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Women's Health

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"Risk of ovarian cancer: how to check and what to do."

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"Why young people should check their chest regularly."

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It saddens me that parts of our bodies and mandatory life transitions are still whispered about when the confidence to speak out can lead to support and diagnosis.

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Mariella Frostrup

Journalist, Author, Broadcaster & Chair of Menopause Mandate

Getting Ahead
of Gynaecological Cancers Together

NP-GB-AOU-BNNR-230001 March 2023

What pelvic floor health means to women — **and why it's important**

Many women feel too embarrassed to speak to their friends or partners when they experience symptoms of pelvic floor dysfunction, such as leaking urine or urinary incontinence.

WRITTEN BY
Dr Ranee Thakar
President of the Royal College of Obstetricians and Gynaecologists (RCOG)

Conversations about pelvic floor health and symptoms associated with a weak pelvic floor remain a taboo topic, and Dr Ranee Thakar, President of the RCOG hopes to tackle that stigma.

Often, those who do experience symptoms don't seek help and suffer in silence, despite the huge benefits of accessing support and information to maintain good pelvic floor health. Our recent survey of 2,000 women showed that of those who had experienced symptoms of pelvic floor dysfunction, over half (53%) did not seek help.

What is pelvic floor dysfunction?
The pelvic floor is the structure that supports the bladder, womb and bowel. Throughout a woman's life, several things can weaken the pelvic floor, including pregnancy and childbirth, going through menopause, long-term constipation or long-term health conditions. If the pelvic floor becomes weakened, symptoms of pelvic floor dysfunction can develop.

The three most common symptoms of pelvic floor dysfunction include involuntary leakage of urine, unintentional passing of wind and pelvic organ prolapse. A prolapse is where one or more of the organs in the pelvis — that are usually supported by the pelvic floor — slip from their normal position and can bulge into the vagina.

There are huge opportunities to improve women's pelvic floor health such as removing the stigma that prevents women from speaking about their symptoms.

Removing stigma improves women's health
There are huge opportunities to improve women's pelvic floor health such as removing the stigma that prevents women from speaking about their symptoms. By ensuring that women have the right education and information about pelvic floor health from a young age, we can give them the confidence to talk about their health and seek help if they experience symptoms.

Millions of women in the UK are affected by symptoms of pelvic floor dysfunction, which can have an impact on their daily lives — affecting their ability to work and socialise or engage in personal relationships. By improving education and information about how women can maintain good pelvic floor health and raising awareness of pelvic floor dysfunction, we can destigmatise conversations around issues like incontinence and stop women from suffering in silence with their symptoms.

Providing women with information about maintaining good pelvic floor health and recognising symptoms at key reproductive life stages is important. Women and people should feel confident in knowing how to reduce their risk of pelvic floor dysfunction and understand when they should speak to a healthcare professional about symptoms.

Find out more at **rcog.og.uk/pelvicfloor**

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Project Manager: **Lydia Butler** *lydia.butler@mediaplanet.com* Senior Business Development Manager: **Josie Mason** Managing Director: **Alex Williams** Head of Business Development: **Ellie McGregor** | Head of Print & Design: **Thomas Kent** Designer: **Aimee Rayment** Content Editor: **Angelica Hackett O'Toole** | Head of Digital Operations: **Harvey O'Donnell** Paid Media Strategist: **Jonni Asfaha** Social & Web Editor: **Henry Phillips** Digital Assistant: **Carolina Galbraith Duarte** | All images supplied by Gettyimages, unless otherwise specified

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bladder support

1. Uterus
2. Bladder
3. Vagina
4. Urethra
5. Pelvic floor
6. Efemia Bladder Support

About Efemia

Efemia Bladder Support is a reusable, comfortable and effective device for women with Stress Urinary Incontinence.

Efemia was developed to reduce or prevent bladder leakage as an alternative to surgery and disposable products.

By equally prioritising reliability, functionality and emotional aspects, we aspire to bring forward dependable and effective products that fit well into women's everyday lives.

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Know how to manage **early menopause** when it happens at any stage

Most people will reach menopause between the ages of 45 and 55 — but some will experience it far younger.

