

Premature Menopause after Cervical Cancer Treatment - A Prospective Observational Study

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ABSTRACT

Cervical cancer is the second most common cancer in women worldwide. Within developed countries there is a considerable variation in incidence with lowest incidence in Australia (4.9 per 100,000) compared to Northern Ireland (10 per 100,000). There are two peaks in the age-specific incidence rates: the first in women aged <40 and the second in women >80. Cervical cancer is often diagnosed in women of reproductive age and the majority of these younger women are diagnosed at an early stage resulting in good long term survival rates. Most women staged higher than Ib1 receive chemoradiation inducing ovarian failure. These women need effective hormone replacement therapy for symptom relief, bone protection. Sudden onset of premature menopause induced by chemoradiation causes significant symptoms in most young women. These symptoms include flushes, sweats, mood changes, palpitations, joint pains, vaginal dryness and loss of libido.

Keywords: Premature Menopause, Cervical Cancer, Rehabilitation

I. INTRODUCTION

Many women are given inappropriate advice on HRT and prescribed suboptimal regimes or no treatment. The Royal College of Obstetricians and Gynaecologists (RCOG) recommends that all women with premature menopause are looked after in a specialist menopause clinic and the prescription of HRT should be discussed proactively with all these young women.

Aims & Objectives

- 1) To assess the number of cervical cancer treated patients attending menopause clinic.
- 2) To assess effectiveness of menopause treatment and percentage of symptom relief.

II. METHODS AND MATERIAL

The details of patients with premature menopause attending menopause clinic following cervical cancer management were collected via their history and discharge cards.

Patients with premature menopause attending clinic were followed up atleast 6 monthly until an average age of 60.

Once a patient was identified an proforma sheet to collect the relevant data was collected and the data was recorded and analysed.

Inclusion criteria-

- 1) Patients with premature menopause following cervical cancer treatment, attending menopause clinic.
- 2) Patient giving consent to participate in study.

Exclusion criteria-

- 1) Precancerous and invasive carcinoma of cervix not yet managed.
- 2) Premature menopause following cancer treatment other than cervix.
- 3) Premature ovarian failure.

Duration of the study is 3 years from 2012 to 2015. A total of 25 women were identified with history of premature menopause after treatment for cervical cancer.

Proforma sheet used for data collection

- 1) Name
- 2) Age
- 3) Address
- 4) Socioeconomic status
- 5) Education
- 6) Parity - Nullipara / Multipara
- 7) Presenting complains-

Symptoms of premature menopause following cervical cancer management-

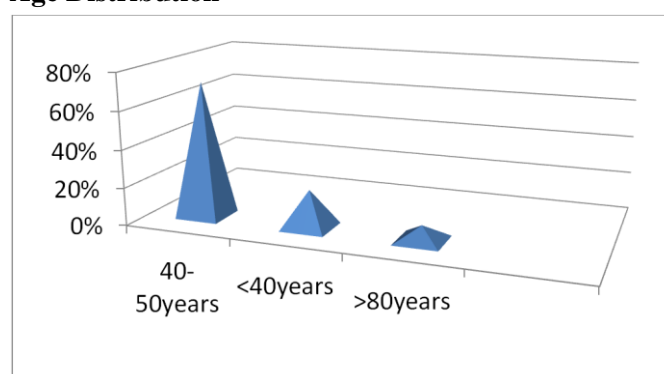
- ✓ Urogenital symptoms, including
 - * Vaginal dryness, Dyspareunia, Urinary frequency
 - ✓ Vasomotor symptoms, including
 - ✓ *Mood swings, Sweats, Insomnia
 - ✓ Joint pain
- 8) Source of referral-
 - ✓ Clinical Oncologist
 - ✓ General practitioner
 - 9) Reasons for referral-
 - ✓ Persistent menopausal symptoms
 - ✓ Advice on Hormone replacement Therapy
 - 10) Staging at diagnosis-
Stage 1 / Stage 2 / Stage 3 / Stage 4
 - 11) Pathology of disease-
 - ✓ Squamous cell carcinoma
 - ✓ Adenocarcinoma
 - 12) Causes of menopause-
 - ✓ Following chemoradiation
 - ✓ Following radical hysterectomy
 - ✓ Following total simple hysterectomy with bilateral salpingoophorectomy
 - ✓ Natural menopause after several years of treatment
 - 13) Result of DEXA scan
 - 14) Type of Hormone Replacement Therapy given-
 - ✓ Oral
 - ✓ Topical
 - ✓ Oral + Topical
 - 15) Symptom relief following Hormone Replacement Therapy

