

Menopause and gynecological conditions:

Ovarian, fallopian tube and peritoneal cancers

Worldwide, about 325,000 new cases of ovarian cancer are diagnosed each year. The three major types of ovarian cancer are epithelial, accounting for 90% of cases, germ cell (3%) and sex cord-stromal (2%). Fallopian tube cancer, primary peritoneal cancer and epithelial ovarian cancer are indistinguishable and share the same genomic signature.

Starting MHT should await tumor pathology and determination of hormone sensitivity, staging and treatment planning .

Indications and contraindications for menopausal hormone therapy

- Menopausal hormone therapy (MHT) is generally not contraindicated after treatment for **epithelial ovarian cancer**; however, risks and benefits should be discussed
- Although many high-grade serous and endometrioid **ovarian cancers** express estrogen receptors, the limited trial data do not show increased recurrence with systemic MHT; non-hormonal options may be offered first, especially for women without early menopause symptoms
- **Non-hormonal options** are preferred, but MHT is not contraindicated for patients with FIGO stage I low-grade serous **ovarian cancer**
- MHT is not recommended in FIGO stage II–IV or recurrent low-grade serous **ovarian cancer** due to hormone sensitivity
- MHT should be offered to manage menopausal symptoms in borderline ovarian tumors and is especially recommended for surgical menopause after early-stage treatment
- MHT should be offered to women with premature ovarian insufficiency following **germ cell tumor** treatment
- The limited evidence does not show harm with MHT in stage I **granulosa cell tumors**, but counseling on uncertainties is recommended due to hormone sensitivity

Further information

British Gynaecological Cancer Society and British Menopause Society (2024) Guideline. Management of menopausal symptoms following treatment of gynaecological cancer <https://www.bgcs.org.uk/wp-content/uploads/2024/09/BGCS-BMS-Guidelines-on-Management-of-Menopausal-Symptoms-after-Gynaecological-Cancer-09.09.24.pdf>

Zhu et al. (2024). Global burden of gynaecological cancers in 2022 and projections to 2050 <https://doi.org/10.7189/jogh.14.04155>

US National Comprehensive Cancer Network. Guidelines: Treatment by cancer type https://www.nccn.org/guidelines/category_1