

MENOPAUSE AS A RESULT OF CANCER TREATMENT FACT SHEET

Introduction

Premature Ovarian Insufficiency (POI) can result from radiotherapy to the ovaries or from chemotherapy given to treat a cancer which may or may not be located in the reproductive organs. It may also occur if the womb is removed due to a malignancy or for other medical reasons, with or without the simultaneous removal of the ovaries.

Chemotherapy drugs are systemic. They are given intravenously to reach all parts of the body to treat, and hopefully cure, or to reduce the likelihood that the cancer will spread or return later. Because cancer cells divide rapidly, chemotherapy drugs are aimed at damaging such cells but, unfortunately, in so doing they also damage healthy cells, particularly those which divide rapidly in the hair follicles, digestive system and ovaries. The drugs aim to kill the cancer cells, while any healthy cells damaged at the same time should repair themselves.

In some women, the ovaries do not recover when the treatment ends and periods do not return, resulting in POI. The chances of POI occurring depend upon the drug regime given, the nature of the illness and the patient's age. For some women, periods return following treatment but they may return only briefly before menopause occurs.

It is advisable to discuss whether or not your fertility will be affected with your surgeon, oncologist or specialist nurse. Although it is their job to make the treatment of your illness their first priority, good medical staff should also recognise the importance of regarding POI as an issue which affects your general physical and emotional well-being.

Coping with your diagnosis

To be told that you will go or have gone through POI, in addition to everything you are already trying to come to terms with following a diagnosis of cancer, can be devastating and isolating. You may not only feel set apart from your contemporaries because of your illness, but also because you may no longer be in a position to have a child, regardless of whether or not you were planning to start or increase your family

You may find POI is as hard to cope with as facing up to your own mortality. In many ways the two are interrelated, as the menopause is a milestone in life which you have reached too early, at a time when you also did not expect to be coping with a life-threatening illness.

You may have menopausal symptoms to cope with, in addition to any symptoms which you are experiencing as a result of your treatment. If you have an oestrogen receptor positive cancer, you may not be a suitable candidate for HRT and may want to consider herbal remedies with your doctor's permission.

You may feel very depressed about your situation or you may feel philosophical. The important thing to remember is that recovering from your illness should be your first priority and that help is available if you ask for it.

Your first point of contact should be your doctors and the specialist nurses. You are entitled, if you are having cancer treatment, to some counselling on the NHS. This can be arranged through your hospital or GP. Whilst cancer support groups can be helpful in reducing a sense of isolation, others find that such groups do not meet their needs.

Some people find that cancer support groups are helpful, but POI is not a major concern for most of the people in those groups as they have either completed their families or are already post-menopausal. Daisy Network can be of help in these circumstances.

If you have had a serious medical condition, remaining childfree or accepting that you will have no more children may be an option or you may want to consider fostering or adoption or working either in a paid or voluntary capacity with children.

Some Social Services departments and adoption agencies will consider you as a prospective adopter after a suitable period of your being clear of your illness and dependent on the medical report provided by your GP or consultant. You may have to accept the possibility that you may be turned down as a prospective adopter as happens to some people, irrespective of their medical history. The adoption process is an emotional minefield, which you may or may not decide to cross. (For further information on adoption, see The Daisy Network's fact sheet on Adoption.)

Angela's Story

Following my own POI at 39, as a result of chemotherapy treatment for breast cancer, I found it extremely helpful and a great relief to talk to someone from The Daisy Network who, although she had POI for other reasons, had still experienced a similar range of emotions on diagnosis as myself. I felt for the first time that someone really understood how I was feeling. At the first Conference, which I attended, I met others who had had cancer treatment and was able to compare notes with them and exchange ideas.

I have since volunteered to be a telephone contact for anyone experiencing POI and, especially, with those who have this following medical conditions as a group with which I can identify.

If you want to get in touch, you can contact me via the PO Box, marking your envelope 'Angela'.

