



Chemotherapy-Induced Amenorrhea

Are Oncology Nurses managing effectively?

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BACKGROUND

Breast cancer is the leading cause of cancer in women in Ireland. Almost one-quarter of women diagnosed are under 50 years¹. Almost half of cases will require chemotherapy, and 59% will require hormone therapy¹. These treatments are beneficial in reducing the risk of recurrence and improving survival rates².

However, temporary or permanent side effects can occur. In pre- or peri-menopausal women, chemotherapy can interrupt the ovarian production of oestrogen. This causes premature ovarian failure, resulting in premature menopause. This is also known as chemotherapy-induced amenorrhea (CIA).

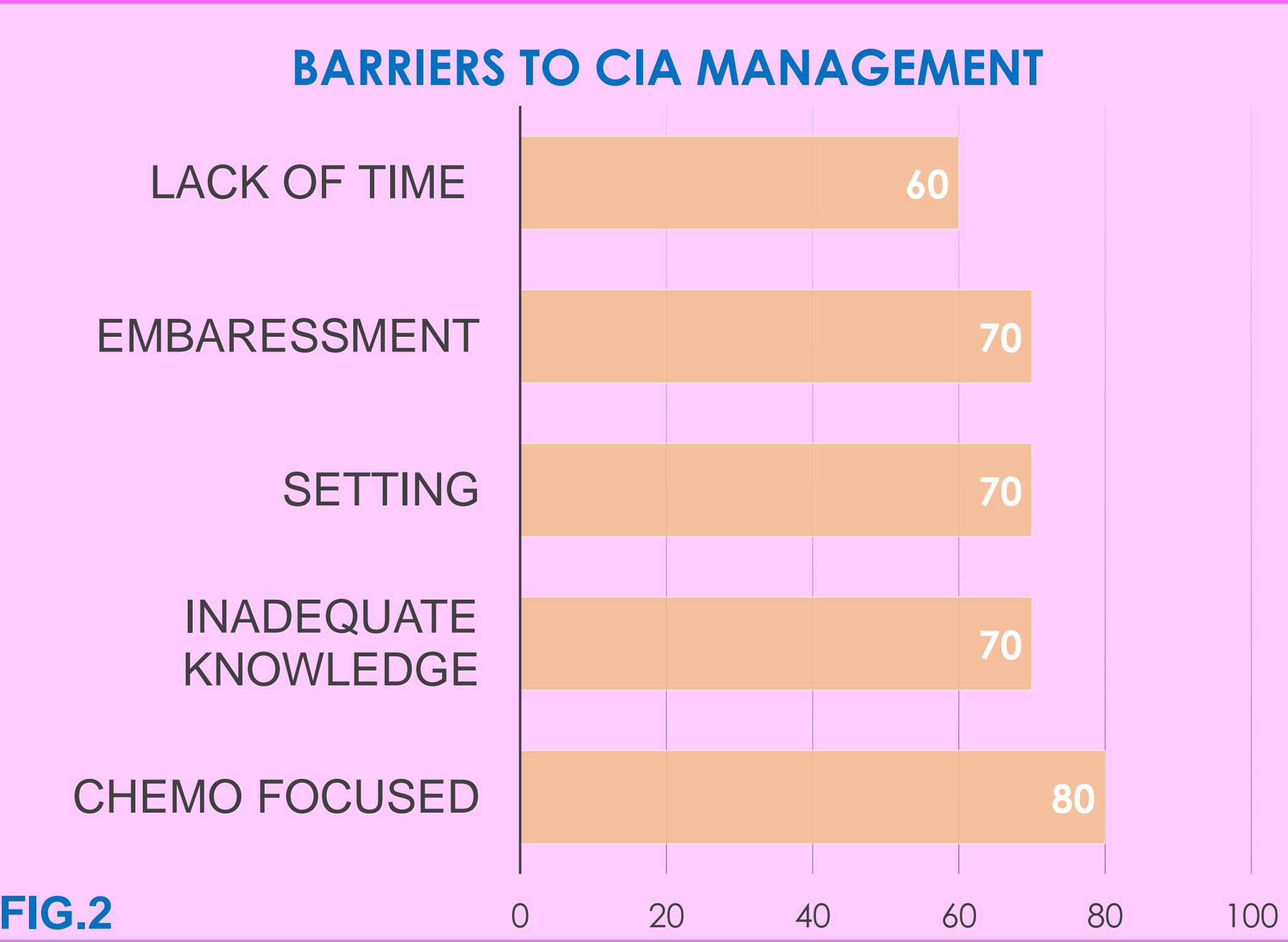
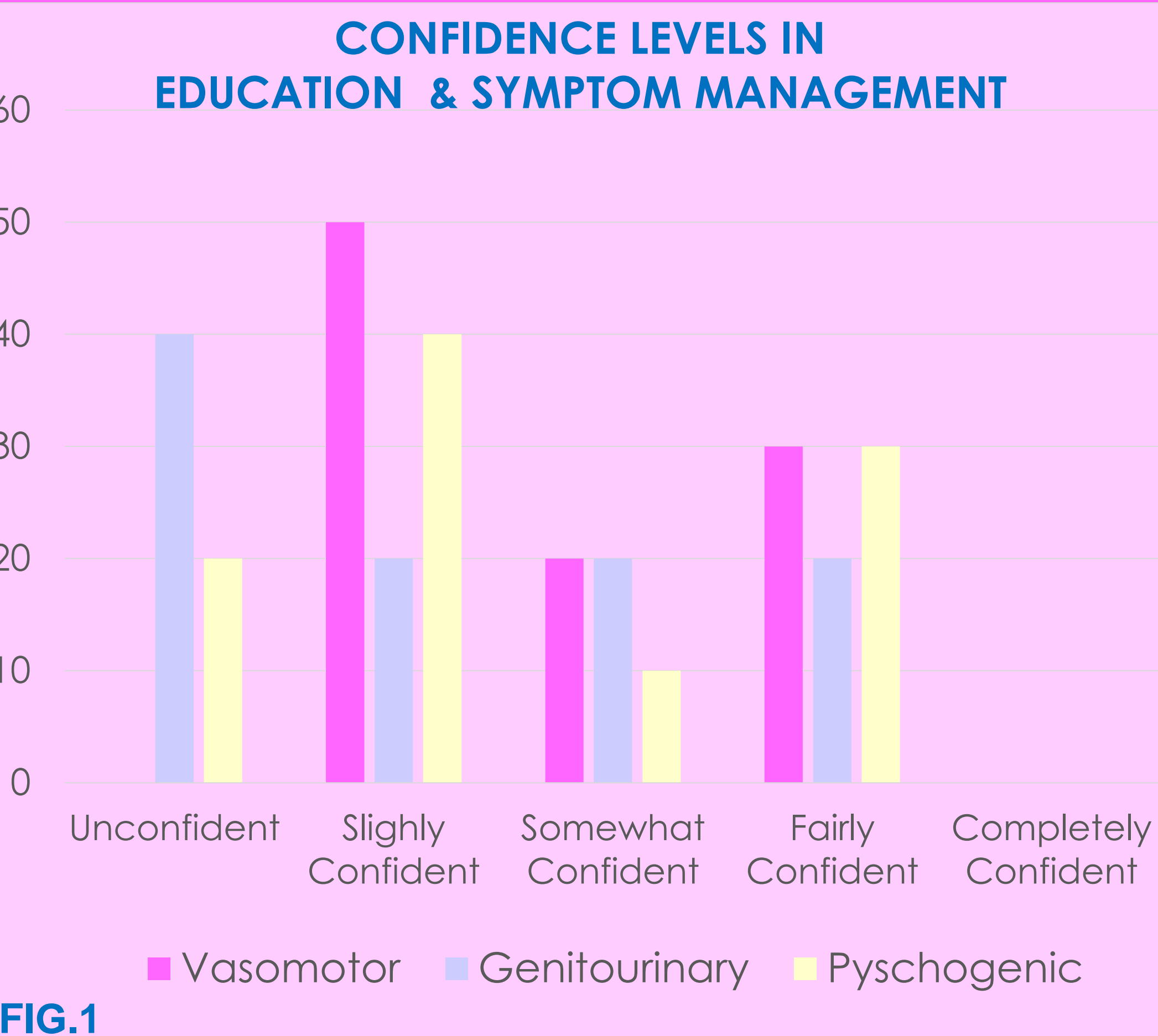
Oncology Nurses (ON) are experts in managing chemotherapy toxicities, however it is well established that there is difficulty in managing the effects of CIA³.

