

# MENOPAUSE CAUSED BY OVARIAN CANCER TREATMENT

Menopause typically happens around the age of 50 years and is usually a natural transition in a woman's life. However, medical interventions such as surgery and chemotherapy for ovarian cancer can induce menopause – here referred to as 'treatment-induced menopause'.

Unlike the gradual process of a natural menopause, treatment-induced menopause causes a sudden drop in hormones. Menopause, whether induced by cancer treatment or the natural process, can lead to physical and emotional changes that may significantly impact a woman's health and wellbeing. The impact can be even greater for someone who is also going through cancer and its treatment.

These changes are different for everyone: While some women have minimal symptoms, others find that symptoms greatly affect their day-to-day life.

This fact sheet discusses the changes, symptoms and health risks associated with treatment-induced menopause. It also suggests ways to help you manage the changes. It covers:

- What is treatment-induced menopause?
- Menopause symptoms
- Menopause hormone therapy (MHT) (also known as HRT)
- Relieving symptoms
- Non-hormonal drug options for treating menopausal symptoms
- Complementary therapies and menopause
- Intimacy and sexuality after menopause
- Finding information online
- More information

## RESOURCE

For more detailed information about ovarian cancer and its diagnosis and treatment, including where to access support, call Ovarian Cancer Australia on 1300 660 334 and ask for a copy of our Resilience Kit or download the kit at: [ovariancancer.net.au/booklet/resilience-kit](http://ovariancancer.net.au/booklet/resilience-kit)

## WHAT IS TREATMENT-INDUCED MENOPAUSE?

Treatments for ovarian cancer that induce menopause are:

- surgery to remove the ovaries (bilateral oophorectomy)
- chemotherapy (before or after surgery).

These treatments will lower your hormone levels (oestrogen, testosterone and progesterone). You will stop ovulating (producing and releasing eggs) and having periods.

Instead of the gradual transition to menopause typical with age, you may experience sudden symptoms.

Most women diagnosed with ovarian cancer need to have an oophorectomy. Some women only need to have one ovary removed (unilateral). If you were still having menstrual periods before your cancer diagnosis, and you have an oophorectomy, this will induce menopause.

Chemotherapy, before or after your surgery, can also induce menopause.

Many women say they find the sudden onset of menopause and its symptoms challenging. Adjusting to menopause, whether it is gradual, earlier than expected or sudden can be emotionally hard, as the symptoms can be difficult to manage without treatment and support.

## MENOPAUSE SYMPTOMS

Menopause affects women differently. Some have severe symptoms, and some have mild or no symptoms. While symptoms may happen suddenly after treatment-induced menopause, it is unclear whether they are more severe than a natural menopause.

Symptoms of menopause include:

- hot flushes and sweating, which can cause sleep disturbances
- vaginal dryness causing discomfort during sexual activity
- decreased interest in sex (lowered libido)
- changes in weight and body shape, especially around the hips and stomach
- general aches and pains (in joints and muscles).

“ After surgery, I was handed a bundle of information on early menopause. I didn’t think there was any rush to read them – surely this was something I could deal with when I got home. However, within four or five days I started to get hot flushes and feel very cranky. When my surgeon asked me how I was feeling, I burst into tears! ”

*Carolyn, woman with ovarian cancer*

Some women also report having:

- mood changes like anxiety, depression, anger and feeling teary in unexpected situations
- a decline in thinking skills (forgetfulness, ‘brain freeze and/or fog’)
- urinary symptoms such as incontinence and increased risk of urinary infections.

You are also at an increased risk of early onset of heart disease and osteoporosis after menopause.

Going through menopause during and after cancer treatment can be very distressing. Trying to manage your health, illness and the side effects of your cancer treatment and menopause all at once can be overwhelming. See the later section on [Relieving Symptoms](#).

## RESOURCE

Loss of fertility after menopause can lead to feelings of loss and grief for some people. Before you have surgery or begin any treatment, read about possible fertility preservation in the ‘Finding out’ section of our Resilience Kit:

[ovariancancer.net.au/booklet/resilience-kit](http://ovariancancer.net.au/booklet/resilience-kit)



**Seeking out information and asking for support regarding menopause as soon as possible can make a big difference to the short-term and longer-term symptoms. It is important you ask your medical team about this before your surgery or cancer treatment starts.**

“ I felt as though I had failed as a woman because I could not do the one thing I was meant to be able to do, i.e. have a child naturally. ”

*Woman with ovarian cancer*

## MENOPAUSE HORMONE THERAPY (MHT) (ALSO KNOWN AS HRT)

MHT (also known as hormone replacement therapy or HRT) is hormonal treatment that can help lessen menopausal symptoms.

