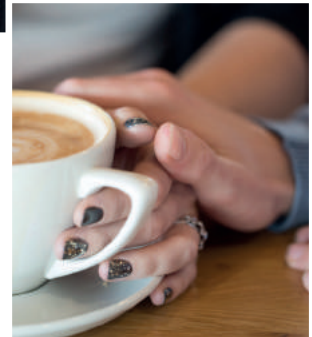




A younger woman's guide to ovarian cancer

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



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**A younger woman's guide to ovarian cancer.
Information on treatment, relationships, fertility
and facing an early menopause.**

This guide is for younger women who have been diagnosed with ovarian cancer. It's been written by health professionals and experts, and was developed through consultation with women who have had ovarian cancer.

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

We hope it will provide you with information, advice and support in the months following your diagnosis, and will help you find your new normal after treatment.

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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.

It might be a shock that this has happened to you and your diagnosis may feel like it has come out of nowhere. You may feel angry, full of panic or want to know why you have got cancer. Some women find it a relief to know what's happening, especially if you have been going back and forth to the GP for different tests. You may also find that your emotions change very quickly or take you by surprise.

These are all normal feelings but you don't have to experience them alone. Talking to someone about how you're feeling can help you to deal with what's happening. There is a lot of support available, and most cancer teams have support staff who can help you to acknowledge and handle your feelings.

You may feel you're thrown into a whirlwind of new information and decisions. Taking someone with you to your appointments is a good way of ensuring that nothing is missed. A family member or friend may be able to ask questions and remember things that you don't. It may be worth jotting down a few questions before you go into the appointment, and making notes about the answers you are given.

“

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.”





If you do feel confused, or it feels like your doctor is talking in a language that you don't understand, ask him or her to slow down or start from the beginning.

You can ask to see the scans, or for your doctor to draw you a diagram, if you think it will help you get a better understanding of what's happening to your body.





WHICH OVARIAN CANCERS ARE MORE COMMON IN YOUNGER WOMEN?

Ovarian cancer is cancer arising from the cells in and around the ovary. There are several different types, depending on which part of the ovary they arise from.

The most common types of ovarian cancers are epithelial cancers, which arise in the lining of the ovary, fallopian tubes or the peritoneum (the lining that covers the organs inside your abdomen).

Although figures suggest that fallopian tube cancer is rare, it is now thought that many of the most common type of epithelial ovarian cancers (high grade serous) actually start in the far end of the fallopian tube, rather than the surface of the ovary. 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 the same way.

Although it is possible for younger women to get epithelial cancers, these usually affect women 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 nor cancerous. The cells are slowly dividing and are not likely to be invasive. The treatment usually consists of surgery only.

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 allow you to have children in the future. 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.



WHO WILL BE TREATING ME?

You should 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:

ONCOLOGIST A doctor who specialises in non-surgical cancer treatments. They are sometimes referred to as a clinical oncologist (who specialises in radiotherapy) or medical oncologist (who specialises in chemotherapy and other drug treatments).

SURGEON If you're having surgery, a surgeon will perform the operation. They are sometimes referred to as a gynaecological oncology surgeon.

CLINICAL NURSE SPECIALIST (CNS) This will be the main person that looks after you from diagnosis onwards. Often referred to as your key worker, you can contact him or her 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.

GP Although not part of the MDT, your GP will still have an important role in your care, particularly after treatment has finished.

You may also have contact with other health professionals including psychologists, counsellors, geneticists, menopausal experts and fertility experts. In addition there are other members of the MDT including pathologists and radiologists who you won't necessarily meet.



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, many women find that sharing the news helps them to feel better and that the reactions of their family and friends are overwhelmingly supportive. There are sections in this guide to help you tell different people and to help explore the impact of ovarian cancer on these relationships.





Treating ovarian cancer

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

Depending on the result of investigations this may mean having surgery first, followed in many cases by chemotherapy; or it may involve having chemotherapy first and then surgery, followed by some more chemotherapy. Having chemotherapy first may make it easier to operate. This is called interval surgery.

Your medical team will have a detailed discussion with you about your treatment options and the risks involved, including options to preserve fertility where possible. You should raise any specific concerns you may have with them.

Surgery for ovarian cancer

For many women with ovarian cancer, surgery normally includes removing the following:

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

It may also involve the removal of any enlarged lymph nodes or cancer lumps from the peritoneum (the lining



that covers the organs inside your abdomen) or other abdominal organs that appear to be affected.