WRITTEN BY
Deborah Garlick
CEO, Henpicked: Menopause In The Workplace

Early menopause, by definition, is when a woman's periods stop before the age of 45. It can happen naturally or as the result of medical treatments or interventions including having a hysterectomy, chemotherapy, radiotherapy, autoimmune disease and, occasionally, a genetic disorder.

Early menopause awareness for all

The taboo around menopause is being successfully tackled, but for younger people, the awareness is not yet there. Facing menopause at a younger age can be emotionally and physically challenging, and extra support is often needed. Furthermore, the unexpected element of early menopause can make it harder for people to talk about with family, friends and colleagues.

Familiar symptoms of early menopause

As with mid-life menopause, one of the first signs of early menopause can be when periods become less frequent or stop for no obvious reason. If you, or someone you know, is experiencing this under 45, it's important to consult a GP.

Early menopause presents the same familiar symptoms — typically, hot flushes, headaches, anxiety, low mood, 'brain fog,' fatigue and loss of confidence. Younger women experiencing these need just as much understanding, empathy and flexibility at work as their older colleagues to help them navigate this stage of their life.

> **Making small and reasonable workplace adjustments can help those working through their menopause.**

Workplace support for all ages and stages

Employers must stay alert to all colleagues working through menopause — whatever their age or career stage. Expert talks, training and an active workplace menopause policy will raise awareness and build a culture of empathy which, in turn, will bring respite and relief to those affected by menopause, whatever their age.

Small changes in the work environment can help

Making small and reasonable workplace adjustments can help those working through their menopause. These options should be made available to everyone who could benefit from them.

Enabling people to position their desks away from heat sources; scheduling regular breaks in meetings; giving access to cool, fresh water; providing a desk fan; sanctioning flexible work hours; and allowing time out somewhere quiet will all help. For many, just knowing such options are available will ease anxiety and worry.

Women of all ages and stages of their career and life should feel psychologically safe, supported and understood, including the time when they find themselves managing their menopause — whenever that may happen.

Create **menopause and period-friendly policies** with this free, easy toolkit

A new standard gives businesses the tools to provide practical ways of helping employees experiencing menstruation and menopause and create thriving workplace environments for everyone.

Paid for by **BSI**

bsi.

INTERVIEW WITH
Anne Hayes
Director of Sectors BSI

With input from colleagues Jane Packer and Nele Zgavc

WRITTEN BY
Sheree Hanna

Looking after menstrual and menopausal health is key to encouraging longer and more fulfilling work lives, which is why BSI — the UK's national standards body — is publishing a new, free standard.

Employee-friendly environment

BS 30416 Menstrual and menopausal health in the workplace is set to be published in May and provides a set of guidelines aimed at businesses and organisations wanting to make work environment adjustments to benefit all.

The many issues faced when dealing with menstruation, or during the transition into menopause, have been under the media spotlight for the past few years.

Anne Hayes, Director of Standards says: "Now is the time that businesses want to make sure they are not losing their talent and encourage women to stay and progress to more senior leadership roles. Society will benefit if we enable them with a supportive environment."

Raising national standards

BSI aims to improve the quality and safety of products, services and systems by creating standards.

Annually, it publishes more than 2,500 standards across technical, sector and management topics including recent standards relating to sustainable finance, modern slavery, net zero guidelines and healthcare.

The menstruation and menopause standard has been developed over the past year and, in creating the guidelines, has sought expertise from both sides of the equation — from HR, health and safety officers and managers to consultants, charities and unions.

Providing free tools for everyone

This new standard has been structured as a toolkit under different categories: work design, role adjustments, policy guidance, physical aspects of work and creating supportive workplace cultures. The standard signposts free resources available to help SMEs establish a policy and practical implementation ideas with little or no budget.

A launch event will be held at London's Royal College of Obstetricians and Gynaecologists on the 5th of July and is to be hosted by health and beauty journalist, Alice Smellie, who will be joined by broadcaster Mariella Frostrup — together, they co-authored Cracking the Menopause.

The launch will feature advice and discussion from an expert panel on how to become a period and menopause-friendly employer. Anyone with an interest in the topic can pre-register to receive the free standard publishing in May.

Scan the QR code to register for the free standard, or to attend the launch event.

How women can be **empowered** to take control of their own fertility

Women who are experiencing symptoms of PCOS or want to normalise their menstrual cycle may prefer to take a simple food supplement rather than hormonal medication.