MHT is a prescription medication – usually oestrogen – for people who have had ovarian cancer. It is available as a tablet, gel applied to the skin or a skin patch.

Depending on your age, symptoms and type of ovarian cancer, MHT could be an option to reduce menopause symptoms and prevent osteoporosis.

Some women wonder whether MHT is safe to use. You must discuss this with your treating medical team. MHT may not be safe in specific ovarian cancer types such as low-grade serous epithelial ovarian cancer and granulosa cell tumours. Hormone receptors on these cancer cells can take up oestrogen, which can cause the cancer cells to grow.

### Who can help?

- Speak with your cancer treating medical team and find out if MHT is an option to help reduce your menopause symptoms.
- If it is appropriate and if you would like to try MHT, ask your GP for a prescription, or you may prefer to ask for a referral to a menopausal specialist. Seeing a specialist usually incurs a fee. Discuss this with your GP for more information.
- If MHT is not right for you, there are other prescription treatments that may help reduce symptoms.
- Western Australia and Victoria have Menopausal Symptoms after Cancer (MSAC) clinics. The multidisciplinary teams at these clinics can help you to safely manage your menopause symptoms and improve your long-term health. See the later section on [More Information](#).
- If you do not have access to an MSAC clinic, speak with your medical team (doctors and nurses) about options to control menopause symptoms. This might include MHT (usually as oestrogen) and/or vaginal oestrogen for vaginal dryness. Together you can weigh up the pros and cons of using MHT.
- You may choose to seek psychological support through a professional counsellor or psychologist regarding any mental or emotional impacts of menopause. Seeing a professional counsellor usually incurs a fee. Discuss this with your GP for more information.

## RESOURCE

The Teal Support Program is a free Ovarian Cancer Australia telehealth outreach program supporting women with ovarian cancer throughout their diagnosis, treatment and beyond. Read more at: [ovariancancer.net.au/health-professionals/teal-support-program](https://ovariancancer.net.au/health-professionals/teal-support-program)

“ I didn't know I could have the option of using MHT and only found out in an [ovarian cancer] online support group. Due to my young age (31 years) and quick onset of osteoporosis, my gynaecologist agreed that MHT was a good option for me. It has helped to cope with some of the side effects and has improved my life quality.”

*Francine, diagnosed with ovarian cancer*

- Troublesome night sweats can disrupt sleep. Use separate sheets/duonas if you and your partner are struggling.
- MHT reduces hot flushes, but it is not suitable for all women after ovarian cancer.
- Some types of complementary therapies and other non-hormonal treatments may also help reduce hot flushes and night sweats. See the later section on Complementary Therapies and Menopause.

“ On a personal level, one of the tricks that really has helped me with hot flushes and night sweats is always having a water spray or misting bottle handy – I have found great relief spraying my face etc when they come on, especially in hot weather.”

*Jacqueline, woman with ovarian cancer*

## RELIEVING SYMPTOMS

While there are limited treatment options for the symptoms of menopause, there are lots of practical things you can do to help manage them.

### ▶ HOT FLUSHES & SWEATING

Hot flushes are one of the most common symptoms of menopause. A hot flush is a sudden and intense feeling of heat, usually across your chest, neck and face. After flushing, you may sweat and shiver.

Flushes usually last one to five minutes. Some women have many flushes a day. As well as feeling unpleasant, hot flushes can cause anxiety, panic, embarrassment and frustration – especially if they happen in public, at work or in an enclosed space such as a car or elevator.

Some women report a prickling or tingling sensation on the skin and a pounding heart during hot flushes.

When a hot flush happens during the night, it is called a 'night sweat'. Night sweats can wake you from sleep, causing tiredness in the day.

#### What can help?

- If possible, avoid things that you know trigger your hot flushes (e.g. spicy foods, alcohol, hot drinks, anxiety, stress).
- Keep a small fan on your work desk, beside your bed and carry one in your purse/bag.
- Wear light, breathable fabrics such as cotton.
- Avoid wearing clothing that are difficult to remove quickly during a flush (e.g. high neck jumper, belts).