AIM

- To assess ON level of knowledge of CIA, including risk factors and symptoms
- To determine ON level of confidence in educating women with breast cancer on CIA and symptom management
- To determine potential barriers to CIA assessment and management
- To determine ON level of satisfaction with current documentation to address CIA

METHOD

A questionnaire composed of 16 questions was used to survey ON who work on the Oncology Day Ward.



- ### INTERVENTIONS
- An education session has been provided in complex menopause highlighting management of CIA to increase knowledge and confidence
 - Two link nurses have been nominated to support staff in CIA management
 - Established link with the new Gynae service ANP for added support in management of genitourinary issues
 - A CIA poster has been made and displayed in the nursing station, highlighting risk factors, symptoms and treatments (*see Fig. 3 for sample⁶)

RESULTS

- There was an 83% response rate
- 73% of ON had a good baseline knowledge of CIA and its risk factors
- There was a division in confidence levels in education and management of CIA symptoms, with genitourinary the weakest (Fig.1)
- There was large agreement in barriers to CIA management, with focusing on chemo-related toxicities the highest (Fig.2)
- There was dissatisfaction of 70% with the current documentation in addressing CIA

DISCUSSION

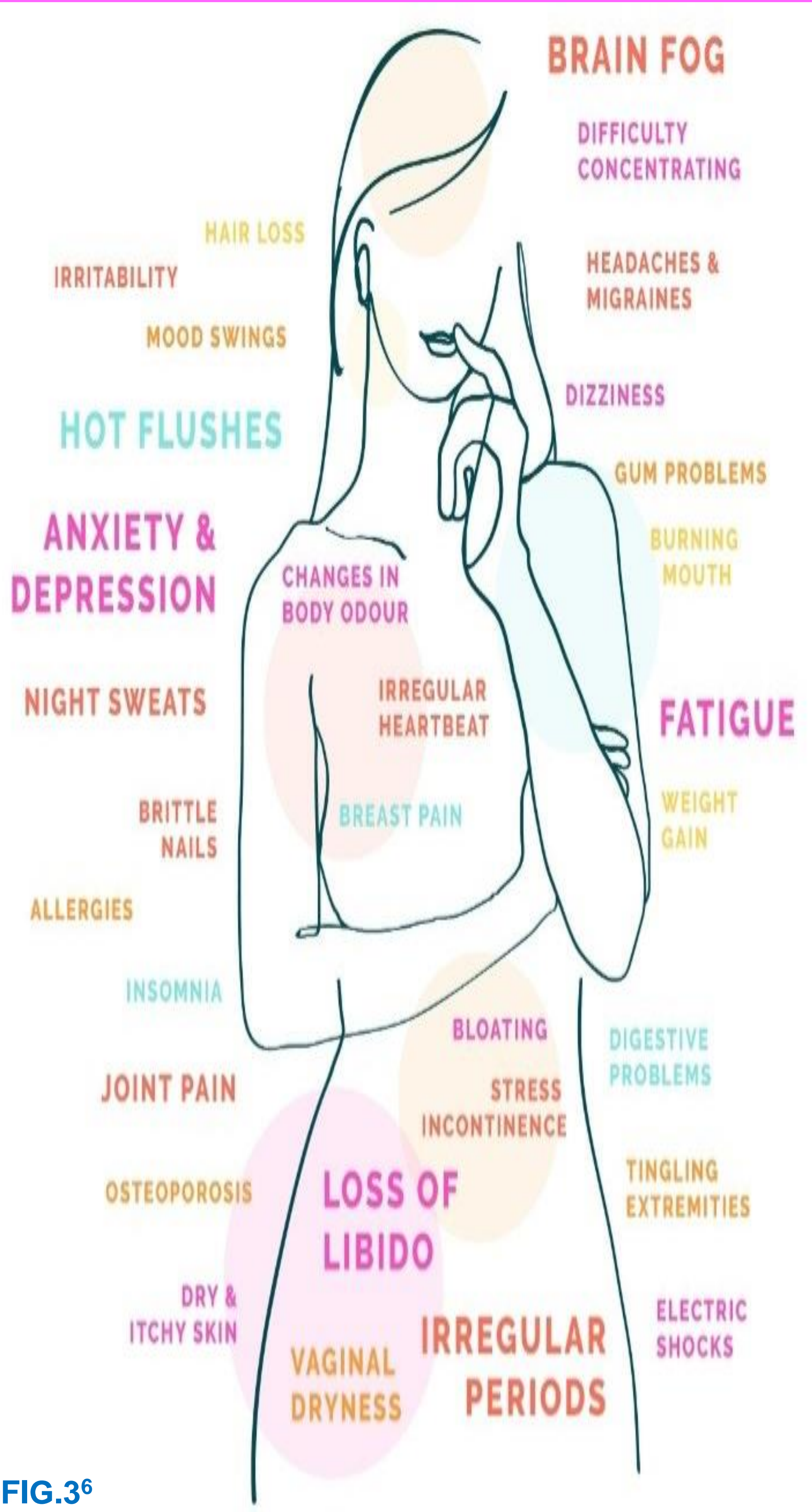
As breast cancer cases continue to rise and survival increases, we need to ensure that ON are knowledgeable and confident to routinely address and manage CIA. Limbacher et al (2022) found that women were surprised and unprepared for the effects of CIA³. It was also found that women had a high level of dissatisfaction with how their menopausal symptoms were managed, particularly genitourinary⁴. Women have particular difficulty reporting sexual dysfunction and feel it is poorly assessed⁴. This results in an unnecessary level of distress³.

RECOMMENDATIONS

- Assessment tools need to be improved to aid and support ON in a busy environment to effectively assess CIA
- Link nurses need to connect with other health care professionals who specialise in this area
- Provision of simple materials for patients with management strategies and links to other reliable resources

CONCLUSION

CIA brings additional challenges to a breast cancer diagnosis and its treatment. With in-depth knowledge and understanding, ON can be confident in their assessment, management and support to patients. By proactively supporting patients, this will promote tolerance and adherence to treatment, especially when followed by adjuvant hormone therapy⁷. As a result, quality of life will be improved, unnecessary distress will be avoided, and most importantly – it will have a positive impact on their breast cancer outcome^{2,8}.



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