Irregular menstrual cycles can have several possible causes, including hormone imbalance, pregnancy, stress and health issues such as polycystic ovary syndrome (PCOS) — a condition affecting how the ovaries work and impacting 1 in 10 women in the UK. Whatever the reason for irregular ovulation, it can be particularly distressing for women who are trying to conceive.

Know what's right for your body

It's always wise to have any menstrual cycle-related issues checked by your GP. However, some women may be reluctant if they suspect that they will be prescribed hormonal medication.

This is not to say that hormonal therapy is without merit, insists Jane Tkachenko, Director of pharma company, Amaxa. For example, it can be successfully used to treat some types of infertility, make the menstrual cycle more regular and prolong menstrual cycles for older women. "It's helped a lot of people," she says. "Nevertheless, some women may question whether it is the best thing for them and their bodies over the long term."

A safe, off-prescription remedy

Rather than going straight to hormonal medication, food supplements — available without prescription — may be a better choice for, say, girls who have an irregular menstrual cycle, or women thinking about conceiving.

For instance, Amaxa has developed a natural innovative complex, Miofolic — which includes myo-inositol, 4th generation folic acid and vitamin B12 — that can improve a woman's reproductive function and normalise the hormone balance of those preparing for pregnancy.

Apart from empowering women to take control of their fertility, it can also be given to those experiencing PCOS symptoms. "Women should be guided by their doctor, but instead of hormonal therapy or IVF, they could start with a simple food supplement for four to five months to see if that makes a difference," says Tkachenko.

"Depending on the dose, it can enhance your health or even correct PCOS if you take it consistently enough. It's a more natural remedy that is safe and accessible. After all, a woman's overall health is what really matters."

INTERVIEW WITH
Jane Tkachenko
Director, Amaxa

WRITTEN BY
Tony Greenway

Paid for by **Amaxa**

Find out more at **miofolic.com**

What is it like to be a person with endometriosis **without proper care?**

Endometriosis is a condition where cells similar to the ones lining the womb are found elsewhere in the body. Each month, these cells react to the menstrual cycle in the same way as those in the womb, building up, then breaking down and bleeding.

Unlike the cells in the womb that leave the body as a period, blood has no way to escape. This leads to inflammation, pain and the formation of scar tissue (adhesions). Endometriosis affects 1.5 million in the UK; approximately 1 in 10 women and those assigned female at birth. The condition is most active from puberty to menopause, although the impact can be felt for life.

Endometriosis symptoms

Symptoms can vary in intensity from one person to another. Some may not experience symptoms at all; for others, it can be debilitating. Not every person will suffer from every symptom.

Common symptoms include chronic pelvic pain, painful periods, pain during or after sex, pain when urinating, painful bladder and bowel movements, fatigue and difficulty getting pregnant. Many experience period pain. If pain is interfering with your everyday life, it's best to see your doctor.

For too long, people with endometriosis have had their symptoms dismissed. Meanwhile, the disease can progress over time and can have a devastating impact on all aspects of someone's life including education, careers, relationships and mental health.

> **Some may not experience symptoms at all; for others, it can be debilitating.**

Accessing endometriosis care

We need to see an overhaul of the way the NHS prioritises patients so those in need get access to care. This requires strategic capacity planning of endometriosis care, without people continuing to face unacceptable waiting times.

The women's health strategy for England promised some exciting change, but they must ensure the plans are backed by an adequate workforce, funding and strategic planning.

Endometriosis guidelines

National Institute for Health and Care Excellence (NICE) is reviewing part of their guideline on endometriosis, including diagnosis and the use of imaging, surgical management and surgical management where fertility is a priority.

It is the baseline for how care should be provided, but there are worrying gaps, and we look forward to working with NICE to address these as part of their agreed review.

People with endometriosis must be given the support they need — in the workplace, at school and in further education, amongst friends and family and within clinical settings.

March is Endometriosis Action Month — a time to rally together and demand change. It's a chance to call on society to wake up and stop the injustice and ignorance surrounding this incurable and sometimes debilitating disease.