Removal of these organs does have side effects. If possible, your surgeon will discuss these with you beforehand.

In some cases of ovarian cancer, particularly with germ cell tumours, it may be possible just to remove the affected ovary and fallopian tube, leaving behind the other organs, or to make a diagnosis first by removing the affected ovary and only then removing the other organs if this is necessary.

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 to operate. The drugs are given through a drip into a vein and the treatment will be given over several hours.

What is it?

Usually you will be offered a combination of carboplatin (a platinum-based chemotherapy) and paclitaxel (a taxane, a type of drug which blocks cancer growth). 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. You can ask your oncologist what options are available to you, and they will always be happy to discuss these with you.

How will chemotherapy affect me?

Chemotherapy affects people in different ways and some people will experience more side effects than others. There are many different medications for any side effects you may experience so do ask your chemotherapy team if you need help.

POSSIBLE SIDE EFFECTS:

- Your wellbeing.
It may be possible to continue working during your treatment but do discuss this with your oncologist. As treatment continues you may find that you tire more easily and you may need to make adjustments to your daily routine to cope with this. It's important to maintain a healthy lifestyle. Eat well and take regular exercise, as this will help you feel better and cope with the side effects of treatment.
- Feeling or being sick.
You will be given anti-sickness medication to take home. If you do vomit you need to contact your chemotherapy team and they will change your prescription. If you are experiencing symptoms of nausea and loss of appetite you may want to try eating small frequent meals and snacks rather than three large meals each day. Eating slowly and sitting in an upright position may also help, and nourishing drinks such as fruit smoothies and milkshakes can help maintain your weight. Ask your CNS or dietician if you have any concerns.



POSSIBLE SIDE EFFECTS:

- Fertility and early menopause.
Depending on your treatment, there is some risk of impaired fertility and early menopause even if your surgery is 'fertility sparing'. (Please see our chapters on fertility and early menopause for more information).
- Losing your hair.
Chemotherapy can cause you to lose your hair. Hair loss can sometimes be reduced by the use of a cold cap. Ask your medical team if this is appropriate for you, or speak to them about a referral for a wig, if this is something that worries you.
- 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 women feel very tired during chemotherapy so it is important to plan time to recover your energy.
- Changes to your body.
Many women experience weight loss as appetite can be affected by treatment. Weight gain can also occur as a side effect of anti-sickness drugs (steroids) given with chemotherapy, as these can stimulate appetite and cause fluid retention. Your CNS and local cancer centres can give advice to help you maintain good nutrition during chemotherapy.



What happens after I finish treatment?

Once you have completed your treatment you will have follow-up appointments at the hospital, 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 and request a CT scan.

Many women worry about their cancer coming back. No one will be able to predict if your cancer will come back. 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.

Chemotherapy for ovarian cancer that has come back

If your cancer does come back, or if it did not respond to first treatment, your oncologist may advise more chemotherapy. If it has been more than six months since your last treatment you are likely to be offered a carboplatin-based chemotherapy treatment again. If your cancer has come back within six months of your last treatment, it means your cancer is resistant to the carboplatin-based chemotherapy you were given and it is likely that different drugs will be used. Your medical team will explore the best treatment options with you.

“

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 at the time it’s about striking a balance between not driving yourself mad and wanting to check when you feel something’s wrong.”



Family history

Is there any risk to my family?

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 of cases are inherited. This is because some families carry a mutated gene (a faulty copy of a normal gene) called the BRCA1 or BRCA2 gene mutation. The mutated gene can be inherited from either side 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). Mutations in these genes are a much rarer cause of ovarian cancer.

Should I consider genetic testing?

Guidance for genetic testing varies across the UK. If you have not been offered genetic testing, talk to your oncologist to discuss if you are eligible. You may also be able to get a referral to a genetics centre via a GP or oncologist. Some types of ovarian cancer have a higher chance of being caused by a genetic mutation than others so you may or may not be eligible.

You will be offered the chance to speak with a genetic counsellor to help make the decision about whether to have the test or not.





Take as much time as you need before deciding whether to have the test; you should consider how you might feel if you find out that you are a carrier of a mutated gene. There might be implications for your treatment as well as for your family members. If you decide to have a genetic test, a sample of your blood will be taken and sent to a specialist lab. It can take a number of weeks to receive the results, and you can discuss with your genetics specialist how you would like to receive the outcome of your test. You may be offered genetic counselling to support you through the whole process.