### ▶ SLEEP DISTURBANCES (INSOMNIA)

Research has shown that some women suffer sleep problems during menopause. Sleep disturbances can lead to feeling irritable, depressed, anxious, drowsy and unable to concentrate during the day.

Hot flushes and night sweats often contribute to sleep pattern changes.

#### What can help?

To help with sleep disturbances during menopause:

- try to limit food and fluid intake for two hours before bedtime
- avoid caffeine, alcohol and other stimulants, especially from mid-afternoon
- establish a regular relaxing bedtime routine (e.g. warm bath, no bright lights, meditation and chamomile tea)
- avoid screens or other online stimulation before bedtime
- hypnosis and cognitive behavioural therapy (CBT) can be helpful for sleep problems.

Ask your GP for further information.



Practising hypnosis, CBT and other relaxation techniques can help you relax. Trained therapists may be able to help you adjust negative thoughts about sleep into positive ones. Techniques like muscle relaxation, guided imagery and self-hypnosis may also be beneficial alongside establishing good bedtime habits.

## ▶ VAGINAL DRYNESS

Reduced levels of oestrogen after menopause may cause vaginal dryness, burning and itchiness, making some types of sexual activity uncomfortable or painful. Some women say the dryness can be generally very uncomfortable, even when walking around and doing other activities.

This can impact day-to-day life as well as your relationship. You may be reluctant to be intimate with a partner.

See the later section on [Intimacy and Sexuality after Menopause](#).

### What can help?

- Over-the-counter vaginal moisturisers (e.g. Replens) may help relieve vaginal dryness.
- Silicone-based lubricants (e.g. Pjur) may reduce discomfort more than water-based lubricants (e.g. Astroglide).
- Oestrogen creams applied direct to the vagina are safe to use. They treat vaginal dryness with minimal absorption into the bloodstream. This is a prescription product so consult your GP to ensure it is suitable for you.
- Vaginal dryness can be difficult and embarrassing to discuss. However, most partners respond positively to open communication about what might help you both to enjoy intimate times and remain connected in other ways.
- Support groups including online forums can offer valuable conversations for women having symptoms that might be embarrassing to discuss face to face.

## ▶ LOWERED LIBIDO

Menopause, cancer and its treatment can all affect your desire to feel sexual and to become intimate and have sex. Vaginal dryness can add to this problem.

### What can help?

- Talk to your doctor about how MHT or vaginal oestrogen may be helpful for you.
- Consider talking to a counsellor who specialises in women's health / sexual health. Professional counsellors charge a fee. Talk with your GP about your eligibility for a mental health care plan that covers a portion of this cost.
- Read the later section on [Intimacy and Sexuality after Menopause](#).
- You may hear discussion about testosterone treatment for women after menopause to increase libido. Early menopause due to cancer treatment also causes a drop in testosterone levels in women. It is not known whether testosterone treatments for women are safe or effective after ovarian cancer.

“The good news is that as we age, we often become aware of new arousal and sensual pathways.”

*Dr Amanda Hordern, sexuality expert and author*

## ▶ WEIGHT & SHAPE CHANGES

The drop in hormone levels (mainly oestrogen) during menopause can affect the distribution of body fat, leading to changes in body shape. More fat around the waist and hips is common. Many women also gain weight as they age.

### What can help?

- Eat a well-balanced healthy diet (low in fat, sugars and carbohydrates and high in fresh fruit, vegetables and grains). Keeping active and maintaining a healthy diet can prevent weight gain / changes in shape.
- Avoid crash diets – they usually mean you end up putting on more weight when you start eating properly again.
- After your treatment and when you feel able to, maintain a regular exercise routine (aim for 30 to 60 minutes of moderate physical exercise several times a week). See your doctor before starting any new exercise program.
- Yoga can help you relax, and certain exercises may decrease weight around your abdominal area. Getting advice from an exercise physiologist can also be helpful. Ask for referral from your GP through a GP care plan.



When you are feeling well, regular exercise/ activity may help to ease hot flushes, help you sleep better and increase your overall feelings of wellbeing. Being active also helps to protect against osteoporosis and reduces your risk of heart disease.

## ▶ URINARY TRACT CHANGES

The bladder and urethra (tube from the bladder where urine comes out) are sensitive to the effects of oestrogen. After menopause, some women notice urinary changes such as needing to pass urine urgently or needing to pass urine often.

