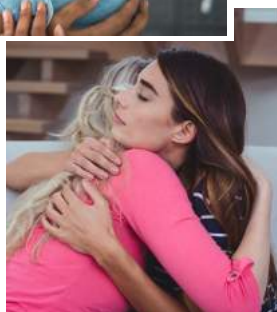


A younger woman's guide to ovarian cancer

Information on treatment, relationships, fertility and facing an early menopause



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Information on treatment, relationships, fertility and facing an early menopause after ovarian cancer treatment in your fertile years.

This guide has been written by health professionals and experts, and was developed through consultation with women who have had ovarian cancer.

All the quotations featured are from people who have had ovarian cancer themselves, and may have been through many of the experiences you are facing.

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This edition: August 2021

Next planned review: August 2023

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The guide is split into colour-coded chapters to help you choose the information that is helpful and relevant to you, and we hope you can dip in and out of the guide as and when you need it.

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Dealing with the news

When you hear the news that you have ovarian cancer it may be hard to take everything in. You may leave the appointment feeling overwhelmed and full of questions.

You may feel like your diagnosis has come out of nowhere. There is no right or wrong way to feel and your emotions can change very quickly and take you by surprise.

You may feel thrown into a whirlwind of new information and decisions. You can always speak to your clinical team and your clinical nurse specialist (CNS). Ask as many questions as you need to so that you understand what is happening.

Once you've had your diagnosis you will be given further appointments. Think about taking someone with you to these or bring a mobile phone with a speaker so that your family can listen in. A family member or friend may be able to ask questions and remember things that you don't, as well as support you.

It can be useful to jot down a few questions before you go into your next appointments, and make notes about the answers you are given.

You can ask about what support is available for you to help you manage your feelings.



Sarah,
diagnosed aged 40

“

I had never heard of ovarian cancer. It happened so quickly and was such a whirlwind, it was like being swept up in a tornado.”

Which ovarian cancers are more common in younger women?

There are many different types of ovarian cancer, the most common being epithelial cancer. This arises in the lining of the ovary, fallopian tubes or the peritoneum (the lining that covers the organs inside your abdomen (tummy)).

When we use the term ovarian cancer in this guide we are also referring to primary peritoneal cancer and fallopian tube cancer, as these cancers are treated in a similar way.

Although younger women can get epithelial cancers, these usually affect those who are over the age of 45 years.



Which ovarian cancers are more common in younger women?

In younger women, the more common types are those below.

Borderline tumours

These are tumours that are neither completely benign (non-cancerous) nor cancerous. The cells are slowly dividing and are not likely to be invasive. The treatment usually consists of surgery only.

Low grade ovarian cancer

Ovarian cancer is divided into high grade and low grade. High grade cancer is the most common type and is treated with surgery and chemotherapy. While low grade cancers are less common overall they occur more often in younger women. Low grade cancers typically grow slowly and are usually treated with surgery. They can also be treated with hormone-blocking tablets or chemotherapy. However some women may not require any other treatment after surgery.

Germ cell tumours

These tumours begin in the egg cells of the ovary. With this type of tumour it may be possible just to remove the affected ovary and fallopian tube to help preserve your fertility. There is specific chemotherapy for germ cell tumours which varies from that used in other types of ovarian cancer. Types of germ cell tumours include yolk sac tumours, embryonal carcinoma, immature teratoma, choriocarcinoma and dysgerminoma.

**Granulosa and sertoli-
leydig cell tumours**

These are very rare cancers that arise in the supportive tissue of the ovary. Sometimes they can release hormones such as oestrogen or testosterone. They are treated surgically and sometimes with hormone-blocking drugs or chemotherapy.



Who will be treating me?

You will be treated and looked after by a multi-disciplinary team (MDT) made up of specialists in gynae-oncology. They will meet regularly to discuss your care and treatment. The people in your MDT will be:

Oncologist	A doctor who specialises in non-surgical cancer treatments. They are sometimes referred to as a clinical oncologist (who specialises in radiotherapy and chemotherapy) or a medical oncologist (who specialises in chemotherapy and other drug treatments).
Surgeon	If you're having surgery, your operation should be carried out by a gynaecological oncology surgeon.
Clinical nurse specialist (CNS)	This is a nurse who specialises in supporting those with gynaecological cancers. Often referred to as your key worker, you can contact them whenever you have any questions or problems.
Chemotherapy nurse	If you receive chemotherapy, your chemotherapy nurse will guide you through the process and side effects.
Radiologist	A radiologist is a doctor who is trained to look at scans including CT, MRI and ultrasound scans.

Pathologist

A pathologist is a doctor who uses a microscope to study the tissue removed at biopsy or surgery to make the diagnosis.

GP (General Practitioner)

Although not part of the MDT, your GP will still have an important role in your care.

Other health professionals

You may also have contact with other health professionals including psychologists, counsellors, geneticists, menopause experts and fertility experts.

**Sarah-Jane,
diagnosed aged 42**

“It’s really important to be your own advocate and to ask for help with any difficulties you experience.”



Telling other people

It's hard to decide what to do about telling your family and friends and you may worry about how they'll react.

You may feel anxious that they could withdraw from you or feel angry, or that telling them may make things worse. However, sharing the news can help you feel better and the reactions of your family and friends may be overwhelmingly supportive. Some tips to help you tell your loved ones can be found in the 'Relationships' section of this guide.



Treating ovarian cancer

The initial treatment for ovarian cancer usually consists of a combination of chemotherapy and surgery.

You may be advised to have surgery first, followed by chemotherapy; or you may need some chemotherapy before the surgery, followed by more chemotherapy. When surgery occurs in the middle of the course of chemotherapy it is called interval debulking surgery.

Your medical team will have a detailed discussion with you about your treatment options and the risks involved. They should also talk to you about the possibility of fertility-sparing surgery. If you have been diagnosed early at stage one, it may be possible for just one ovary to be removed. You can find out more about fertility in the 'Ovarian cancer and fertility' section of this guide.

Surgery for ovarian cancer

Surgery often includes removing the following:

- The uterus (womb) and cervix (this is a total hysterectomy)
- Both ovaries and fallopian tubes (this is a salpingo-oophorectomy)
- The omentum – a layer of fatty tissue that extends downwards from the stomach in front of the abdominal organs to protect them

Surgery may also involve the removal of any enlarged lymph nodes (glands that help to fight infection) or cancer from the peritoneum (the lining that covers the organs inside your abdomen).

Treating ovarian cancer

It may include the removal of other abdominal organs that are affected and the lining of your diaphragm (a muscle under your lungs).

Your surgeon will discuss with you which organs they intend to remove during the operation. It may be possible to remove only the affected ovary and fallopian tube to get a diagnosis. For some people this may be all the surgery that is required. For others, once a diagnosis is made they may then require a second operation to remove other organs so that they have had the correct treatment.

If you have advanced stage ovarian cancer, a sample of your tumour should be taken during surgery to be tested for BRCA gene alterations. See pages 18-21 for more information about BRCA testing.