Your results

Genetic testing can be a complex process and the test may be inconclusive, even when several family members are affected by ovarian and/or breast cancer. This is why it is important to have expert support to understand the results. If you do carry a gene mutation you should receive further support from the genetics team in understanding the implications.

Risk of breast cancer

If you have a mutated BRCA1 or BRCA2 gene you are also at increased risk of breast cancer. You should discuss your options for reducing the possibility of developing breast cancer with your genetics team, including screening, preventative medication and risk reducing surgery. It is important that you take time to discuss the advantages and disadvantages of all risk reducing options.

“

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.”

Implications for your family members

Telling your family members that you have an inherited genetic mutation can be difficult as they might respond differently to the news that they may also be at risk. Your genetics team will be able to advise you on how and when to tell your family members. Family members will be supported to make their own decisions about genetic testing, and if they are found to be at increased risk, they will also get help and support to make decisions about what to do with that knowledge.





What to expect from early menopause

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

If you have surgery to remove your ovaries, these hormonal changes will happen straight away. This is known as surgical menopause. Surgical menopause can be overwhelming. If possible, discuss how best to manage this with your medical team beforehand. If you have already gone through surgery it is important to share any worries that you have with your medical team or GP. You can ask to be referred to a menopause specialist, who may be part of a gynaecology or sexual health team.

Symptoms of surgical menopause

Some women experience symptoms more intensely after a surgical menopause because of the abrupt onset of hormonal changes. Some women will not experience any of these symptoms, some will experience a few, and some will experience all.

- Hot flushes can vary from occasional to very frequent, day and night. They don't usually last long, but can leave you feeling tired, anxious, frustrated, sweaty and hot, and they can be accompanied by palpitations.
- Emotional symptoms can include irritability, poor concentration, and poor memory. Sometimes addressing the hot flushes can improve these symptoms because it means you can get more sleep.

“

NICOLA,

DIAGNOSED AGED 23

“I had a full hysterectomy and 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?”



- Vaginal discomfort and dryness can lead to painful sex. Please see our section on body image and sexuality on page 24 for more information.
- Bladder symptoms can include increased urinary frequency and urgency. These symptoms tend to worsen with time, so seek help sooner rather than later.
- Other bodily changes can include brittle nails, thinning of the skin, hair loss and aches and pains.

In many cases, these symptoms will get better on their own, although it is difficult to predict how long you may have them for. If symptoms are causing problems in your life, you should discuss treatment options, including hormone replacement therapy (HRT), with your CNS or GP.

Hormone Replacement Therapy (HRT)

Women who go through menopause before the age of 45 years are often offered HRT. HRT can relieve symptoms and benefit long-term health by replacing some hormones. It may not be suitable for all women with ovarian cancer so should be discussed with your medical team.

HRT is thought to:

- Prevent loss of bone strength.
- Maintain a healthy heart
- Prevent cognitive decline in later life (eg memory).





How is it given?

After a surgical menopause HRT is given as one hormone (oestrogen therapy) and can be given via tablets, patches and gels. Women who still have a womb will need two hormones, oestrogen and progestogen, but treatment remains the same.

What are the side effects?

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

“

SARAH,

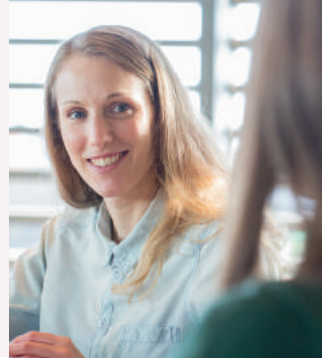
DIAGNOSED AGED 40

“I had a real fear of a surgical menopause so I ended up taking a low dose of HRT. I'll keep taking it to a point until 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?
- What are the risks associated with using HRT?
- Should I have a tablet, patch or gel?
- 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 vaginal changes after a surgical menopause and can be used alone or alongside conventional HRT. Vaginal oestrogen will not help other menopausal symptoms but is associated with fewer side effects and risks. It can be given via creams, vaginal tablets or vaginal rings, all of which are effective at reducing 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 classed as antidepressant medicines but they have been found to help menopausal flushes and sweats when used at low doses. Clonidine is a blood pressure medicine that may help flushes. If later in life you experience bone density loss, you may be prescribed drugs to treat osteoporosis.



What to expect from early menopause

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. The CBT Register UK allows you to search for a therapist in your area: **www.cbtregister.com** or you can ask your GP for a referral.

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 oestrogen.

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 feel:

- Too young to be going through the menopause.
- Worried about your options to have a baby.
- Less feminine.
- Worried about the future.