III. RESULTS AND DISCUSSION

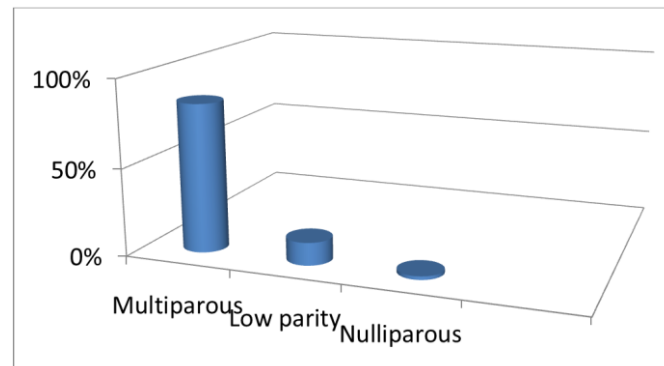
AGE AND PARITY

- ✓ The mean age was 45 years.
- ✓ 72% were of the age of 40-50 years.
- ✓ 20% women were aged less than 40 years.
- ✓ 85% women were multiparous.
- ✓ 13% were associated with low parity.
- ✓ 2% were nulliparous.

Age Distribution



Parity Status

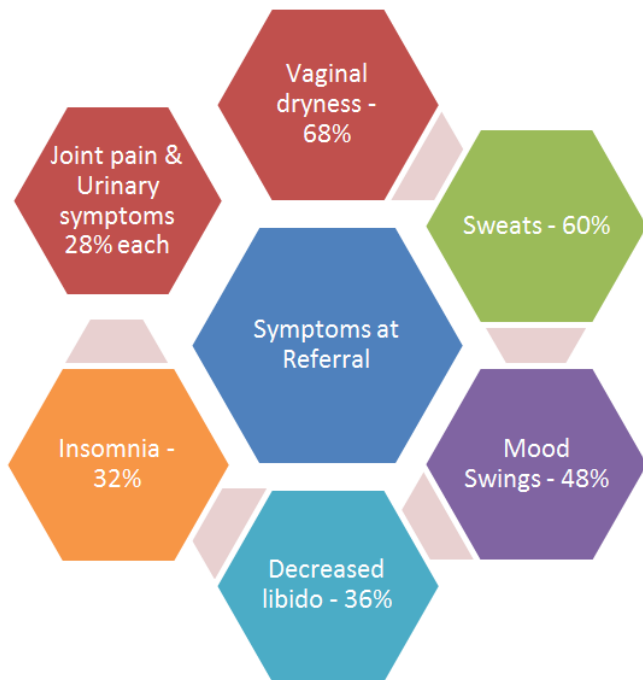


Presenting Complaints

Most women had more than one symptom.

- Vaginal dryness 68%
- Sweats 60%
- Low mood 48%
- Decreased libido 36%
- Insomnia 32%
- Joint pains 28%
- Urinary symptoms 28%

Symptoms at Referral

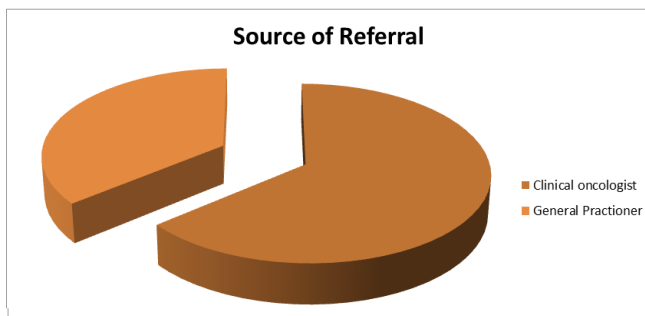


CURRENT SYMPTOMS

- All patients currently have effective HRT and 60% report no major ongoing problems.
- Bowel and bladder complications after radiotherapy were the most common ongoing problem (12%) followed by sexual difficulties (16%).

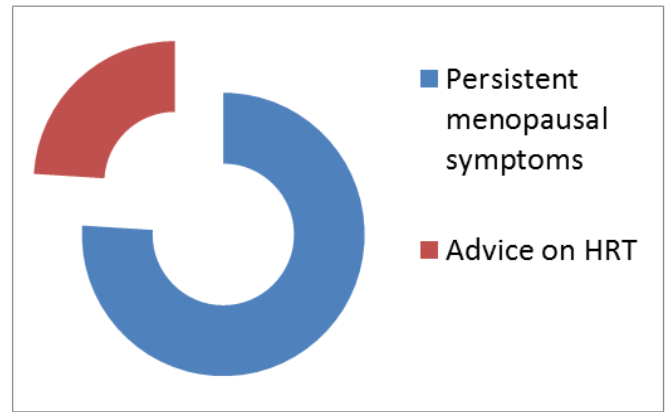
Source of referral-

Most referrals, 70% were from Clinical Oncology.
Rest 30% from General Practitioner.