If you have surgery to remove both your ovaries, you will go through surgical menopause and may experience menopausal symptoms. Find out more about surgical menopause and how to manage the symptoms on page 22.

Chemotherapy for ovarian cancer

Chemotherapy for ovarian cancer is given to kill any cancer cells that may remain after surgery, or to shrink the tumour to make it easier for the surgeon to remove. The drugs are given through a drip into a vein and the treatment will be given over several hours. This whole process usually takes up most of the day.

At time of writing, the Covid-19 pandemic means restrictions may be in place. During this period, visitors have not been able to accompany patients into the hospital.

It may be possible to keep in touch with your family during treatment if you bring your mobile phone or tablet (e.g. iPad) with you.

What is it?

In most cases you will be offered a combination of carboplatin (a platinum-based chemotherapy) and paclitaxel also called Taxol (a taxane). These are commonly referred to as Carbo/Taxol. Both of these are cytotoxic (toxic to cancer) and kill cancer cells. If you have been diagnosed with a germ cell tumour, you may be offered bleomycin, eptoposide and platinum (BEP). Sometimes carboplatin will be recommended on its own, for example if you:

- Have other health problems that make taxane treatment unsafe
- Have an early stage cancer that only requires platinum chemotherapy
- In discussion with your oncologist, choose to only have carboplatin

**Amanda,
diagnosed aged 41**

“

It wasn't what I was expecting. Some of the women looked so well. Go prepared, my chemo lasted hours – take plenty of DVDs, books and games and take someone with you.”

There may also be other treatment options or you may be eligible to take part in a clinical trial (a medical research study that looks into new treatments). You can ask your oncologist what options are available to you, and they will always be happy to discuss these with you.

Your oncologist will usually look at maintenance medicines after the chemotherapy that may reduce the risk of cancer coming back.

How will chemotherapy affect me?

Chemotherapy affects people in different ways. There are many different medications to help manage side effects so ask your chemotherapy team if you need help.

You may be more prone to infection when having chemotherapy and your team can tell you how best to protect yourself and what action to take if you think you may have an infection.

Possible side effects

Feeling or being sick

You will be given anti-sickness medication before chemotherapy and to take home. If you are sick you need to contact your chemotherapy team and they will change your prescription.

Losing your hair

Chemotherapy may cause you to lose your hair. Hair loss can sometimes be reduced by the use of a cold cap. You can ask your medical team if this is appropriate for you, or speak to them about a referral for a wig.

Changes to your weight

Your weight may change as your appetite may be affected by treatment. Ask your CNS or dietitian if you have any concerns for advice specific to you.

Possible side effects

Fertility and early menopause

There is a risk of reduced fertility (difficulty getting pregnant) and early menopause even if your surgery is fertility-sparing. (Please see our chapters on fertility and early menopause for more information). It is very important to use contraception throughout your treatment as chemotherapy can damage a pregnancy.

Memory loss or chemo brain

This is quite common after cancer treatment and includes changes in memory, concentration and thinking. It can be very frustrating, but for most people it will improve with time.

Tiredness and fatigue

Most people feel very tired during chemotherapy so it is important to plan time to recover your energy. Keeping a diary can help you identify patterns so you know when your best and worst days are, and plan ahead.

Some people have an allergic reaction to chemotherapy. Signs of a reaction can include:

- Feeling hot or flushed
- Shivering
- Itching
- A skin rash

- Feeling dizzy
- A headache
- Feeling breathless or wheezy
- Swelling of your face or mouth
- Pain in your back, tummy or chest

Your medical team will monitor you for signs of a reaction during your treatment. If you feel unwell or have any of these signs, tell them straight away. If you do have a reaction, it can be treated quickly.

Sometimes a reaction happens a few hours after treatment. If you feel unwell after you get home, contact your team as soon as possible.

What happens after I finish treatment?

Once you have completed your treatment you will have follow-up appointments at the hospital. These are often every three months for the first one or two years and then usually with longer intervals for up to five years. At a follow-up visit you should report any symptoms that concern you.

Depending on how you are your oncologist may examine you, check your tumour markers (blood tests which can show if your cancer may be becoming active again) and request a CT scan.

Jayne,
diagnosed aged 38

“
I was absolutely scared about it coming back. It's never just a cough or a cold, there's always a nag at the back of your mind that something terrible is happening. As time has gone on I'm slightly more relaxed but it's about striking a balance between not driving yourself mad and wanting to check when you feel something's wrong.”

Many people worry about their cancer coming back (recurring). No one will be able to predict if this will happen. If you are concerned about symptoms between appointments, you should get in touch with your CNS before the next follow-up, even if this is only a few weeks away. If you are finding that the anxiety about your cancer coming back is affecting how you live your life, you should discuss this with your GP, CNS or oncologist to get further support. They can also refer you for counselling or to a psychologist.



The remainder of this guide has information on living with the longer term effects of treatment and useful organisations are listed on pages 60-66.

Many patients ask about the symptoms of recurrent disease. These are usually a few weeks of worsening abdominal pain and swelling with possible change in bowels. These can be similar to the symptoms experienced before initial diagnosis, but it's important that any unusual and persistent symptoms are investigated. One issue that is important to consider is that all of us can have a day or two of any of these symptoms. However, in ovarian cancer the symptoms are constant and deteriorate over a few weeks.

Chemotherapy for ovarian cancer that has come back

If your cancer does come back your oncologist may advise more chemotherapy. In some situations, your oncologist will suggest that you might benefit from an operation to remove the recurrent tumour, before you have chemotherapy. The doctors may also recommend maintenance therapy after your chemotherapy has finished. Your medical team will discuss the best treatment options with you.

Family history

It is a common reaction to worry that other family members may be at risk. In most cases ovarian cancer is a sporadic disease (it occurs randomly), but approximately 15-20 per cent (approximately 1 in 5) of cases are inherited.

Some families carry an altered gene (a changed copy of a normal gene) called the BRCA1 or BRCA2 gene mutation. The mutated gene can be inherited from the male or female sides of the family.



There are other genes linked to ovarian cancer such as those linked to Lynch Syndrome (also known as hereditary non-polyposis colorectal cancer, HNPCC), RAD51C and RAD51D, SK11 and BRIP1 (FANCJ). Alterations in these genes are a much rarer cause of ovarian cancer.

Should I consider genetic testing?

The National Genetic Test directory was introduced in 2020. It provides your cancer team with guidance on which types of ovarian cancer should be tested for the BRCA alteration. If you have not been offered genetic testing, ask your oncologist if you are eligible.

Knowing if you have a mutation in your BRCA genes can help with your treatment planning, but it is your choice whether you have the test or not. A member of your cancer team will talk to you about genetic testing. This should be a blood test and/or a tumour sample test.

The blood test will let you know if there is an inherited altered gene. Sometimes these alterations occur in the tumour, so an existing sample of your cancer tumour should be tested too. Gene alterations that only occur within the tumour are not inherited.

If you decide to have your tumour tested, you will be asked to sign a consent form and a sample of your tumour will be sent to a specialist lab.

Treating ovarian cancer

The results can take a few weeks and you can decide how you would like to receive them. If the test shows that your tumour has a BRCA alteration, you can be offered a further blood test (known as germline testing).