If this sounds familiar 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 other women who



have experienced the same. The chapter on your body image and sexuality (page 24) offers more advice on how to deal with 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 or loss in bone density which, for some women, may lead to an increased risk of fractures. You should be offered a DEXA scan (an x-ray which measures bone density) to assess the density or strength of your bones, which will help to predict your future risk of fracture.

WHAT HELPS:

- Hormone replacement therapy (HRT) can help prevent loss of bone density.
- 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.
- Taking moderate exercise both weight bearing (any exercise where you support your weight by standing or through your hands and arms) and aerobic (any exercise which makes you breathe faster), 3-5 times a week is important for bone and heart health.
- 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 women. Most women will experience changes. Some changes will be treatment induced and possibly short-term, but some women will have long-term effects. 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 women in your situation experience similar feelings and help is available.

Body image

Changes you may experience

Some women 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 of a stoma (a surgically created opening on your abdomen to allow waste 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 and 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 women 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 thought 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, good nutrition, 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

Sexuality is not just about intercourse or masturbation, it's about how you feel about yourself, how you interact in relationships and your physical responses in sexual situations. It's an important aspect of body image, and can be affected by your diagnosis and treatment.

Changes that you may experience

Lower sex drive

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. Your sex drive is dependent not just on your hormones but also on your general well-being, satisfaction with relationships, stress, tiredness and self-esteem. You or your partner may experience low desire due to the range of emotions you are both dealing with in order to come to terms with your diagnosis. You may find sex no longer gives you pleasure, or is painful, and this may affect your sex drive.



“

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.”



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 lubrication can be a problem. This can make sex painful and cause vaginal itching and dryness. This is very common but easy to treat.

Due to hormonal changes some women feel differently about sex after the menopause, and their arousal and orgasm may not be the same as before. Some women develop internal scarring and adhesions that 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.

It's normal to go off sex at times. Knowing why things may be different might help you to understand your personal experiences and highlight if you are having difficulties you'd like help with.

“

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 CAN I DO?

Communication is important. Discussing your worries and fears, or what hurts during sex will help you to work out a solution.

- Be open and honest with yourself and your partner. This will help you feel more relaxed and more able to resolve any problems. Ask your partner what they are concerned about too. Talking to each other can deepen your relationship and have a positive effect on intimacy. For instance you may decide to avoid sex for a while but concentrate on kissing and cuddling, or you may try longer foreplay and different positions.
- Your CNS can advise you or refer you to a sexual health specialist. Don't be shy about talking to a professional about it, they will want to help you with this aspect of your recovery.
- Take your time. Painful sex can prevent some women from experiencing an orgasm. It may be that sex is only painful when first having intercourse following surgery and it will settle as your body recovers.
- Lubricants can improve sensation and moistness. Non hormonal vaginal moisturisers are available to relieve symptoms and vaginally applied oestrogen may be offered as a long-term treatment. It's worth exploring this with your CNS.
- Hormones are important in sexual desire and response. For some women HRT may help so speak to your CNS or GP about your options.
- Be kind and pamper yourself. Looking after yourself can help build your self-image back up.

There is more information about the impact of cancer on relationships and starting new relationships on page 35.



Ovarian cancer and your fertility

Having ovarian cancer and the resulting treatment can affect your fertility. You may be single or in a relationship. You may not be sure if you want children in the future, or you may be diagnosed just at the age when you were planning to start a family. This can make ovarian cancer even harder to cope with.

Your treatment and fertility

Ovarian cancer treatment may result in the removal of both ovaries and fallopian tubes, and the uterus (womb). This means you won't be able to become pregnant naturally but you may still have other options.

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 preserve the uterus and the unaffected ovary may remain fertile. However, chemotherapy may damage your remaining ovary or increase your risk of an earlier menopause.

Talking about fertility

The main priority for your treatment is to save your life. It is important to talk about your fertility needs before treatment starts in order to help you, your partner and your medical team plan the most appropriate treatment for you while being realistic about your prospects of remaining fertile. However this may not be possible, for example, if treatment has to start immediately, or you have been diagnosed through emergency surgery, in which case you may want to talk about your options after the 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.”



when you feel ready. If you have a partner it is usually a good idea to include them in discussions about fertility.

Your CNS or consultant can advise whether to seek further fertility counselling and provide referral letters for your GP and other fertility services.

