extent of the diagnosis, assuming that, yes, it may be difficult to have children in years to come, but I had my GCSE's to deal with which was much more

important at the time. It was only after my yearly endocrinologist appointments that the realisation of the condition would hit home and I would often have a few days where I would break down and wonder why this had happened to me and the worry of what my future would entail. I didn't tell any of my friends, and every day when I took my hormone

## Humour I have found, really helps deal with the condition

medication which was the contraceptive pill, it would be a reminder that the reason I take it, is because I can't have my own children, not for contraception.

When I got into my early twenties I became a teacher. Being constantly surrounded by children, I convinced myself that I didn't want kids anyway and that my POI diagnosis didn't bother me. Having endless free time with only myself to care about, was a much better option than

ever getting pregnant and dealing with sleepless nights and crying children. When my friends talked about being mums, I would make sure they knew I didn't want children. In fact it was my method of coping; that way in the future if I was childless, they would know I just didn't want kids, rather than couldn't actually have them. I have a wonderful niece and nephew who I love like my own, and I told people that they were enough.

The reason I didn't tell the truth was because I didn't want pity, I didn't want people to feel sorry for me, or be afraid to discuss children around me, so I decided to keep it between me and my family. It was only aged 24 that I started to become more open with close friends, luckily most of whom are in the nursing profession, so they approached it from a medical viewpoint, rather than being sad for me, which I appreciated. My boyfriend didn't even flinch when I told him, and in fact he calls my ovaries, square-varies because they aren't working how they should be. Humour I have found, really helps to deal with the condition.

In terms of my fertility options, I have been attending two



clinics; one an endocrinologist who deals with making sure my hormone levels are that of a 'normal' woman of my age, which I have been going to since the diagnosis, and only this year, to the Centre for Life Fertility Clinic in Newcastle. Here they went through my most likely fertility option; IVF with egg donation. Luckily for me I have a sister who had her family young, and has told me without a doubt if she is suitable, she would want to donate her eggs to me. This means, although not my own, my child would still be part of me genetically. Whilst I still have doubts about whether I want to put my sister through the turmoil of being a donor, it is the most generous and wonderful offer. I was informed that the success rate of egg donation is high and if it is a known donor, like my sister, the turnaround can be within months and that I would get three rounds of IVF on the

NHS. Knowing that I have an actual plan of action for if and when I want to have a child, has really given me peace of mind and a more positive outlook, rather than previously when it was an unknown to face in the future.

For a long time, I have been in denial about my fertility issues and have tried to ignore it and not face the facts. It is only now aged 26 when surrounded by friends who accidentally fall pregnant, or who decide to try for a baby and get pregnant straight away, that I actually realise the difficulties I will have ahead of me when it is time for me to want a child. A personal matter like having a baby is something that I will have to discuss and plan with many other peoples' involvement. However I am in a much better mind set about my condition and I have now changed to a more suitable HRT medication

which will help my future health. I know that when the time comes if I am still in my current relationship he will undoubtedly support me, and I know that if I need to, my sister would be more than willing to donate her eggs to me the second I said I was ready. Living with this diagnosis for so long, I have had one advantage that many others don't get, which is time. I have known for ten years now that I will struggle to have children and I have come to terms with it, taking the steps already to investigate my options. I used to think I could never have a child, but I now know it isn't so black and white. Whether through egg donation or adoption, I don't have to be childless if I don't want to be. I no longer live being held back POI, I have accepted it is a part of my future and dealing with the ups and downs of it over the years, has shaped me into a much stronger person.

# WINTER MINESTRONE WITH PESTO CROUTES



## Ingredients

2 *tbsp* olive oil  
 1 *onion* chopped  
 100g *unsmoked lardons* or *chopped streaky bacon*  
 2 *large carrot* chopped  
 2 *sticks celery* chopped  
 1 *medium potato* chopped  
 2 *garlic clove*, finely chopped or *crushed*  
 400g *can* chopped tomatoes  
 1 *vegetable stock* (from *granules* or a *cube*)  
 2 *tsp* chopped *sage leaves*, or 1 *tsp* *dried few cabbage leaves*, shredded  
 400g *can* *haricot bean*  
*handful* chopped *parsley*  
**For the pesto croutes**  
*slices* of *crusty bread*  
 3 *tbsp* olive oil  
 1 *tbsp* pesto

## Method

🔥 Heat the olive oil in a large pan, add the onion and lardons or bacon and fry for about 5 mins until the onion is starting to brown. Tip in the carrots, celery, potato and garlic, stir well and cook for a few minutes.  
 🔥 Add the tomatoes, stock and sage, and bring to the boil, stirring. Reduce heat to simmer and cook partly covered for 30 mins, stirring in the cabbage after 15 mins. Drain and rinse the beans and add to the pan with the parsley. Season and serve with pesto croutes, see right, or crusty bread.  
 🔥 For the pesto croutes: Cut 3-4 slices of crusty bread into chunks, about 2cm thick. Tip into an ovenproof pan. Mix the olive oil and pesto, then add to the bread, tossing it with your hands until the croutes are evenly coated. Bake in a moderate oven for about 10 mins until crisp.