This will show whether you have a BRCA mutation which can be passed on to your family. If the blood test gives a BRCA positive result, there is a 50 per cent chance that this will be passed to your children.

You will have inherited it from one of your parents. Other close relatives such as siblings, cousins, uncles and aunts may also carry the BRCA mutation. This is important information and you will want to know how to talk to your family about this.

If your test shows you carry the BRCA mutation, then your family members can choose to have genetic counselling to support them to decide whether they want to be tested.

Risk of breast cancer

If you have a mutated BRCA1 or BRCA2 gene you are also at increased risk of breast cancer. Your team can discuss this with you or may refer you to the genetics team to talk about your options for reducing the possibility of developing breast cancer. This can include screening, preventative medication and risk reducing surgery.

Della, diagnosed aged 41

“ I lost my mother to ovarian cancer and after being diagnosed myself, I felt being genetically tested was my way of understanding and protecting my daughter's future. My family is precious. It made sense to utilise the information in a positive way. My test results showed that I have the BRCA1 gene mutation. Encouraging genetic testing for my daughter, sisters and their children will hopefully prevent them from developing cancer. ”



What to expect from early menopause

The menopause usually happens naturally between the ages of 45-55 when levels of the female hormone oestrogen gradually decline and periods stop.

But if you have surgery to remove your ovaries, these hormonal changes may happen very quickly and sometimes straight away. This is known as surgical menopause.

Surgical menopause can be overwhelming. Your medical team should talk with you about this. If you have already gone through surgery it is important to share any worries that you have with your medical team or GP. It may be possible to be referred to a menopause specialist, who may be part of a gynaecology or sexual health team.

Sarah,
diagnosed aged 40

“

I wasn't properly prepared for the immediate onset of menopause. It was like I'd come off medication. I suddenly went from being relatively normal to sweating and thinking why on earth isn't anyone else sweating?

”

Symptoms of surgical menopause

Symptoms that may occur in the short term:

- Hot flushes
- Anxiety
- Mood changes
- Palpitations
- Night sweats
- Feeling irritated
- Poor concentration
- Insomnia
- Poor memory
- Loss of self-esteem

Long term effects include:

- A dry vagina
- Thinner and drier skin
- Lower or no sex drive
- Bladder problems
- Joint aches and pains

Head to page 64 for further sources of information about the menopause.

The levels of the hormones oestrogen and also testosterone (another important female hormone produced by the ovaries) start to reduce during the perimenopause. The perimenopause is when your body starts to move naturally towards menopause. Hormone levels then become very low and continue to be low during the menopause. The levels reduce immediately after ovaries are surgically removed.

Menopausal women with low levels of oestrogen have an increased risk of diseases such as heart disease, osteoporosis, type 2 diabetes, depression and dementia.

If you would like further information and advice on managing your menopausal symptoms, talk to a healthcare professional who has a particular interest in the menopause, who can provide evidence based information, advice and treatment.

Hormone Replacement Therapy (HRT)

HRT can relieve symptoms and benefit long-term health by replacing some hormones. Most women with ovarian cancer can safely take HRT. It may not be suitable for all women with ovarian cancer so you should discuss taking HRT with your medical team or a menopause specialist.

What to expect from early menopause

There are many different types and doses of HRT. All types of HRT contain oestrogen and the type and doses of HRT you need vary between each person. The HRT replaces the oestrogen that your ovaries no longer make after the menopause.

HRT is known to:

- Prevent loss of bone strength
- Maintain a healthy heart
- Promote cognitive health (memory and thinking skills)
- Prevent vaginal discomfort
- Help with hot flushes
- Help with bowel health

How is it given?

After a surgical menopause HRT is given as one hormone (oestrogen therapy) and can be given via tablets, patches, gels and sprays. Those who still have a womb also need to take progesterone.

Testosterone is also a hormone which can improve symptoms of low mood, reduced energy, brain fog and low libido. This is not currently licensed for women in the UK but it is still available on a prescription from healthcare professionals who specialise in the menopause.

What are the side effects?

You may not experience any, but side effects of HRT may occur in some people and can include breast tenderness, headaches and leg cramps. They usually improve with time.

What to expect from early menopause

Occasionally a change in dose or type of oestrogen will be necessary and your doctor will work with you to find the most appropriate dose and type. You may need to try a few different types of HRT before finding one that suits you.

What are the risks?

There has been a lot of research into HRT and its safety in general but not so much is known about the risks and the benefits after surgery for ovarian cancer.

It is important to discuss the matter with your doctor and, if possible, get a referral to someone who specialises in dealing with those who are experiencing the menopause because of cancer treatment.

Depending on your situation, you may decide to use HRT on a short-term basis for symptoms relief, for a longer-term basis for its health benefits, or not at all.

The guidelines and evidence state that women can continue to take HRT as long as the benefits outweigh risks. As there are health benefits from taking HRT this means that women can safely continue to take HRT forever to replace their missing hormones.

**Sarah,
diagnosed aged 40**

“
I had a real fear of a surgical menopause so I ended up taking a low dose of HRT. I'll keep taking it until a point when I'm ready to stop taking it. I'll go through the menopause but it'll be less immediate and full on.
”



Thinking about HRT - questions to discuss with your doctor:

- Which of my symptoms will HRT help with?
- What are the risks associated with using HRT?
- Should I have a tablet, patch, gel or spray?
- How long will I need it for?
- Is there anything else I might use instead?
- What will happen if I choose not to use it?

Vaginal oestrogen

Vaginal oestrogen is given to treat changes in the vagina after a surgical menopause and can be used alone or alongside conventional HRT. Vaginal oestrogen will help treat your vaginal dryness and improve comfort. Vaginal oestrogen will not help other menopausal symptoms but is associated with fewer side effects and risks. It is also known as topical oestrogen as it is applied directly to the vagina using creams, gels, pessaries (a soft, flexible device that is placed in the vagina) or vaginal rings. Women who use vaginal oestrogen can also safely take HRT. All of these can help to reduce vaginal dryness and sexual discomfort.

Alternatives to HRT

If you choose not to use HRT or have a medical reason not to, other medications can be prescribed. Citalopram, paroxetine and venlafaxine are antidepressants but they can help with menopausal flushes and sweats when used at low doses.

If later in life you experience bone density loss, you may be prescribed drugs to treat osteoporosis (a condition that causes bones to weaken and become more fragile).

Cognitive Behavioural Therapy (CBT) has been proven to be a safe and effective treatment for women who experience menopausal symptoms such as hot flushes and night sweats with additional benefits to mood, sleep and quality of life. CBT helps you to manage these problems by changing the way you think and behave. The CBT Register UK allows you to search for a therapist in your area: cbtregisteruk.com or you can ask your GP for a referral to your local therapy service.

There are lots of herbal and dietary supplements aimed at helping with the menopause. The evidence is inconsistent so you may wish to ask a pharmacist for advice as these can interfere with other medicines. These remedies may also contain phyto-oestrogens (plant substances which have a similar chemical structure oestrogen). You may wish to ask your team or a pharmacist for advice.

