

Patient Experiences of Radiation-Induced Menopause in Cervical Cancer: A Scoping Review

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Conflicts of Interest

- No conflicts of interest to declare

Generation of Ideas

- Communication with Advanced and Consultant Therapeutic Radiographers (Gynaecology) in the UK
- Contacting charities ex Jo's Cervical Cancer Trust
- CoR research priority - survivorship and late effects
- Joined CoR FoRRM scheme September 2024



Background of topic area

Early menopause: defined as the permanent cessation of menstruation before age 40 (Ghahremani-Nasab et al., 2020).

Treatment-induced menopause is sudden

Symptoms and long-term consequences

Cervical cancer survivorship

NHS Long Term Plan

Why a scoping review?



Emerging and
fragmented
evidence



Broad research
question



Heterogeneous
evidence



Identify gaps



Inform future
research &
practice

Inclusion Criteria

Women diagnosed cervical cancer of any FIGO stage or histology who were not in menopause before treatment

External beam radiotherapy, brachytherapy and chemoradiation

English-language sources

No restrictions were applied to geography, publication date, or study design

Papers which focused on fertility preservation or natural menopause were excluded

Search Strategy and Screening Process

Medline, CINAHL, Scopus, PsycINFO, and Cochrane; Google scholar, citation tracking and grey literature

591 studies, 292 after duplication removal

Title and abstracts, Full text screening

Completed by 2 independent reviews via Covidence and applying inclusion criteria

Evidence descriptively mapped into four themes. Methodological quality assessed using QuADS

Studies included in review: n = 21

Data Extraction

Collected data on country of publication, study design, journal, date, PEO, funding sources, method of recruitment, number of participants

Thematic mapping process

Completed by myself independently, categories reviewed and refined by discussion with co-authors.



Quality of Life Challenges

Sexual dysfunction highly prevalent and persistent ex. pain, reduced libido, arousal difficulties

Major consequences: relationship strain, intimacy avoidance, reduced QoL

Clinicians underestimate symptom burden compared to PROMs

Other under-recognised issues: fatigue, insomnia, cognitive changes, musculoskeletal pain

Current literature focuses on sexual health, missing broader burden?

Research, Education and Survivorship Gaps

Evidence base limited by: Small, cross-sectional studies, limited longitudinal data

Major inclusivity gaps: Underrepresentation of LGBT, ethnic minorities, and lower socioeconomic groups

PROMs often heteronormative and not culturally sensitive

Lack of standardised survivorship pathways integrating menopause care

Limited research on: Psychosocial and partner-inclusive interventions. Future priorities: Inclusive PROMs, longitudinal and interventional studies, integrated, multidisciplinary survivorship care models

Supportive Care, Interventions and Barriers to Treatment

HRT is effective and safe but underutilised (~36–40%) . Barriers include: Clinician hesitancy (outdated safety concerns), patient fears of recurrence/side effects, limited access to menopause expertise

Non-hormonal treatments (lubricants, dilators, SSRIs, pelvic floor exercises): Low uptake and adherence (e.g., dilators <25%), often poorly explained or supported, multidisciplinary models improve outcomes, but are not widely available , with many women rely on self-management or coping strategies

Multi-Dimensional Impact of RIM

RIM is abrupt, severe, and long-lasting, not a short-term side effect

Symptoms occur in clusters: Vasomotor, urogenital, sexual, cognitive, and physical

Significant psychological burden: Grief, loss of femininity, anxiety, identity disruption

Impacts extend beyond physical health → affect identity, relationships, and long-term QoL

Highlights need to move from a biomedical → holistic survivorship approach

Implications for Practice

- Therapeutic radiographers play a central role in recognising and supporting RIM
- Use of PROMs enables: Early symptom identification, monitoring across treatment and follow-up
- Early, proactive communication (pre-treatment or early RT)
- Education improves: Adherence to interventions (e.g., dilator use), improvement in sexual function and quality of life outcomes
- HRT should be encouraged (where appropriate) until natural menopause age, non-hormonal options
- Emphasis on shared decision-making, patient empowerment and survivorship care should be integrated, proactive, and holistic rather than reactive

Future Work

Patient feedback/PPIE
work

NIHR PASF commencing
Sept 2026

Pelvic patients, radiation
or multi-modality?

Doctoral

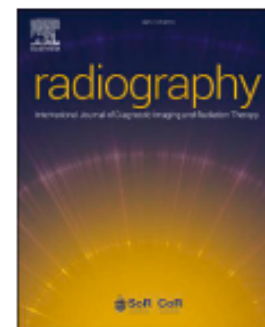


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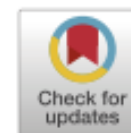
Radiography

journal homepage: www.elsevier.com/locate/radi



Systematic Review

Patient experiences of radiation-induced menopause in cervical cancer: A scoping review



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ABSTRACT

Introduction: Radiation-induced menopause (RIM), a form of premature ovarian insufficiency, is a frequent yet under-recognised consequence of pelvic radiotherapy for cervical cancer. Beyond vasomotor and urogenital symptoms, RIM affects psychological wellbeing, sexual identity, and overall quality of life (QoL). For therapeutic radiographers, understanding survivorship impact is critical to delivering holistic, person-centred care that extends beyond treatment into long-term wellbeing.



Questions