Urinary incontinence is common in women, but menopause does not increase the risk of incontinence. Pain or stinging during urination may be a symptom of urinary tract infection (UTI). Drink lots of water if you begin to have symptoms. However, see your GP if symptoms persist, as you may need treatment with antibiotics.

## What can help?

- Pelvic floor exercises can strengthen the muscles that support your bladder, reducing urinary symptoms.
- Your doctor may suggest a referral to a physiotherapist for specialised treatment.
- Wear pads or period underpants (e.g. Modibodi) when going out and keep extras in your bag for emergencies.
- When travelling, locate the nearest toilets on your journey before leaving to reduce anxiety about being in unfamiliar places. Avoid bladder irritants such as caffeine and alcohol.
- If problems persist, ask your GP for a referral to a uro-gynaecologist or a physiotherapist who specialises in pelvic floor health.

## RESOURCE

Continence Foundation of Australia Helpline  
1800 33 00 66 | [continence.org.au](http://continence.org.au)

## ► OSTEOPOROSIS & HEART DISEASE

After menopause, women are at an increased risk of osteoporosis (brittle bones that may lead to a fracture). Menopause at a younger age may increase the risk of heart disease and osteoporosis.

## What can help?

- Aim for around 1200–1500 mg of calcium a day after menopause – which means enjoying four to five serves of calcium-rich foods and drinks each day. Consult your doctor or pharmacist about a calcium supplement if your dietary intake is not enough. If you have had pelvic radiotherapy, your doctor may recommend you also start taking a vitamin D supplement.
- Eat a diet rich in vegetables, legumes, fruits and whole grains; limit saturated fat, salt and alcohol to maintain a healthy heart.
- Quit smoking and do regular strength and aerobic exercises to maintain cardiovascular health and bone strength.

## ► MOOD CHANGES INCLUDING SYMPTOMS OF DEPRESSION & ANXIETY

After speaking with many women with ovarian cancer, Ovarian Cancer Australia found that they often experience feelings of grief and loss due to going through an unexpected menopause. They describe a sense of losing control over certain aspects of their lives, a loss of choices about having a family, and a loss of part of their identity as a woman. While they are relieved to know the cancer

has been removed by surgery, some still struggle with the shock of going through a treatment-induced menopause and the ongoing symptoms it causes.

Some women report mood changes including depression, anger and anxiety. These changes can be difficult. Your emotions may be quick to change and can range from feeling mildly cranky to feeling fragile and angry at times. You may cry more easily than you used to. These symptoms may be a surprise to you and the people around you as they are often 'out of character'.

Mood changes can be due to a combination of the drop in hormones and other changes in the body, along with trying to cope with your diagnosis and treatment. There is a huge amount to adjust to. Some days can be more challenging than others. Be gentle with yourself and seek support wherever possible.

## What can help?

- It's important to work through your feelings. Talk to your family, friends, a support group and members of your healthcare team.
- You may find it helpful to ask for a referral to a psychologist or counsellor who specialises in women's health. Be aware this could involve costs for the consultation and ongoing support.
- Prioritise doing things that make you feel calm or help you work through your thoughts and feelings. Examples are watching movies, writing in a journal, drawing, taking up a new hobby, being with those you love, walking and other regular exercise.
- Consider asking for professional help or finding a support group to help you face the challenges and manage symptoms.
- Don't hesitate to talk to your doctor for support if your symptoms persist. There are many different treatments that can help, including antidepressants and counselling.
- If you are having suicidal thoughts, seek help immediately (call Lifeline on 13 11 14).

## RESOURCE

Ovarian Cancer Australia (1300 660 334) can offer one-on-one support along with advice about support groups.



**Moderate daily exercise has been shown to reduce fatigue and increase physical, mental and emotional energy. Consult your doctor before starting any new exercise regimes.**



## ► ACHES & PAINS

Some women report body aches and stiffness at menopause. It is unknown why this happens. Arthritis and osteoarthritis are common as we age. If joint pains persist you may need to be tested for arthritis. Keeping active is usually the best way of managing body aches.

### What can help?

- Keep a healthy weight for your height – being overweight puts extra pressure on joints and muscles.
- Do regular, moderate exercise, which can include swimming, yoga and bike riding, or weight-bearing exercises such as lifting light to moderate weights, jogging and team sports.
- Eat a healthy, well-balanced diet including foods containing calcium and vitamin D.
- See your GP if pain persists as you may need to have further investigations or be prescribed pain-relieving medications.
- Clonidine, which is usually used to treat high blood pressure and headaches, has also been shown to help relieve hot flushes during menopause.