Your emotions

A surgical menopause changes your hormone levels which can affect how you feel. This is on top of the emotions that you may already be feeling relating to your diagnosis and treatment.

You may benefit from talking to your family and friends about how your feelings are affecting you and your relationships. It may also help to speak to a counsellor or with others who have experienced the same. The chapter on your body image and sexuality (page 29) offers more advice on how to manage these emotions.

Your long-term health

After a surgical menopause, you will be advised to take measures to ensure that you stay healthy in the years ahead. This will include protecting your bones from osteoporosis and maintaining a healthy heart.



Early menopause can increase the likelihood of developing osteoporosis. You should be offered a DEXA scan (an x-ray that measures bone density) to assess the density or strength of your bones. This will help to predict your future risk of fracture.

What helps?

- Hormone replacement therapy (HRT) can help prevent loss of bone density and also reduces future risk of heart disease.
- A healthy balanced diet that includes around 700mg calcium a day. Calcium can be found in dairy, and also in food such as sardines, chocolate, almonds and oranges.
- Exercise including weight bearing and muscle strengthening (any exercise where you support your weight) and aerobic (any exercise which makes you breathe faster).
- Giving up smoking, drinking alcohol in moderation and maintaining a healthy weight will also help.

Your body image and sexuality

Dealing with an altered body image and changes in your sexuality can be particularly difficult for younger people.

The feelings you experience may be unexpected. They can leave you feeling unsure of where to seek help and possibly embarrassed to talk about it. You're not alone; many others in your situation experience similar feelings and help is available.

Body image

Changes you may experience

Some people experience a loss of self-esteem and confidence. Surgery can cause a number of different physical changes including scars, pains, hormonal changes and menopause, loss of fertility and sometimes the need for a stoma (a surgically created opening on your abdomen to allow waste (poo) to exit the body). Chemotherapy can cause hair loss, fatigue, tiredness and nausea or vomiting.

All these factors can have an impact on how you feel about yourself and may have an impact on your relationships with family, friends and intimate partners. You may find that you question who you are now.

Sarah,
diagnosed aged 40

“

I felt really disconnected from my body, I think I didn't feel at all confident naked. Since then I've managed to sit by a swimming pool in a swimming costume. It's not that I feel self-conscious that people are looking at me – but bits of my body remind me of what happened. But it is improving and the scars are fading.”

What can I do?

Coming to terms with the new you will take time. For some, it takes weeks and for others months or even longer. Give yourself time to adjust to your new normal.

- Before treatment, talk to your medical team about what body changes to expect so that you can prepare yourself.
- Be prepared for relatives and friends to ask questions about your treatment, and for questions or comments about your appearance. Having thoughts about how you will respond will make it easier. If you prefer not to talk about it, let people know.
- Healthy lifestyle changes such as exercise, a balanced diet, meditation and complementary therapies such as aromatherapy, reflexology, acupuncture or massage can help you to feel better and manage stress.
- It may help to write about your feelings, or talk about them with a trusted person.

Amanda, diagnosed aged 41

“ I got to the stage where my hair didn't define me. I got more confident in myself walking around without a head scarf on at home or when I went round to my neighbours and they got used to it. ”

Sexuality and your relationship with intimate partners

Dating and new relationships

Dating after a cancer diagnosis can feel overwhelming. The thought of having to tell new people about your diagnosis puts a pressure on dating that wasn't there before. Only start dating when you feel ready to, in a way that suits you.

If you're trying internet dating or apps, you might decide to put it on your dating profile from the start, or you might want to discuss it via messaging before you meet anyone in person. However, do bear in mind that a person's online version of themselves can often be different to reality. You may decide not to tell anyone about your diagnosis unless you are in a committed relationship. It is entirely up to you.

Speed dating can be a way to get used to talking to new people in an unpressured way, and you can go along with friends for fun and support. It may be tiring though, and it's worth thinking about activities on dates if you find you become tired more quickly after treatment. Think about suggesting meeting where you can pace yourself if needed, such as bars and restaurants that have good seating available. You might want to start with something more relaxed like a coffee date, or an activity that

Nicola,
diagnosed aged 23

“

Sex had changed. As a post-menopausal woman you don't create the same secretions and I have a lot of difficulty with vaginal dryness. It was very difficult as a young woman, especially in the early stages post cancer discussing things like lubrication but now I think I have a more active enjoyment of sex as a post-menopausal woman than I did before my cancer. ”

Your body image and sexuality

gives you the opportunity to leave if you feel overwhelmed or tired.

Don't feel pressured to say or do anything that you don't want to. You can tell someone about your cancer diagnosis if and when you feel comfortable to do so, and this will be different with different people.

Long term relationships

Your partner will have been affected by your diagnosis and treatment. Talking about how you both feel, sharing your fears or worries and your hopes for the future can help. You may find that going through this experience and talking about how you feel brings you closer together but it can also test relationships to their limits.

Exploring your sex life after treatment can be a time to try different things if what suits your body or mind has changed since diagnosis. For example, you may not want to have penetrative sex.

Your sex life may change but it can still be fulfilling for you and your partner. Being able to talk about these changes openly can be really helpful.



Psychological and emotional effects

You may experience changes in the way you feel about your body or how you find yourself responding to your partner. The emotions experienced throughout cancer treatment and beyond can affect how you feel about your body image, your attractiveness and sexuality.

Lisa,
diagnosed aged 21

“

I guess if you don't like talking about sex but you do like having it, you'll have questions that need to be answered. It'll be better if you just ask. ”

What helps with these feelings varies from person to person. You could think about massage, makeovers and relaxation techniques to help put you back in touch with your body and improve your general wellbeing and self-esteem. Looking after yourself will help build your self-image and feeling of self-worth.

It often helps to know how others feel after their cancer treatments, so going to a support group and discovering others' experiences can be useful.

You can also have more in-depth psychosexual counselling, and your medical team or GP can refer you for this. There is more information on professional help on pages 60-66.

Sex and intimacy

How you express your sexuality is very personal and unique to you. It is not fixed, and changes over time for everyone. A cancer diagnosis can affect your sexuality as you cope with physical and psychological changes.

Remember, the brain has a huge role to play in sexual desire and responses. After a big life event your mind might not be ready to consider physical and emotional intimacy.

It is important to feel comfortable and confident with your own feelings, needs and desires. Exploring these will help you talk to your intimate partners about how you may have changed since your treatment. For example, you may not want your surgery scar touched if it is very sensitive. You may decide to avoid sex for a while but concentrate on kissing and cuddling, or you may try longer foreplay and different positions.

Do remember that even if you have been through the menopause as a result of your ovarian cancer treatment and can no longer get pregnant, it is still important to use condoms and get tested to avoid STIs (sexually transmitted infections). The thinning walls of the vagina and vulva after menopause can increase your risk of transmission through penetrative sex, sharing sex toys, and oral sex.

Physical effects

Ovarian cancer can result in significant physical changes to your body, which can change your sex life. However, this doesn't mean you can't have satisfying sexual experiences.