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 post treatment.
- A full and honest discussion about the impact of cancer on your life.
- Thoughts about the impact on any children you may have, or plan to have, and on your partner if your cancer treatment does not prolong your life.
- Options for fertility treatment, including the costs if you choose to fund this privately.





Fertility options

In vitro fertilisation (IVF)

If you did not have a total hysterectomy as part of your treatment it may be possible for you to explore IVF.

IVF is the process in which eggs are fertilised by sperm (from your partner or a donor) and then placed into your womb. Depending on your diagnosis it may have been possible to harvest 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.

The NHS will cover the cost for some IVF. Speak to your CNS or consultant 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. Private fertility treatment costs vary across the UK.

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 to find a clinic and the costs on their website www.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 had a total hysterectomy with your uterus and ovaries removed or after discussions with your partner,

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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.”



family and cancer team (and possibly a fertility specialist) you decide IVF is not a realistic option for you, you may want to consider other options for having a child.

Surrogacy

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

Traditional or partial surrogacy

Traditional or partial surrogacy is where your partner's or a donor's sperm is placed in the surrogate's vagina. This is usually done by artificial insemination 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 previously harvested from you or a donor is placed inside the uterus of your surrogate. This type is much more complicated than traditional surrogacy.

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

Adoption and fostering

Through adoption you would assume the parenting of a child from that child's biological or legal parent(s). All rights and responsibilities are transferred permanently to the adopting parents.

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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.”



Fostering is a way of providing a home for a child at times when they are unable to live with their birth family. This includes providing care in emergencies and for longer periods. The child will remain in touch with their biological family and hopefully will return home. Although most adoption agencies allow cancer survivors to adopt, some require a letter from a doctor certifying good health, and others may require a certain amount of time to pass after you have completed treatment for cancer.

You can visit CoramBAAF Adoption & Fostering Academy www.corambaaf.org.uk for more information.

If you decide not to have children

Being unable to have children naturally can be very difficult to deal with. However, you might not have wanted children in the first place or, after having discussed fertility options with your partner, family, and professionals you may choose to enjoy life without having children.





Coping with your emotions

It may not be until after your treatment has finished that you have the time and ability to process your feelings. You might find that any relief related to finishing treatment is replaced by anger or grief at not being able to become a parent. You may feel isolated and unable to share your emotions with your partner and your family. Some women find it hard to feel joy for friends and family who can have children and this might make them feel guilty. This may put a strain on your relationships but it is important to share these feelings rather than keeping them to yourself.

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 53 for more information.

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HANNAH,

DIAGNOSED AGED 19

“For me the fertility issue wasn’t a big deal, at the time I was very ambitious, I was at uni, I couldn’t imagine having kids anyway. Now I think it’s a relief, because it takes away that pressure. My friends get asked when they’re getting married and going to have kids. In some way it’s quite liberating, I’ve just got to worry about myself.”

Relationships

Your diagnosis can be extremely stressful and may put a strain on your relationships. Feeling supported and connected to people around you can be very important.

Telling your partner, family and friends you have cancer is never easy. It is likely to be a shock as they may feel that young people aren't supposed to get cancer. There is no right or wrong way to tell someone that you have cancer.



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**SARAH,
DIAGNOSED AGED 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.”



THESE TIPS MAY HELP:

- Choose the right time and place: somewhere away from distractions and where you feel comfortable.
- Introduce the subject gradually and assess their reaction: what you're saying might be hard to take in. It is often a good idea to establish what they know or suspect first, and then you can add to this information and check their understanding.
- Don't be put off by silence: they may not know what to say. Sometimes just sitting together can be more comforting than talking.
- Get help: your CNS or consultant can help you or 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.
- Use other methods: sometimes it is easier to share the news over the phone, by letter or email. It is unlikely that close family members and friends will want to be informed via social media, but for friends that aren't as close, you may find this a useful way to keep people informed and receive messages of support.



Not telling others

You may just want to get on with life and not want to tell anyone. You may wish to just tell close family and friends or limit the amount of information you share. You may decide to wait some time before you tell anyone so you can adjust to your situation. These reactions are normal although they may change with time.

Talking to family and friends

When you tell those close to you that you have cancer they may react in different ways. Some will feel upset and cry, some will feel very shocked and others may struggle with how to talk to you. Parents will probably find it particularly upsetting, and relationships with siblings can be affected.

Your siblings may feel incredibly upset or may feel like they now have to act differently around you. You may compare yourself with your siblings, wondering why this has happened to you and not them. Feeling like this is normal. It can be very hard if a sibling appears to be living the life that you would have liked for yourself. If you have children have a look at our, Coping if you have children section on page 41 about advice on how to talk to them.