Some people prefer to explore complementary therapies, but we recommend you always speak with your doctor before starting to take any of these products.

**Always consult your doctor before starting any new exercise or weight training program.**

## NON-HORMONAL DRUG OPTIONS FOR TREATING MENOPAUSAL SYMPTOMS

Taking MHT may help with hot flushes and sweats. If MHT is not recommended for you, other drugs that may help include:

- fezolinetant – a therapy for hot flushes and night sweats
- anti-depressants – certain types of anti-depressant drugs have been shown to help relieve hot flushes
- anti-convulsant medication – gabapentin, an anticonvulsant, may help decrease the number of hot flushes during menopause.

### Who can help?

Speak with your cancer treating medical team to discuss non-drug options to help reduce your menopause symptoms.

## COMPLEMENTARY THERAPIES & MENOPAUSE

Many women who go through early menopause become interested in trying complementary therapies. These are natural therapies, used alongside conventional cancer treatments (e.g. chemotherapy, radiotherapy), which aim to treat both mind and body.

Most complementary therapies have not been shown in clinical trials to treat menopausal symptoms, but they help some women feel better.

Examples of complementary therapies during menopause include massage, mindfulness meditation and acupuncture.

Be cautious of taking vitamins, herbs and other products that claim to help with hot flushes / menopause symptoms. Most have not been scientifically proven to help. Some contain high doses of hormones, which should be avoided as they could interfere with your current treatment.



**If you are thinking about using any type of complementary therapy or herbal product, it is important to first discuss this with your specialist doctor, as some have side effects.**

### RESOURCES

Ovarian Cancer Australia  
'Staying well' (in Resilience Kit)  
1300 660 334  
[ovariancancer.net.au/booklet/resilience-kit](http://ovariancancer.net.au/booklet/resilience-kit)

Cancer Council  
'Understanding complementary therapies' (booklet)  
13 11 20 | [cancer.org.au](http://cancer.org.au)

Australasian Menopause Society – 'Lifestyle and behavioural modifications for menopausal symptoms' (information sheet),  
[menopause.org.au/hp/information-sheets](http://menopause.org.au/hp/information-sheets)

# INTIMACY & SEXUALITY AFTER MENOPAUSE

Your sexuality is an important part of who you are, and it is deeply personal: it's about your self-image, how you express yourself sexually, and your sexual feelings and attractions towards others. It is not just about having sex.

Ovarian cancer, its treatment and going through menopause may profoundly affect your sexuality.

You may feel a wide range of emotions about your sexuality, body image and relationships. It can change how you feel about yourself and your body, your sexual desire, your ability to have sex due to treatment for your cancer and your sexual relationship with others, whether you have a partner or not. Many of these feelings are overwhelming. And many women say this has made them feel differently about their body, having sex and increasing their energy levels again.

Having treatment can lead to menopause, which may reduce your libido (desire for sex) and cause vaginal dryness. Many women say that this alteration in sexuality also changes their view about their role in sexual relationships.

**“ My libido has dropped off as well, but I try to keep our sex life going because I know how important it is to my husband.”**

*Woman with ovarian cancer*

Some women experience feelings of loss, or incompleteness due to changes in their reproductive organs and their ability to have children.

**“ I was diagnosed in my early 30s. I had not yet had kids and desperately wanted to be a mother. I watched as women in my networks had kids. I just felt like all my body had done was grow a lump of death. It was a very hard time. I became withdrawn and isolated.”**

*Woman with ovarian cancer*

Your desire for intimacy – including talking and cuddling as well as sex – can be affected by:

- physical and emotional fatigue
- chemotherapy side effects such as nausea and vomiting, depression or anxiety
- pain.

Body changes, scarring, hair loss and other physical changes may impact how attractive you feel and make you hesitant to discuss your appearance or be touched. If you are single, you might also be concerned about how a future partner will respond to your illness, your feelings and your body.