If you want to join us this Endometriosis Action Month, head to: **endometriosis-uk.org**

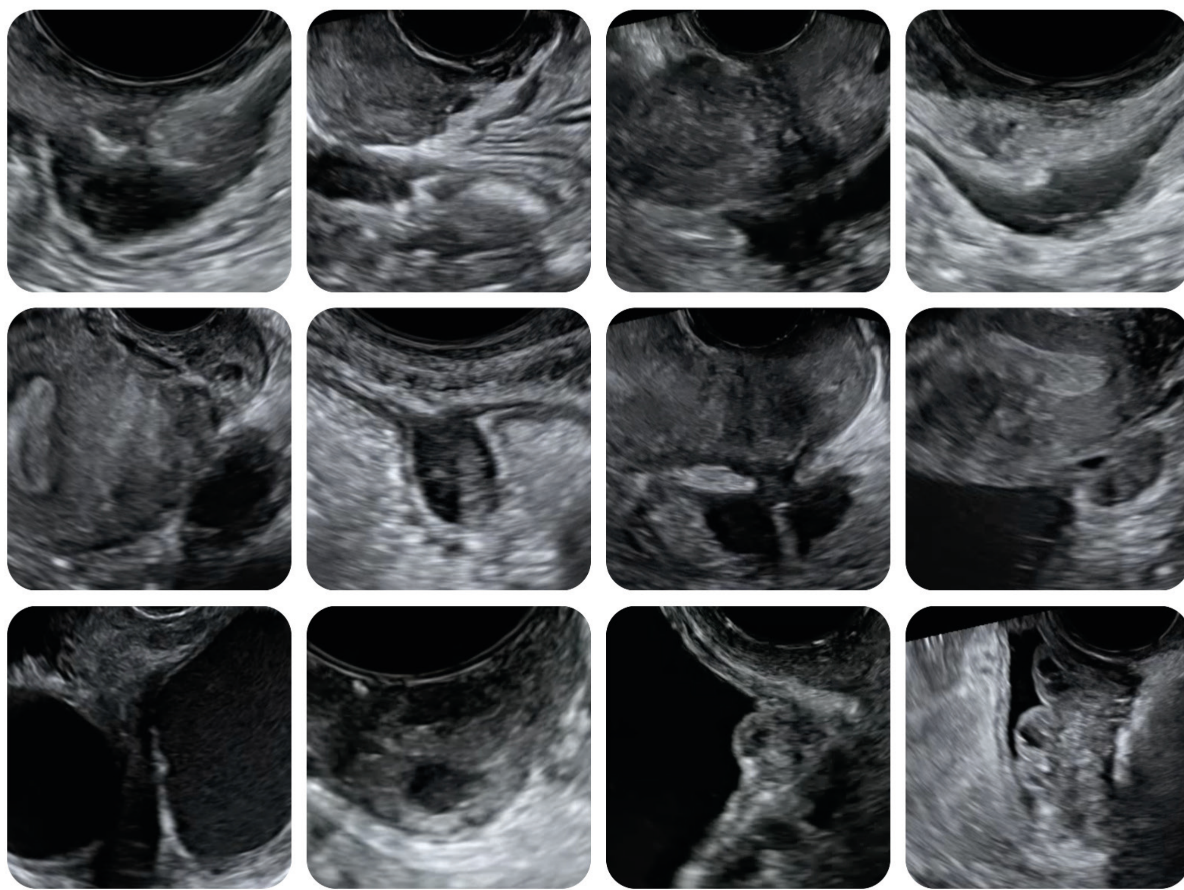
WRITTEN BY
Faye Farthing
Head of Campaigns and Communications, Endometriosis UK

How **early diagnosis** of endometriosis can improve life for patients

Endometriosis is a debilitating condition which is easily missed on a scan, potentially adding years to diagnosis. Better training of clinicians is vital to improve patient care.

The exact cause of endometriosis is unknown, admits Dr Susanne Johnson FRCOG, an Associate Specialist in Gynaecology at Gynaechoice, Southampton.

What is certain is that endometriosis can affect girls and women from puberty to menopause and creates misery for millions worldwide. It is thought to impact 1 in 10 people born female. The struggle of living with this long-term, debilitating condition is detailed in Eleanor Thom's book 'Private Parts' and in a recently released documentary called 'Below the Belt' by Shannon Cohn.