You may feel under pressure to put on a brave face and stay cheerful to make the people you tell feel better. But if you are worried about your future, sharing this can help you to cope. You don't need to stay strong at all times or protect other people's feelings.

“

LISA,

DIAGNOSED AGED 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.”





Just as you are affected by the news, the same is true for your family and friends. Some of them may drop off the radar for a while but hopefully many will be supportive.

How to deal with people's reactions

Sometimes we expect people close to us to know exactly what to do and say. If people aren't being as sensitive as you'd like, it may be because they are feeling overwhelmed, frightened, helpless or angry. Some people have no experience of cancer and may withdraw from you. It may make others aware of their own vulnerability or bring back bad memories. You may feel hurt and disappointed when friends and family struggle to be there for you. While some friends can't offer you the support that you need others will be a tremendous help.

Some people may use denial to protect themselves from the worry and fear surrounding your illness.

This can be frustrating, particularly in a partner, as it may prevent 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.

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 in advance that the subject is off limits for the day.

You might find that friends and family encourage you to be positive all the time and 'fight' your cancer. This approach, although helpful at times, is hard to maintain



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**HANNAH,
DIAGNOSED AGED 19**

“Some people were uncomfortable and didn't know what to do or how to deal with it. But honestly, those were the people that I'm not in contact with now. It does firm up who your friends are. The most unlikely people can prove to be brilliant.”



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.

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. Many will be delighted to be asked.



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HANNAH,

DIAGNOSED AGED 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 relationship with your husband, wife, boyfriend, girlfriend or partner

How your diagnosis affects your relationship will depend on your personalities, your life experiences and on the level of commitment in your relationship. Often relationships are strengthened but for some a cancer diagnosis can test a relationship to its limits.

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.

Starting a new relationship

You may not be in a relationship when you are diagnosed with ovarian cancer. You may worry about how to start a new relationship, particularly if your treatment means you will not be able to have children.

A question frequently asked is 'when do I tell my new partner that I have had cancer?' There is no right or wrong answer. It is likely that you will know when the time is right. Building a relationship on trust and honesty will strengthen it.

Despite the difficulties, many young women have reported positive changes in their lives since their diagnosis, including in their relationships, their sense of spirituality and their general appreciation of life.





Coping if you have children

One of the problems with being diagnosed when you are young is that you are at the busiest stage of your life. As well as children to care for you may have a job, elderly parents and a home to run. It can feel like you don't have time to be ill.

Coping with your diagnosis and treatment is hard enough but throw all the other responsibilities into the mix and it can feel overwhelming. It can be hard not to feel guilty, inadequate and frustrated if you can no longer manage to keep all the balls in the air.

Talking to children about your diagnosis

If you are diagnosed with a serious illness when you have children your first thoughts are often about them, and your instinct may be to protect them from hurt and worry. With the rush and stress of your treatment it's not always possible to sit down with them straight away to explain what is going on. Children are very sensitive to change and often suspect that a parent is ill long before they are told. Children from the age of seven years are usually more aware of cancer than their parents realise. They are exposed via experiences of other children at school, by advertising, television and magazines. Sometimes children's fantasies can be much worse than reality. They may believe that they are to blame, or imagine that you no longer love them or that the family is about to be split up.

By talking to your children you give them permission to talk to you, your partner or a family member, about

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ALEASHA,

DIAGNOSED AGED 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.”



their fears. Follow the tips earlier in this guide (page 36) about telling others when talking to your children and it might help to also:

- Tell children together: if you have more than one child, telling them together can keep secrets and misinformation to a minimum.
- Tell them what they need to know: firstly that you are poorly, secondly the correct name of the disease and finally some detail about what the treatment is. Also, warn them of any side effects such as losing your hair.
- Keep it simple: dealing with your children's emotions on top of your own worry and exhaustion can be hard but being open with children can avoid the additional stress of trying to keep a secret.

Macmillan Cancer Support has excellent guides on talking to children about cancer. Search 'talking to children' at www.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: www.fruitflycollective.com/cancer-cloud-kits





How will my children react?

Children will react to your illness in different ways. Their reaction will depend on their age and previous experience of loss. For example if a grandparent has died of cancer they will react differently from a child whose grandparent has survived cancer.