Some people don't experience these changes at all.

Vaginal dryness and painful sex

After a surgical menopause, the changes in your oestrogen levels cause changes to your vagina and the tissues surrounding it.

Your vagina may not be as moist as it previously was and may not lubricate itself as easily when you are turned on. This can make sex painful and cause vaginal itching and dryness. This is very common but easy to treat.

If you are experiencing vaginal discomfort, you can try water-based lubricants and vaginal moisturisers such as Sylk and Yes which are available free on prescription. They can also be bought online or on the high street. Their oil-based lubricants can also be bought online or on the high street.

It is advisable to avoid lubricants with ingredients such as glycerin, glycols and parabens as these can cause vaginal irritation. Bear in mind not all products list all ingredients, so do a skin patch test first.

It can also help to avoid tight clothing and to wear underwear made from breathable fabrics such as cotton.

Surgery may shorten your vagina. If you have had radiotherapy, you may find that you have reduced space and lubrication in your vagina. You can try sexual positions where you control the depth of penetration. Toys such as the OhNut are also helpful in controlling how deep penetration is, by acting as a soft buffer.

Vaginal dilators can help with excessive scarring or shortening of the vagina and your team can provide these and advise you how to use them. Using a slim sex toy as an alternative to dilators is something some people prefer to do as it feels less clinical and offers a good alternative for those who find the NHS dilators uncomfortable to use. A vibrator will also boost blood flow to the tissues of the vagina which can promote healing, increase your own natural lubrication and arousal, and help any decrease in sexual sensation. This can also be a simple way to step back into enjoying sex and can be fun to use alone or with a partner.

For some people, dilation therapy may be triggering or upsetting, especially if you are not used to having anything in your vagina for any reason. If you struggle with dilation therapy, talk to your clinical nurse specialist or other keyworker. They are there to support you.

Vaginally applied oestrogen may be offered as a long-term treatment for vaginal dryness and also urinary symptoms. It's worth exploring this with your CNS.

Some people develop internal scarring and adhesions (bands of scar tissue that can make the tissues and organs inside your body stick together) which may cause pain each time they have sex. Not being sufficiently aroused can also lead to painful sex and vice versa. Painful sex can lead to loss of arousal.

Taking time to work out what suits you now, allowing time to become aroused, sharing this with a partner and talking to your team about any pain you are experiencing and how this can be managed, can all help. Exploring masturbation and oral sex with a partner can allow you to experience sexual pleasure without penetration.

It may be that sex is only painful when first having intercourse following surgery and it will settle as your body recovers. Take your time.

Lower sex drive

It's normal to not want sex at times. Knowing why things may be different might help you to understand what is happening and seek support if needed.

Your sex drive is dependent not just on your hormones but also on your general wellbeing and satisfaction within relationships. Stress, tiredness and self-esteem also affect your sexual responses. You or your partner may experience low desire due to the range of emotions you are both dealing with as you both come to terms with your diagnosis.

The loss of testosterone (a hormone produced by men and women) after a surgical menopause may affect your sex drive. You can talk to your GP about hormone replacement therapy (HRT) for this.

If you experience lower sex drive, make sure you take your time. Maintaining good communication and physical touch with partners can help to sustain closeness until you feel ready to progress.

Changes to arousal and orgasm

Due to hormonal changes some people feel differently about sex after the menopause, and their arousal and orgasm may not be the same as before. Your orgasms may feel different if you have had a hysterectomy (had your womb and cervix removed).

If you have previously found that some of your pleasure during orgasm centred on your womb contracting, you may find your orgasms feel quite different. However, you can still feel your orgasms through your clitoris or vagina. If you enjoy the sensation of your cervix being touched during sex, this will feel different if it has been removed.

These changes to orgasm can feel like yet another loss caused by cancer. Taking time to work out what arouses you now and how your body responds can help you find new ways of experiencing pleasure.

Masturbation

Masturbation is a way to experience sexual pleasure on your own and can help with understanding your sexual responses after treatment. It can be a good opportunity to practice your mind-body connection, helping your brain and body to remember how you experience sexual pleasure.

You may want to explore sex toys. These can help with vaginal tightness and decreased sensation. If so, make sure they are made from skin safe non-porous material such as silicone, glass or metal (not rubber, latex or jelly) and are easily washable, to avoid skin irritation and infection. Use a lubricant but remember

silicone lubricants are not suitable with silicone sex toys, which will need a water-based lubricant.

Ovarian cancer and your fertility

Having ovarian cancer and the resulting treatment will probably affect your fertility. You may have been diagnosed at a time when you were planning to get pregnant. You may have been thinking of a future which included children and that now looks very different. It's normal to feel overwhelmed in these circumstances.

Your treatment and fertility

Ovarian cancer treatment can mean you won't be able to become pregnant naturally but you may still have other options.

It is very important for you to talk about your fertility needs before your treatment starts. Your clinical team may be able to plan treatment that could preserve your fertility and give you some choices for the future.

You may not get the chance to do this if treatment has to start immediately, or you have been diagnosed through emergency surgery. You can still talk about this after treatment.

**Joanne,
diagnosed aged 33**

“

I went on to have a baby with IVF after my tumour was removed and chemo. I would like women to know that in some cases it may still be possible to have their own children. Talk to your medical team about different options available. ”

If the cancer is caught early, with only one ovary involved, or if you have a germ cell tumour of the ovary, it might be possible to keep your womb and the remaining ovary and so still be fertile.

It may be necessary for you to have chemotherapy, which may damage your remaining ovary or increase the risk of an earlier menopause.

It may be helpful to seek fertility counselling and your medical team should be able to help you find this.

A discussion about your fertility and treatment options should include:

- A discussion about adjusting treatment to preserve fertility
- A realistic assessment of your chances of getting pregnant after treatment
- Options for fertility treatment, including the costs if you choose to fund this privately
- If you are planning to use your partner's sperm, he will need to have fertility testing too



Fertility options

In Vitro Fertilisation (IVF)

IVF is the process in which eggs are fertilised by sperm (from your partner or a donor) in a laboratory and then placed into your womb. Depending on your diagnosis it may have been possible to harvest your eggs before your treatment starts, but it may not always be possible to delay treatment to do so. In this case you can still use a donor egg.

In some areas, the NHS will cover the cost for some IVF. Speak to your CNS or oncologist who can support you to get a referral from your GP. If you are not eligible for NHS funding or you decide to pay for IVF you can contact a private clinic.

Debbie,
diagnosed aged 26

“

I knew I couldn't give up before I had my own child. It was all I had ever wanted. We met a surrogate and she got pregnant at the first attempt of home insemination. Grace was born five weeks early. I was there when she was born. We have the most amazing relationship and incredible bond. She's always been aware that she was born through a surrogate, she's proud of it. It's a real gift, I'm forever indebted. ”

The Human Fertilisation and Embryology Authority (HFEA) regulates and licenses fertility clinics. You can find out more about IVF techniques, how long treatment may take, how many babies have been born to their patients, how to find a clinic and the costs on their website hfea.gov.uk. Most fertility centres advise that you wait for two years after treatment ends before trying to have a baby.