A collage of images that represent various forms of endometriosis - Bladder, bowel, ovarian, ligamentous, vaginal | Credit: Dr Susanne Johnson

Dr Susanne Johnson has extensive experience with the GE HealthCare Voluson™ E8 and more recently with the Voluson™ SWIFT ultrasound machine. These machines generate highly detailed and great quality images, which can help women with endometriosis get a diagnosis sooner.

Challenges and complications of endometriosis

With endometriosis, tissue similar to the lining of the womb grows in the wrong place, such as the abdominal cavity, the ovaries, the ligaments and tissues behind the womb — and the bowel and bladder.

"This tissue can bleed during a woman's period," explains Dr Johnson. "Unlike menstrual blood, it can't escape and sets off an inflammatory response, severe period pain and scarring. If left untreated, endometriosis can lead to a condition called frozen pelvis where pelvic organs become 'glued' together."

Sexual intercourse can be painful, interfering with relationships — it may also cause sub-fertility and infertility issues.

Why deep endometriosis is often missed on an ultrasound

There are many symptoms of endometriosis, but the most common is chronic pain. "This can be cyclical and occur just before or during a period," says Dr Johnson. "But it can be present all the time. On the other hand, the condition can be completely asymptomatic."

This unpredictability makes diagnosis difficult, even when a patient is given an ultrasound. Currently, the average time to diagnosis is eight years.

To complicate the picture further, there are three subtypes of endometriosis: superficial, ovarian and deep. Superficial endometriosis affects the lining of the abdomen and cannot be diagnosed with an ultrasound. Conversely, ovarian endometriosis is relatively easy to identify using ultrasound.

Deep endometriosis is often missed on an ultrasound — and for one main reason. "Many sonographers who perform the scan are not trained to identify deep endometriosis," explains Dr Johnson. "They may not know what it looks like or where to look for it — which is the pelvic floor."

A scan may therefore be misidentified as 'normal' when it is anything but. That's a huge problem because while there is currently no cure for endometriosis, the condition needs to be recognised early so that patients can access treatment or management.

Professional training can reduce the diagnostic interval

"Eventually, if the pain continues, the patient might be referred to a gynaecologist," says Dr Johnson. "Unfortunately, the same misdiagnosis may happen again, as a vaginal examination may not diagnose the condition, and as performing an advanced ultrasound is not a compulsory part of gynaecology training in the UK. "

However, with appropriate training, the right equipment and enough time, healthcare professionals CAN deliver a quick and accurate diagnosis via ultrasound. "The ultrasound needs to be carried out transvaginally, stresses Dr Johnson.

"That is, a probe is gently inserted into the vagina and transmits an image to a screen that can be read by a specialist — if they have been trained on what to look for."

Quicker intervention for quality of life

Ultrasound can be a fantastic tool to diagnose endometriosis, says Dr Johnson. Training schemes should be introduced so that the scans are of higher quality.

"The message is that, if used properly, ultrasound could reduce the diagnostic interval for endometriosis, which — at eight years — is far too long," she notes. "Once identified, patients can be quickly referred to a specialist endometriosis centre to improve their quality of life."

INTERVIEW WITH
Dr Susanne Johnson
Gynaecologist, Gynaechoice

WRITTEN BY
Tony Greenway

Paid for by
GE HealthCare

Add comfort to women's lives by talking about our bodies confidently

We need to know about our hormones, our rights and any symptoms that might need investigation.

There is far too little education and support through every stage of female reproductive health — from fertility to post-menopause. In the 21st century, it still shocks me that women's health isn't higher up the agenda.

No shame in menopause

It's no secret that I am passionate about women's health — and menopause, in particular. I made a BBC programme, wrote a book — Cracking The Menopause — and now, I am proud to be Chair of the campaign group Menopause Mandate.

When it comes to female hormones, female anatomy and taboos about both, I'm proud to be a rule-breaker. A high point of my life occurred at our first Menopause Mandate meeting at the Houses of Parliament where I used the word 'vulva' in a speech — twice.

Happily, it's finally becoming acceptable to name female body parts out loud without recourse to careful synonyms, for fear of offending the faint-hearted. Joking aside, and as our last campaign highlighted, discourse around menopause is beyond a joke. My perimenopause hit me hard. I had no idea what was happening as I stressed, sweated and fretted through two years of sheer misery. It was only a series of doctors' appointments that eventually brought me to a specialist and the realisation that I wasn't insane but perimenopausal.