**Many people feel too tired to have sex during treatment. Your surgeon will most likely advise you that you will need to wait several weeks after surgery before having sex.**

## What can help?

- Understanding menopausal changes, openly discussing them and finding ways to ease anxiety can improve your wellbeing.
- Communicating openly about sexuality, though difficult for some people, is important. If you have a partner, sharing feelings can be valuable. If you are not in a relationship, you may still wish to talk to someone about how you are feeling. A close friend, your GP or counsellor may be an option.
- Symptoms such as vaginal dryness can lead to painful sex. If you are concerned that sex will hurt or have had painful sex after cancer treatment, you should discuss this with your healthcare provider.
- Sometimes not communicating your feelings clearly to each other can lead one person to make untrue assumptions. For example, a partner may avoid or no longer initiate intimacy, such as cuddling, kissing, talking or sex, because they are trying to be sensitive to the other's needs. This may be interpreted as feeling you are no longer attractive to your partner.
- Check in with your partner about their feelings. They may also be anxious about intimacy, fearing they could upset or hurt you physically. They may also worry that it is inappropriate to be thinking about intimacy while you are sick. Some also worry that they may 'catch' your cancer (which is not possible).
- Plan intimacy for times when you think you will have the most energy. You might like to make a 'date' with your partner, which can be a fun way to build an emotional connection or sexual arousal.
- There are many ways of being intimate and enjoying physical closeness: touching, stroking, cuddling, kissing, massaging or simply holding each other can be satisfying additions to or alternatives to sex.
- Take it slowly and use creativity to work out what feels good. Problems can often improve with time and practice.

- Vaginal moisturisers can relieve general discomfort and dryness, and lubricants can help to make sex more comfortable.
- Talk to a counsellor, psychologist, sex therapist or a doctor with specialist training in sexuality and cancer. Please be aware this may incur a fee.

“ I want to enjoy sex like I used to but it’s hard to get in the mood. I feel like a failure.”

*Woman with ovarian cancer*



**REMEMBER:** It is important to use contraception when you are having chemotherapy, radiotherapy and some biological therapies, as they can cause harm to a growing baby. It is also to protect your partner from being exposed to any chemotherapy/ radiotherapy that may be still present in your vaginal secretions. You will need to use contraception for at least six months after your treatment finishes.

## RESOURCE

Ovarian Cancer Australia - ‘Sexuality, body image, relationships and ovarian cancer’ (booklet)  
[ovariancancer.net.au/booklet/sexuality-body-image-relationships-and-ovarian-cancer](http://ovariancancer.net.au/booklet/sexuality-body-image-relationships-and-ovarian-cancer)

## FINDING INFORMATION ONLINE

The internet has an enormous amount of information about ovarian cancer and early menopause. We don’t recommend using online information as a substitute for the information from your doctor and other members of your healthcare team.

Not all online resources are accurate or tailored to your needs. Stick to websites from reputable cancer organisations, hospitals and universities.

If navigating information feels overwhelming, ask a family member or friend to help. Your medical team can also clarify the accuracy of online information.

## RESOURCE

For more support, refer to the next section or call our helpline on 1300 660 334.

## MORE INFORMATION

### Ovarian Cancer Australia

Resilience Kit

[ovariancancer.net.au/booklet/resilience-kit](http://ovariancancer.net.au/booklet/resilience-kit)

### Healthtalk Australia

‘Early menopause: Experiences and perspectives of women and health practitioners’

[healthtalkaustralia.org](http://healthtalkaustralia.org)

### Jean Hailes for Women’s Health

Links to sites that focus on early menopause, managing menopause and bone health

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

### Australasian Menopause Society

Find an experienced doctor in your state/territory and information about menopause and current research

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

### Healthy Bones Australia

Information on bone health and osteoporosis

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

### Menopausal Symptoms After Cancer (MSAC) clinics

You will need a referral from your doctor to attend an MSAC clinic. Available in Perth at the King Edward Memorial Hospital ([kemh.health.wa.gov.au](http://kemh.health.wa.gov.au));

Melbourne at The Royal Women’s Hospital ([thewomens.org.au/patients-visitors/clinics-and-services/menopause/menopause-symptoms-after-cancer](http://thewomens.org.au/patients-visitors/clinics-and-services/menopause/menopause-symptoms-after-cancer)); NSW is planning four menopause services ([aci.health.nsw.gov.au/networks/menopause/about](http://aci.health.nsw.gov.au/networks/menopause/about))

### NSW Government

Perimenopause and Menopause Toolkit

[nsw.gov.au/women-nsw/toolkits-and-resources/perimenopause-and-menopause-toolkit](http://nsw.gov.au/women-nsw/toolkits-and-resources/perimenopause-and-menopause-toolkit)



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