- Anger: many children, of all ages, react with anger - at you, at God, a teacher or their peers. This is very common and can be hard to deal with without getting angry yourself.
- Regression: you may find that young children go backwards in their development. This is a normal response. For example, they may start wetting the bed, become clingier, go back to using a dummy or start playing up at school or getting into trouble.
- Physical symptoms: children might complain of a headache, tummy ache, dizziness, sleeping problems and a loss of appetite. Girls are more likely to experience physical symptoms than boys.

What can I do?

- Let your children know that you understand why they feel angry and allow them to express themselves. It might help them to channel their anger, for example through exercise or art.
- You should let a young child's teacher know what is happening so that they understand the reason for any behaviour change.



- If you are in hospital your first instinct might be to not let your children see you. However, children who see their mother before and after surgery have been shown to cope better. Prepare them by letting them know what they might see. For example, learn by play through a doctor's set or by tying headscarves onto dolls and bandaging teddies. Show them pictures of drips and drains where possible, describe a catheter bag and warn them what some of the other patients might look like.
- Ask your CNS about counselling options for children.

Teenagers and older children

Teenage children may find your illness particularly difficult to deal with. Some may be very supportive and helpful while others may struggle due to being in denial or not knowing what to say. They may find it hard to open up about how they're feeling, or appear uncaring and dismissive of your illness, and spend a lot of time watching TV or doing activities where they zone out. This is their way of protecting themselves.

What can I do?

- Continue to keep your older children informed of what is happening. The chances are that they are very concerned but just don't know how to express it.
- Teenagers can be sensitive and they might want your diagnosis to remain private. Before telling a

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ANGELA,

DIAGNOSED AGED 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.”

teenager's teacher be sure to discuss it with them. If they have exams or coursework the school might be able to make allowances.

- Try to give your child a feeling of security. Explaining what is happening and any changes in routine can be a great help.
- Talking to older children about genetic risk may be appropriate. There is more information on family risk on page 15.





Coping with your emotions and your family

Accepting help and support from your family can be difficult, especially if you're the one who usually keeps all the balls in the air. Your emotions may surprise you and your family 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 your children and partner 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 your children, particularly if you feel depressed or irritated. This can affect how your family talks about your illness. Keeping communication going is very important. Tell your children why you feel upset or irritable or why you need some quiet time. It is OK to let your children 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 fatigue diary so that you can see if there is a pattern to your tiredness can help you plan your day. If you have regular bouts of energy you can plan some playtime and make alternative arrangements during very tired periods. Children will often choose an activity like watching TV to take them away from the worry of having an ill parent and it can be a good time for them to have a rest too.

Strengthening family bonds

Many children find something positive about the changes that are happening within the family. Children have discussed feeling closer to their family and appreciating them more. They also value the chance to care for a parent and enjoy extra responsibility and independence.



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 page 53.

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.

Taking time off work

Having 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 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.

If you need to take time off while receiving treatment, you could speak to your line manager, or a mentor, to see if there's a way of keeping up to date when you feel up to it. You may opt to receive a regular professional magazine or journal for you to read



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NICOLA,
DIAGNOSED AGED 23
“My managers were
incredibly supportive,
once I spoke to them
I realised they were
more keen to do
whatever they could do
to make me better than
anything else.”



when you're feeling well enough, or email updates on projects that you have been working on.

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. Your colleagues will appreciate your honesty as they may not know what to say.

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 www.macmillan.org.uk





Benefits and ovarian cancer

The benefits system is there to help but can be difficult to navigate. The amount of financial help that you are entitled to will depend on the impact your cancer has had on you and your financial circumstances. After diagnosis and during active treatment, you may need help because you are too unwell to work. In recovery, you may need support to ease back into work.

If you live in England, NHS prescriptions are free for people with a cancer diagnosis. You can apply for an exemption certificate using a form from your GP or hospital. The certificate lasts for 5 years and can be renewed for as long as you need it. In Scotland, Wales and Northern Ireland, prescriptions are free.

There are different types of benefit entitlements, including benefits that replace your earnings, help with housing costs or help with some of the extra costs resulting from your illness. Other financial help is available for people on a low income due to long term illness – including support with council tax and help with health costs and travel to hospital.

Navigating the benefits system can feel like a bit of a maze, so you may wish to seek 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.



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. If you are traveling to Europe you can get a free European Health Insurance Card (EHIC) available via the NHS which allows you to receive medical cover on the same basis as a citizen of the country that you are visiting; having one may be a condition of your insurance or reduce your premium. Private clinics abroad can be expensive, while a public facility needs to be clear that they are treating you on the same basis as a local citizen.