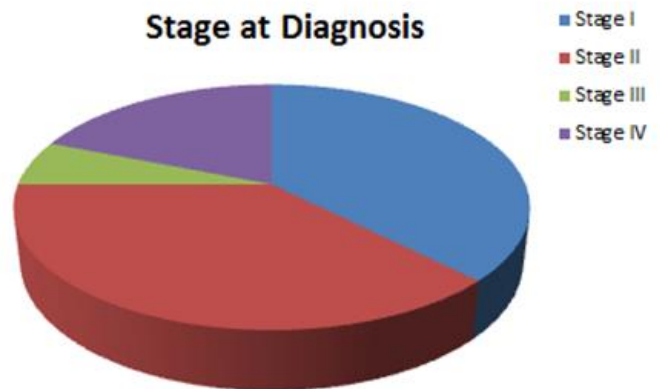
Reasons for referral

- 76% were referred because of persisting menopausal symptoms.
- 24% were referred for general advice on HRT/long term use



Stage of disease at diagnosis-

- stage I 37.5% stage II 37.5%
- stage II 6% stage IV 19%



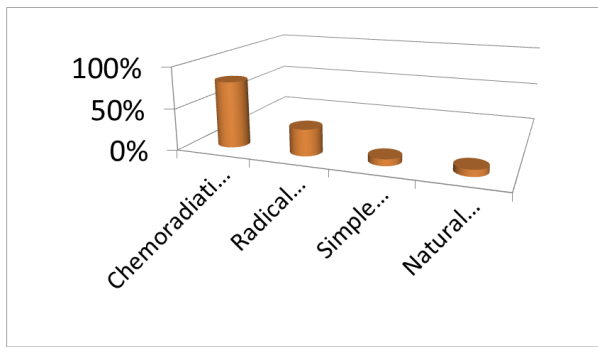
Histopathology of disease-

The majority of cancers were Squamous cell carcinoma-85%.

15% were Adenocarcinoma

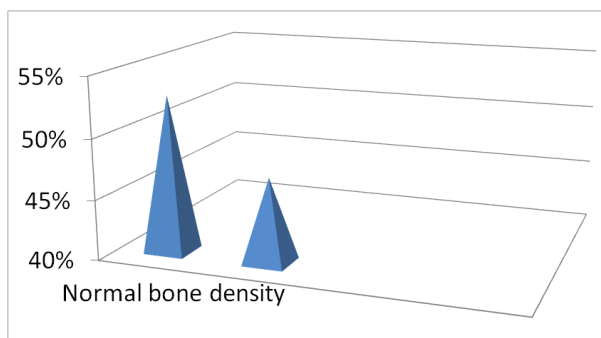
Cause of Menopause-

- 80% of women received chemoradiation inducing menopause.
- 32% had radical hysterectomy as initial treatment and 28% of these also required chemoradiation.
- 8% had total simple hysterectomy with bilateral salpingoophorectomy.
- 8% had a natural menopause several years after treatment.



DEXA Result-

- 76% of women have had bone density assessed by DEXA scan.
- 53% had normal bone density, 47% had osteopenia. No cases of osteoporosis were identified



Menopausal Hormone Therapy-

General principle-

- Menopausal Hormone Therapy(MHT) is the broad term to describe unopposed estrogen therapy(ET) for hysterectomized patients and combined estrogen-progestin therapy(EPT) for women with an intact uterus who need a progestin to prevent estrogen associated endometrial hyperplasia.
- Women who become menopausal as a result of cervical cancer treatment should routinely be referred for menopause care to optimise quality of life and prevent long term sequelae.
- Current referral for advice is haphazard and dependent on women complaining of menopausal symptoms or side effects.
- Hormone Replacement Therapy is always a option for menopausal symptoms but it must be optimized according to risks and benefits. This audit shows that after attendance at the menopause clinic most women can get adequate symptom relief to improve their quality of life.
- The Endocrine Society agrees that MHT is indicated for the management of menopausal symptoms but

not for the prevention of cardiovascular disease (CVD), osteoporosis, or dementia. Here HRT and proper patient selection is must.

- In our study 75-80% of women were relieved from vasomotor symptoms.
- Estrogen therapy is gold standard for relief of premature menopause symptoms particularly hot flushes and other vasomotor symptoms.
- Urogenital symptoms were relieved by topical estrogen only, in 40% women.
- There is only a minor role of HRT for osteoporosis and biphosphonates are the 1st line treatment for prevention and treatment of osteoporosis.

Though a few patients with joint pain or stiffness were relieved by EPT/ET.

IV. CONCLUSION

- We recommend direct referral of women to the Menopause Clinic from the oncology teams as soon as possible after cancer treatment has been completed.
- This audit has focused on cervical cancer patients but there are many women living with premature menopause after treatment for other cancers who also need specialist follow up.

V. REFERENCES

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