## ONLINE CHAT SESSIONS?

Last year saw Daisy launch our online 'ask the experts' live chat sessions. We had such a good response that we will be continuing with this throughout 2017.

Topics include; HRT, Fertility, Psychosexual, post cancer treatment and non hormonal treatment options.

Spaces are limited to 10 people per session - keep a look out on our website, Facebook and Twitter pages for more information.

## The 100,000 Genomes Project



### Have you or your Family Experienced Premature Ovarian Insufficiency (POI)?

**If so you might be able to take part in the 100,000 Genomes Project.** The project is sequencing genomes from NHS patients with rare disease. Medical data and records are also collected from participants. Some people taking part will get a diagnosis for their disease for the first time. The main benefits are likely to be for other patients in the future. The medical and genome data is shared with researchers, to improve knowledge of the causes, treatment and care of rare disease.

### If you are interested in finding out more please contact:

Gynaecologist Dr Cloke at Kings College London via  
 Email : [brianna.cloke@kcl.ac.uk](mailto:brianna.cloke@kcl.ac.uk)  
 Telephone : 07557 587360

More information can be found at [www.genomicsengland.co.uk/taking-part](http://www.genomicsengland.co.uk/taking-part)  
 V1.0 08/04/16

## NEXT UPDATE ISSUE

Do you have any questions you would like answering?

Any stories you would like further information on?

Would you like to share your story?

Would you like to see something else featured in Update?

If so, please get in touch – we are always looking for new ideas. Email: [katie@daisynetwork.org.uk](mailto:katie@daisynetwork.org.uk)

Our next Update will be out in March 2017.



# DAISY NETWORKERS

The networkers are members of the Daisy Network who are happy to take phone calls from other members. You don't need a particular reason to call – they are here to offer a friendly ear. You might have a query you don't want to trouble your doctor with or you might just feel a bit down. Please note that these numbers are for members only. Please do not pass them on to anyone else without the prior consent of the networker concerned.

## MEDICAL AND SURGICAL

### Angela, Kent

POI in 30s following cancer treatment, now aged 57 and volunteers for the Breast Cancer Care Helpline.  
01959 561 620, early evening.

### Jasbir, Hertfordshire

Ovarian cancer at 21. Three children. POI at 32, then problems with HRT, then hysterectomy. Implant.  
01462 629 463, evenings and weekends.  
jjaswal@ntlworld.com

## MISCELLANEOUS

### Gemma, Northern Ireland

POI at 33, now 44. Spontaneous pregnancy in 2004.  
02838 343 291, after 6pm.  
gemmaamcveigh@gmail.com

## OTHERS' POINTS OF VIEW

### Brian, Gloucestershire

Egg donation and psychological impact.  
07802 490 563, any time.

## TEENAGE DIAGNOSIS

### Joyce, Fife

POI at 16. Successful and unsuccessful egg donation attempts. 01577 830 067,

7–9pm Mon–Fri, or any time at weekends.

### Louise, Somerset

POI at 17. Takes combined Pill as HRT. Looking into IVF.  
07816 399 203, after 7pm but not Tuesdays.  
louise.k.baker@outlook.com

## EGG DONATION

### Caroline, West Midlands

Diagnosed at 32, now 45. Successful egg donation in USA. Positive experience of HRT.  
01926 733 411, after 7pm.  
c.kuzemko@yahoo.co.uk

### Karen, Wiltshire

POI in early 30s. Been on HRT for 12 years without problems. Successful egg donation – twins.  
01985 211 494, evenings after 7pm.

### Jane, Hertfordshire

POI at 28. Successful egg donation. Reasonable success with HRT.  
0172 742 0051 / 07881955034, any time.  
janehussell@hotmail.com

## HRT

### Kate, Cheshire

POI at 28, now early 40s. No children. Positive about HRT and

life post-menopause.  
07974 754 901, any time.  
km\_palmer@btinternet.com

### Jemma, Kent.

POI at 26, reason unknown but autoimmune in close family. Two young children. Takes HRT.  
07977 464 682, after 5 pm weekdays and Saturday only.  
jemma.crisp@btinternet.com

## NEW

### Cat

31 years old, was diagnosed with POI at 15. No children but keen on DEIVF when the time comes, recently moved in with partner.  
catbudden@gmail.com

### Susi, West Midlands

Diagnosed POI 35 now 41. Takes HRT, single, no children.  
07977115435 evenings or weekends  
susihalley@gmail.com

### Laura

Aged 36, diagnosed at 32. Has 4 year old as a result of natural pregnancy. Since started HRT, and now exploring egg donation for possibility of a second child. I would be happy to share experience - please send an email to arrange a time to talk.  
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