

Gynecological cancer at the menopause

Worldwide, about 1.4 million new gynecological cancers are diagnosed each year. Menopause management needs to be individualized according to tumor type and stage, concomitant medications and the woman's age.

Uterine cancer

Endometrial cancer

- Systemic or topical **menopausal hormone therapy (MHT)** is a reasonable option after surgical treatment for women who are at low risk of tumor recurrence (e.g. early stage) but evidence is limited.
- MHT may stimulate tumor growth in women with more advanced disease or high-risk early-stage tumors, and **non-hormonal approaches** are recommended.
- No long-term data regarding the safety of MHT are available for women with Lynch syndrome, who are also at increased risk of other cancers.

Uterine sarcomas

- These may be hormone dependent and so **estrogen and progesterone receptor testing** should be undertaken to guide decisions regarding use of MHT.
- No data are available about MHT and non-hormone-dependent tumors.

An individualized approach, best undertaken by a multidisciplinary team, should take into account age, tumor type and stage, and concomitant therapies and morbidities.

- No data are available about the effects of MHT on smooth uterine muscle tumors of uncertain malignant potential (STUMPs).

Ovarian, fallopian tube and peritoneal cancers

- **MHT**, either systemic or topical, does not appear to be associated with harm and does not appear to decrease overall or disease-free survival in women with non-serous epithelial ovarian cancer, germ cell and borderline malignant tumors, although the evidence is limited.
- The regimen (estrogen or estrogen combined with progestogen) will depend on whether **hysterectomy** has been undertaken.
- Duration of therapy will depend on the age of the woman.
- Caution is required for both systemic and topical MHT in women with serous and granulosa cell tumors because of their hormone dependence.

Cervical, vaginal and vulvar cancers

- These are not considered to be hormone dependent.
- MHT is not contraindicated and the regimen (unopposed or opposed estrogen) depends on whether or not hysterectomy has been undertaken.

Further information

EMAS and IGCS. Position statement on managing the menopause after gynecological cancer <https://doi.org/10.1016/j.maturitas.2020.01.005>

Global Cancer Statistics 2020 <https://doi.org/10.3322/caac.21660>