Other options

If you do not want or are unable to have IVF due to the extent of your surgery, there are other options.

Surrogacy

Surrogacy is where another woman (the surrogate) carries the pregnancy for you.

Traditional or partial surrogacy

Traditional (also known as partial surrogacy) is when the surrogate's eggs are used and your partner's or a donor's sperm is used to fertilise it. This is usually done by artificial insemination (a fertility treatment that involves a doctor directly inserting sperm into the cervix or womb) and can be done in a clinic or with an insemination kit at home.

Host (or full) surrogacy

Host (or full) surrogacy is when an embryo created from your partner's or a donor's sperm and an egg from you or a donor is placed in the womb of the surrogate. This is much more complicated than traditional surrogacy.

The legality and costs of surrogacy are complicated. You can visit surrogacyuk.org for comprehensive and accurate information.

Debbie,
diagnosed aged 26

“

Fostering is one of the most amazing things you can give a child and it enriches your life too. We fostered nine children and adopted one of them. There were concerns that I wouldn't be able to give them back, but I always knew it was a job and I was looking after other people's children. ”

Adoption and fostering

Although most agencies allow cancer survivors to adopt and foster children, some require a letter from a doctor certifying good health. Others may require a certain amount of time to pass after you have completed treatment for cancer.

You can find out more about this from CoramBAAF Adoption & Fostering Academy (corambaaf.org.uk) or your local authority.

Coping with your emotions

If you wanted children and that choice has gone because of your cancer treatment, you may want support in accepting this major change in your life. You may find it helpful to:

- Speak to a professional counsellor, providing you with a safe and non-judgmental space to explore your feelings
- Talk to others who have been through similar experiences
- Visit ovarian cancer charity websites to read blogs or online forums, or call a charity support line

Look at the sources of support section from page 60 for more information.

Relationships

Feeling supported and connected to people around you can be very important when you have a diagnosis of ovarian cancer.

Telling other people that you have cancer can be hard. Some people may be very understanding, others may struggle to make sense of this as they may not expect younger people to get ovarian cancer.

There is no right or wrong way to tell someone that you have cancer and it is important to do what is right for you.



**Sarah,
diagnosed age 40**

“
I set up a tree of communication, so my partner would only talk to a few people – and they would tell other people. Knowing my partner didn't have to talk to everyone, because that can be wearing, was a huge relief. It was useful to take control of the little things because I had to let go of everything else.”

Some suggestions:

- Decide what information you want to share with others; this might be different with different people. You don't have to tell anyone you don't want to.
- When you do share, tell them clearly what has happened to you, but remember that you don't have to tell them everything at once or give more detail than you feel comfortable with.
- If people ask you questions you don't want to answer or don't know how to answer it's ok to say so.
- People often want to help, but sometimes they don't know how to, or what they suggest is not what you need. It can be useful to let people know what support you need and when you may need it, making clear suggestions. If someone offers support that's not so helpful, try declining politely and then let them know what would be beneficial.
- Don't be put off by silence: they may not know what to say. Sometimes just sitting together can be more comforting than talking.
- You may want a close friend or relative by your side. If you feel nervous about telling a large number of people then you could ask a friend if they are happy to tell others on your behalf.

Some suggestions:

- Use other methods: it can feel easier to share difficult things when you are both doing something shared, like a walk or another activity; this can feel less intense than sitting face-to-face. For others it can be easier to share the news over the phone, by letter, email or social media. You can also ask someone to do this for you.

Not telling others

You may decide that you just want to tell your close friends and family what has happened or limit the amount of information you give. You might want to wait some time before you tell anyone so you can adjust to your situation.



Talking to family and friends

When you tell those close to you that you have cancer they may react in different ways. They are likely to feel shocked and upset. Others may struggle with how to talk to you.

You may feel under pressure to put on a brave face and stay cheerful to make the people you tell feel better. You don't need to pretend you are fine if you are not. There is no right way to feel and you are not responsible for other people's feelings.

**Lisa,
diagnosed age 21**

“

In the beginning I didn't tell anyone because I didn't know how to tell people and I only told my immediate family and my best friends. And I asked them not to tell anyone. ”

Other people's reactions

The people closest to you may not know how to react. If they aren't being as sensitive as you'd like, it may be because they are feeling overwhelmed, frightened, helpless or angry, rather like you. Some people have no experience of cancer or serious illness and may not know what to say or do.

Your cancer may make others aware of their own vulnerability or bring back bad memories. These feelings can sometimes cause other people to withdraw from you, which can feel hard. Some friends won't be able to offer you support but others will.

Some people use denial to protect themselves from the worry and fear surrounding your illness. This can be frustrating, particularly in someone you are close to, as it prevents you from talking about what is on your mind. You could say that you find their way of dealing with it understandable, but difficult, and encourage them to talk. It can help to let them know that you would find it very useful to be able to share how you're both feeling.

**Hannah,
diagnosed age 19**

“
*Take people's help
where they're offering it
and don't feel
embarrassed if someone
says shall I cook you
dinner, or lend you
something? It's really
nice to have that
support.*”

Your friends and family may want to talk about your diagnosis and treatment all the time. If you need a break let your friends or family know. It's ok to say what subjects are off limits for the day and what you would like to talk about instead.

You might find that friends and family encourage you to be positive all the time and 'fight' your cancer. This approach, although helpful for some people at times, is hard to maintain and there will be days when you just don't have the energy to be positive. This is understandable and it is ok to say so. Be clear with others about the language you like to use. For example, "I don't really like to say I'm fighting cancer, I like to say I'm doing what I can day by day".

Try to think about how your family and friends can help you in practical terms, who is good to talk to, who may be happy to cook the odd meal, run errands or help with the everyday tasks. Many will be pleased to be asked.

Your relationship with intimate partners

How your diagnosis affects your relationship will depend on your personalities, your life experiences and expectations. For some relationships are strengthened but for others a cancer diagnosis can test a relationship to its limits.

Your cancer is likely to impact on your day-to-day lives, including the roles you both take in your relationship and wider families. It takes time to adjust to this and can help to talk openly with each other about these changes. Cancer may also profoundly change your future plans together. How you imagined your lives and relationship to be may be very different. For many couples this often includes fertility and any plans you had to start a family. For others it is the impact of illness on children you already have; there is guidance on this in the next section.

Your partner is likely to be very distressed and can feel as much anxiety as you. It can help to talk about your fears and what impact cancer and treatment has on both of you. This can help you both deal with these issues.

You can find information about sex and intimacy on page 29.

Seek professional help and relationship counselling when you need it. There is more information on page 66.

Coping if you have children

Talking to children

If you have children, your first thoughts are often about them when you are diagnosed with a serious illness. You will want to protect them from hurt and worry. With the rush and stress of your diagnosis and treatment it's not always possible to sit down with them straight away to explain what is going on. It is very important to explain what is happening as soon as you can.

Children are very sensitive to change and often suspect that a parent is ill long before they are told. Young children will be very aware that their parents are worried and that something important is happening in the family. Sometimes children will express this by behaving like a much younger child.