Life and illness insurance

Having cancer should not affect any existing life or critical illness insurance, but you may find it more difficult to obtain new insurance once you have been diagnosed with cancer. 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: **www.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: **www.macmillan.org.uk**

A Macmillan benefits adviser 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: **www.citizensadvice.org.uk**

Citizens Advice provides free independent and confidential advice online and in over 3500 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 women with ovarian cancer.



ovacome

is a national support charity which provides information and support for everyone affected by ovarian cancer.

support@ovacome.org.uk

0800 008 7054

www.ovacome.org.uk

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

 facebook.com/ovacome



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 options to enable informed and rapid action.

info@ovarian.org.uk

020 7380 1730

www.ovarian.org.uk

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

 facebook.com/ovariancanceraction



Where to find more support



Target Ovarian Cancer

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

020 7923 5475

www.targetovariancancer.org.uk

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

 facebook.com/TargetOvarianCancer



The Eve Appeal

is the only national cancer charity raising awareness of the five gynaecological cancers that only women get (ovarian, womb, cervical, vaginal and vulval). We fund innovative research into risk prediction, investigating methods of early detection and potentially preventing the cancer before it develops.

office@eveappeal.org.uk

020 7605 0100

www.eveappeal.org.uk

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



You may also find these other sources of support helpful



Macmillan Cancer Support

Macmillan 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.

www.macmillan.org.uk



Maggie's

Maggie's centres provide free practical, emotional and social support to people with cancer and their family and friends including practical advice about benefits and eating well, emotional support and places to meet other people. Their online centre offers the same free practical, emotional and social support.

www.maggiescentres.org



Shine Cancer Support

Shine Cancer Support 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.

www.shinecancersupport.org



Other sources of support



The Willow Foundation

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.

www.willowfoundation.org.uk



The Daisy Network

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 research within the fields of HRT and assisted conception and raise awareness of the condition among GPs, the broader medical community and policy makers.

www.daisynetwork.org.uk



The
Menopause
Exchange

The Menopause Exchange

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

www.menopause-exchange.co.uk



Human
Fertilisation &
Embryology
Authority

The Human Fertilisation and Embryology Authority

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.

www.hfea.gov.uk



The
Hysterectomy
Association

The Hysterectomy Association

The Hysterectomy Association aims to provide clear, concise information about hysterectomy and related issues for women undergoing, or planning to undergo, surgery. The intention is to ensure that women make informed choices about their surgery.

www.hysterectomy-association.org.uk



British Infertility Counselling Association

bitca

British Infertility Counselling Association

The British Infertility Counselling Association (BICA) is the professional association for infertility counsellors and counselling in the UK and can help find a counsellor near you.

www.bica.net



Surrogacy UK
Information
Support
Community

Surrogacy UK

Surrogacy UK was created by experienced surrogate mothers. They wanted to form an organisation that reflected their experience of what makes surrogacy work. Surrogacy UK offers advice and support to anyone interested in surrogacy.

www.surrogacyuk.org



Other sources of support



CoramBAAF Adoption & Fostering Academy

CoramBAAF Adoption & Fostering Academy is the leading membership organisation dedicated to improving outcomes for children and young people in care.

www.corambaaf.org.uk



Citizens Advice

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

www.advice.org.uk



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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.

Ovacome

www.ovacome.org.uk
020 7299 6650

Registered charity number 1159682

Ovarian Cancer Action

www.ovarian.org.uk
020 7380 1730

Company limited by guarantee
no. 5403443, registered office:
8-12 Camden High Street,
London NW1 OJH.
Registered charity numbers 1109743
(England and Wales)
and SC043478 (Scotland)

Target Ovarian Cancer

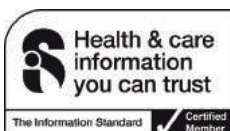
www.targetovariancancer.org.uk
020 7923 5475

Company limited by guarantee no. 6619981,
registered office: 2 Angel Gate, London EC1V 2PT.
Registered charity numbers 1125038
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The Eve Appeal

www.eveappeal.org.uk
020 7605 0100

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We make every effort to ensure that the information we provide is accurate. If you are concerned about your health, you should consult your doctor. Ovacome, Ovarian Cancer Action, Target Ovarian Cancer and The Eve Appeal cannot accept liability for any loss or damage resulting from any inaccuracy in this information or third party information on websites to which we link.

ovacome..
the ovarian cancer support charity

ovarian
cancer **action**