Angela

Andrea's Story

In early January 1994 I was diagnosed with Myelodysplasia, a rare blood disorder. I was told that my only chance of survival was a bone marrow transplant. As you can imagine, it was a bit of a roller-coaster ride; trying to find a donor and coming to terms with a life threatening-illness. Fortunately, I have one brother and he was a good match. This meant I had about a 40% chance of survival.

About a month before the treatment started, it crossed my mind that the radiotherapy and chemotherapy might affect my fertility. I spoke to my GP and the following week I started my IVF treatment. Alan and I were very lucky and, after our one chance, we were fortunate enough to be left with seven embryos. I then started my HRT!

The bone marrow transplant took place after the total body irradiation and chemo. However, I knew fairly quickly afterwards that it hadn't worked. At that stage I knew there was no other 'cure', especially as my illness had now moved into acute myeloid leukaemia. So my consultant at Poole Hospital, Dr Andrew Bell, tried for a year to keep me going with maintenance treatment. At the end of 1995, I had come to the end of the treatments and there really was nothing left. However, and coincidentally, Andrew went to a conference in Switzerland and came back with the details of a possible treatment that hadn't actually been successful before, but he thought might work for me.

With the alternative being death within a couple of weeks, we went ahead. More chemo, isolation and reverse barrier nursing, but it worked! I eventually came out of hospital, grew stronger and grew my hair back! I had been working towards my degree in psychology with the Open University prior to becoming ill, whilst also working as a manager for British Gas. During my remissions I had carried on studying. Alan was also a student and we both firmly

believed in keeping life as normal as ever. If we hadn't, it would have felt like we were waiting for me to die.

I finally came out of hospital for the last time in 1997, just in time to graduate! My degree was to be fundamental in getting my life back on track. I started my teacher training and gradually built up a career in teaching psychology through Adult Education and also for the Open University.

Alan also graduated and his life also moved on. However, our relationship didn't survive, even though we had been through so much together. It was a very difficult time. Apart from anything else I knew that with the break-up of this relationship my chance of having children was also virtually being removed. It would have been very different if it had been possible at the time of diagnosis to have my eggs removed and frozen, but as fertilisation was the only option, it created a totally different dilemma. Alan did say that he would be happy for me to still use the embryos if I wanted to, but I knew that it would be unlikely I would feel morally comfortable with this.

Gradually, I began to see and fall in love with one of my brother's best friends. Sean had also been a friend of mine for about 11 years. He knew all about my illness and that I couldn't have children. His attitude was that if he was meant to be a father then he probably would have been by now. As it was, we had both been in different relationships in our twenties when we could have had children, but hadn't because the relationships hadn't been right. We have talked about the embryos and the possibility of implanting them. However, I do not feel it is fair on Sean, Alan or the baby.

It is not and has not been easy. But we are quite philosophical. We are building our lives together and we have so much to be happy about. Interestingly, and from a different perspective none of my close friends have children of their own. However, as we are all in our mid-thirties, they are faced with making some big decisions about whether to have children or not. A choice we don't have to make!

Andrea

Useful Addresses:

<p>Marie Curie Cancer Care</p>	<p>89 Albert Embankment, London SE1 7TP Tel: 0800 716 146 E-mail:</p>
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	<p>supporter.relations@mariecurie.org.uk www.mariecurie.org.uk</p>
<p>Macmillan Cancer Support + Cancerbacup (These 2 organisations merged in 2008)</p>	<p>89 Albert Embankment, London SE1 7UQ Tel: 020 7840 7840 Fax: 020 7840 7841 Cancer information line: 0808 808 0000 Publication ordering: 0800 500 800 E-mail: cancerline@macmillan.org.uk www.macmillan.org.uk</p>
<p>OVACOME</p>	<p>49-51 East Road London N1 6AH Tel: 020 7299 6654 Fax: 020 7631 4674 Helpline: 0845 371 0554 / 020 7299 6654 E-mail:ovacome@ovacome.org.uk www.ovacome.org.uk</p>

Any medical information in this fact sheet is for guidance only. The Daisy Network and its members have produced this fact sheet and we cannot guarantee its medical accuracy.