Children often think that problems in the family are their fault. So it is important to let them know what is happening as clearly and simply as you can and give them the opportunity to express how they feel. You can explain about your illness in a way that is comfortable for you and clear to them. Children often have questions, but they may not have them at the time you have these conversations. Let them know they can talk to you and your partner anytime if they have any questions or worries.

Aleasha,
diagnosed age 32

“

At first I did not tell my children but it was a mistake as they had talked about it between them. So at my next appointment I took them with me. I told them to ask the consultant whatever questions they wanted. It was brilliant, it settled their minds and now they are not worried anymore when I say I am going to hospital. ”

Say to your children that there may be a few changes because of your health but their basic routines will stay the same and ask them if they have got any questions.

Some suggestions:

- Tell them what they need to know: firstly that you are ill and secondly the correct name of the disease.
- Use clear and simple language you know they will understand at their age. If you are not sure see the Macmillan link on the next page.
- Explain that it has made you feel sad but the doctors have said that you will be treated and will feel unwell for a while but the medicine will help.
- It is important not to promise children that you will get better if you are not sure this is the case. Be clear on what is happening at each stage of treatment.
- When you are being treated explain to them what is happening and any obvious changes like hair loss or fatigue.
- Be open and honest and tell them you will always try your best to answer their questions. Remember that you know your children best and will know the best way to talk to them.

Coping if you have children

Macmillan Cancer Support has excellent guides on talking to children of different ages about cancer. Search 'talking to children' at macmillan.org.uk

Fruit Fly Collective also have a group of toolkits created for children, or young people, who are affected by a parent being diagnosed with cancer: fruitflycollective.com/cancer-cloud-kits

For children aged 5-10 years old with a parent who is having end of life care: fruitflycollective.com/about-pips-kits

Riprap is a free resource for teenagers with a parent with cancer: riprap.org.uk

Hope Support Services is a registered charity offering support for young people when a loved one has a serious illness: hopesupport.org.uk

How will my children react?

Children's reactions will depend on their age and previous experience of illness. They may:

- React with anger or feel frightened.
- Regress: they may start wetting the bed, become clingier, go back to using a dummy or start playing up at school. This will resolve with time and reassurance.
- Experience physical symptoms: children might complain of a headache, tummy ache, dizziness, sleeping problems and a loss of appetite.

What can I do?

- Listen to your children and let them know you understand they are upset and allow them to express themselves.
- You should let your child's teacher know what is happening so that they understand and can support your child and you.
- If you are in hospital you can prepare your child by letting them know what they might see if they visit.
- You and your child might be more comfortable meeting in the hospital cafe or day room.
- Some people like to have a toy or object that both you and your child have while you are in hospital to help you still feel connected.
- If your child doesn't want to visit you can arrange times to talk on the phone, video call, send pictures and messages.
- Ask your CNS about counselling options for children.



Older children

Older children and teenagers may be very supportive and helpful while others may struggle due to being in denial, anxious, or not knowing what to say.

They may find it hard to express how they're feeling, or appear uncaring and dismissive of your illness, and spend a lot of time watching TV or zoning out. This is their way of protecting themselves because they do care. Older children may also be angry towards you or others. Anger is often related to underlying worries. It can often also be that older children do not want to upset you by sharing their true feelings.

Angela,
diagnosed age 46

“
My son was fourteen when I was diagnosed and he was very angry. I couldn't understand how selfish he was being. He became unbearable, he wouldn't come home at night. He wouldn't even come to the hospital. I just assumed that it was him growing up and it wasn't. I look back now and I know that that was his coping mechanism. I was really disappointed with myself for not realising that that was his way of dealing with it.”

What can I do?

- Keep talking to your older children and let them know what is happening to you.
- Before talking to the school about your illness be sure to discuss it with your child. If they have exams or coursework the school might be able to make allowances.

Living with your diagnosis

Accepting help and support can be difficult, especially if you're the one who usually takes responsibility. Your emotions may surprise you but there's no right or wrong way to react.

"I don't want help."

It can be hard to hand over responsibility to others. You may find that they want to do jobs for you, even when you can manage them yourself. If this is the case, and you find the loss of independence frustrating, then explain it to them.

"I keep shouting and crying"

Your mood will impact on you, your family and your friends, particularly if you feel depressed or irritated. These feelings can affect how they react to your illness. Tell them why you feel upset or irritable or why you need some quiet time. It is ok to let people close to you see you crying and it even gives them permission to cry too.

"I'm just so tired"

The tiredness associated with cancer treatment is unlike normal tiredness and adds to the difficulty of coping with children, particularly young ones who require a lot of energy. Keeping a diary so that you can see if there is a pattern to your side effects can help you plan ahead. The Untire App is free to download and helps to manage cancer related fatigue: untire.me

Practical and financial support

Being diagnosed with ovarian cancer can have a big impact on your finances. Your income may fall and your costs may go up.

For the most up-to-date advice and more in-depth information about your entitlements, you can contact the organisations mentioned in the further help section on pages 60-66.

Work, education and ovarian cancer

A big concern can be the impact having ovarian cancer might have on your job and your career. You don't have to tell your employer that you have cancer but it may help them to be supportive and flexible and to safeguard your employment rights.

**Nicola,
diagnosed age 23**

“

My managers were incredibly supportive, once I spoke to them I realised they were more keen to do whatever they could to make me better than anything else.

”

Taking time off work

Being diagnosed with cancer counts as a disability under the Equalities Act 2010 (in England, Scotland and Wales), or the Disability Discrimination Act 1995 (in Northern Ireland). This protection is for life.

This means that your employer or college/university must not discriminate against you and must be prepared to make reasonable adjustments to help you take time off for treatment and medical appointments, as well as to continue with, or ease back into, work or education.

Returning to work

If you have taken time off while receiving treatment you can create a return to work plan with your employer to ease yourself back in. This might simply be a matter of slowly building up to your normal hours, or perhaps working from home sometimes.

It is understandable to feel nervous about returning to work. You may feel you don't want to be fussed over and want to just get back to your job. It may help to call into work ahead of your return or to speak to a colleague about how you want to be treated.

If you're self-employed

If you're self-employed, the same practical issues may apply to how much work you feel able to do. You won't have the security of employer sick pay schemes but may have private sickness insurance. You may want to think about scaling back your business while you are unable to spend as much time on it as you normally would and focus on the essentials instead. If you work alongside other people it will be worth discussing whether there is capacity for others to take on the most crucial elements of your workload.

Macmillan Cancer Support has excellent information for people diagnosed with cancer who are self-employed. Search for 'self-employment' at macmillan.org.uk.

Benefits and ovarian cancer

Your cancer diagnosis can have a big impact on your finances. You may be able to claim benefits.

You can get advice from a benefits advisor at Macmillan Cancer Support, Maggie's Centres or Citizens Advice. Contact details can be found at the end of this chapter.

Free prescriptions

If you live in England you can apply for an exemption certificate using a form from your GP or hospital. The certificate lasts for five years and can be renewed for as long as you need it. In Scotland, Wales and Northern Ireland, prescriptions are free.

Insurance and pension

Travel insurance

Routine travel insurance policies may exclude any risks associated with your cancer or exclude you because you have cancer. However, there are more specialist policies available.

Life and illness insurance

Having cancer should not affect any existing life or critical illness insurance, but you may find it more difficult to get new insurance once you have been diagnosed with cancer. Your current policy may include a benefit for cancer so it is worth checking with your insurer.

Insurance companies may quote you a very high premium so it can help to talk to an insurance broker who can advise you on more specialist policies.

Your pension

A cancer diagnosis may have some impact on your pension. It's a good idea to check with your current pension scheme to see if your diagnosis causes anything to change.

Further help with practical and financial support:

Maggie's Centres: maggiescentres.org

You can get confidential advice about benefits you may be entitled to by contacting a Maggie's Benefits Advisor at your local Maggie's Centre or online.

Macmillan Cancer Support: macmillan.org.uk

A Macmillan benefits advisor can offer specialist advice including information on benefits, insurance, tax credits, grants and loans. Visit the website or call 0808 808 00 00 (Monday to Friday, 9am–8pm).

Citizens Advice: citizensadvice.org.uk

Citizens Advice provides free independent and confidential advice online and in over 3,500 locations in the UK.

Trade unions

If you belong to a trade union they may also be able to offer support and advice.

Where to find more support

This guide was produced in a partnership between Ovacome, Ovarian Cancer Action, Target Ovarian Cancer, and The Eve Appeal. All these charities are working in different ways to support those diagnosed with ovarian cancer.



Ovacome

is the UK's national ovarian cancer support charity. We are here for anyone affected by the disease and have been at the heart of the ovarian cancer community for over 25 years. We provide a support line, in-person and online events, support groups, and expert information resources.

support@ovacome.org.uk

0800 008 7054

[ovacome.org.uk](https://www.ovacome.org.uk)

  @ovacome

 @ovacomecharity



Ovarian Cancer Action

strives to stop women dying from ovarian cancer by funding world class scientific research and campaigning to ensure women and healthcare professionals know the risk factors, symptoms and treatment.

info@ovarian.org.uk

0207 7380 1730

[ovarian.org.uk](https://www.ovarian.org.uk)

  @ovariancanceraction

 @ovariancanceruk



Target Ovarian Cancer

is the UK's leading ovarian cancer charity. We work to improve early diagnosis, fund life-saving research and provide much-needed support to women with ovarian cancer.

info@targetovariancancer.org.uk

0207 7923 5475

targetovariancancer.org.uk



[@targetovarian](https://twitter.com/targetovarian)



[@targetovariancancer](https://www.facebook.com/targetovariancancer)



The Eve Appeal

is the leading national cancer charity raising awareness of the five gynaecological cancers (ovarian, womb, cervical, vaginal and vulval). We fund innovative research into risk reduction, investigating methods of early detection and potentially preventing the cancer before it develops. Eve runs a free and confidential gynae specialist nurse information service, Ask Eve. You can contact us to talk through any questions you have.

nurse@eveappeal.org.uk

0808 802 0019

eveappeal.org.uk



[@eveappeal](https://twitter.com/eveappeal)



[@eveappeal](https://www.facebook.com/eveappeal)

You may also find these other sources of support helpful



Macmillan Cancer Support

offers a wide range of support including information, support centres, online communities and an advice line. On their website there is a search facility where you can type in phrases such as “talking to children”, “work and cancer”, “if you are self-employed” and “benefits advice” to get more information about these topics.

macmillan.org.uk



Maggie's Centres

For 25 years Maggie's has been providing critical psychological and practical support to people with cancer and the people who love them. We help people take back control when cancer turns their life upside down, by providing expert support for anything from treatment side effects to money worries. Everyone can visit a centre, you do not need a referral and all our support is free. We offer support online and over the phone too. Visit Maggies.org for more information.

maggiescentres.org



Shine

is supporting young adults in their 20s, 30s and 40s living with any type of cancer diagnosis. Shine creates tailored events and get togethers allowing people to meet with others in a relaxed way.

shinecancersupport.org



The Willow Foundation

is a national charity that provides psychological and emotional support for seriously ill 16 to 40 year olds through the provision of special day experiences. Every special day aims to provide them and their loved ones with a break from the realities of their diagnosis and treatment. Spending quality time with family and friends can help restore a sense of normality, boost confidence and create precious memories for the future.

willowfoundation.org.uk



The Daisy Network

is a support group for women who have experienced a premature menopause. They aim to provide a support network of people you can talk to, allow members to share information about their personal experience of premature menopause, provide information on treatments and raise awareness of the condition among the medical community and policy makers.

daisynetwork.org.uk



Menopause Exchange

gives independent advice about the menopause, midlife and post-menopausal health. They email a free quarterly newsletter with useful impartial help and support.

menopause-exchange.co.uk



British Menopause Society

educates, informs and guides healthcare professionals on menopause and all aspects of post reproductive health.

thebms.org.uk



The Human Fertilisation and Embryology Authority

is the UK's independent regulator licensing fertility clinics and centres carrying out in vitro fertilisation (IVF). It provides information and advice on IVF.

hfea.gov.uk



British Infertility Counselling Association

is the professional association for infertility counsellors and counselling in the UK and can help find a counsellor near you.

bica.net



Fertility Network UK

is the UK's leading patient-focused fertility support charity. They provide free and impartial help, support, advice and understanding for anyone affected by fertility issues.

fertilitynetworkuk.org



Surrogacy UK

is the UK's leading not-for-profit surrogacy organisation, formed by experienced surrogates to facilitate successful journeys based on trust, respect and, above all, lasting friendships.

surrogacyuk.org



CoramBAAF Adoption & Fostering Academy

the leading membership organisation dedicated to improving outcomes for children and young people in care.

corambaaf.org.uk



Citizens Advice

helps people resolve their legal, money and other problems by providing free, independent and confidential advice, and by influencing policymakers.

www.citizensadvice.org.uk



Relate

is the largest provider of relationship support in England and Wales. They help people of all ages, backgrounds, sexual orientations and gender identities to strengthen their relationships.

relate.org.uk



British Association for counselling and psychotherapy

is the professional association for members of the counselling professions in the UK.

bacp.co.uk

Acknowledgements

This guide has been developed with the help and support of women with a diagnosis of ovarian cancer, their family and friends and health professionals. In particular we would like to thank:

Women, their family and friends who contributed

Adele and her daughter Zindzi, Aleasha and Robert, Alison, Amanda, Angela and Hugh, Debbie and her daughter Grace, Della, Hannah, Jayne, Joanne, Kristen, Linda, Lisa and Sam, Nicola, Richard, Sam, Sarah and Grant, Sarah, Victoria, Zaynab and her daughter Iman, Sarb, Ruth, Sarah-Jane.

Writers (first edition)

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A younger woman's guide to ovarian cancer

Information on treatment, relationships, fertility and facing an early menopause

We hope that you have found this publication useful, if you have any comments or suggestions for improving future editions, please do let us know. To access our list of references, please contact us directly.

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