> **It's finally becoming acceptable to name female body parts out loud without recourse to careful synonyms.**

Including all aspects of health

My experience inspired my current campaigning, with the priority being that all women and healthcare providers must be informed about menopause to be adequately supported during the transition.

I feel the same way about all aspects of women's health. In terms of fertility, I was fortunate to have both my children in my forties. Fertility in your forties can be a lottery. Again, we need to know our biology and options.

It saddens me that parts of our bodies and mandatory life transitions are still whispered about when the confidence to speak out can lead to support and diagnosis. I welcome all awareness-raising — and I am happy to say 'vulva' and 'vagina' in any environment necessary to achieve our goals.

WRITTEN BY
Mariella Frostrup
Journalist, Author, Broadcaster & Chair of Menopause Mandate

> **For most women, symptoms are the main issue.**

Changing attitudes and helping women deal with the menopause

A leading gynaecologist emphasises the importance of awareness and understanding in supporting women as they go through the menopause.

Dr Haitham Hamoda says that menopause affects women in different ways; some will experience severe symptoms and others may have them for longer than expected, while a quarter of women may not experience symptoms.

Menopause symptoms

Dr Hamoda, a consultant gynaecologist at King's College Hospital in London where he leads the menopause service, explains that the average age of the menopause — which marks the end of the reproductive life cycle — is 51, although many women experience problematic symptoms during the perimenopause (the phase leading up to the menopause).

Three-quarters of women will experience symptoms for an average of seven years, though a third can have symptoms beyond that. A typical age range for the menopause is 45–55, but it affects 5% of women aged 40–45 and 1% under 40, while a fifth are still having periods at 54.

Common symptoms are hot flushes and night sweats, while some women may also experience changes in sleep and mood; suffer anxiety, irritability and forgetfulness; lose sexual drive; and have vaginal dryness.

Lifestyle changes

Underlining the importance of women understanding what the menopause involves, he says: "For most women, symptoms are the main issue."

Advice on the menopause is about helping women understand the effects of the menopause and what their choices are in managing the symptoms."

Dr Hamoda, immediate past chairman of the British Menopause Society, says lifestyle and dietary changes such as cutting down on carbohydrates, sugar, caffeine and alcohol, watching weight and doing exercise can help with menopausal symptoms.

Cognitive behavioural therapy (CBT) is also known to be effective, though he suggests herbal remedies may not be as effective as HRT (hormone replacement therapy), which is "by far the most effective intervention in controlling symptoms."

Changing attitudes

Dr Hamoda says attitudes in society and industry are changing towards the menopause with raised awareness and workplace policies — but there is still a long way to go.

He would like to see a national baseline of consistent criteria for workplace menopause policies as companies often have different approaches. "Getting the right tone is important, but the key is that the menopause is recognised and women are supported," he says.

He acknowledges there is a variation in access to care and a need to improve menopause service provision and also stresses the importance of women seeking accurate advice from reputable medical sources and websites.

> **Three-quarters of women will experience symptoms for an average of seven years.**

INTERVIEW WITH
Haitham Hamoda
Medical Advisory Council, British Menopause Society

WRITTEN BY
Mark Nicholls

Why access to menopause care varies — and what can be done about it

Women face a big disparity regarding healthcare access, depending on their socio-economic background and ethnicity. That includes receiving treatment for menopause symptoms.

INTERVIEW WITH
Dr Nina Wilson
CEO, One Woman Health

INTERVIEW WITH
Tina Backhouse
General Manager, Theramex UK

WRITTEN BY
Tony Greenway

In 21st century UK, you would expect all women to have equal access to healthcare, whatever treatment they need — and wherever they live. Yet, women face a big disparity in this area, depending on their socio-economic backgrounds and ethnicities, says Tina Backhouse, General Manager of dedicated women's healthcare company, Theramex UK.

"Women's health issues are not being prioritised," she insists. "For example, we know that gynaecology has the largest waiting list of any NHS department. We also know that there simply aren't enough gynaecologists — and that menopause training is not mandatory for GPs. Proper training in this area is so important because GPs need to be able to understand when a woman is depressed and when she is experiencing symptoms of menopause."

Why women's healthcare is a postcode lottery

Access to menopause care varies. In some cases, women will be listened to sympathetically by their GP and treated appropriately. Others may feel as though their symptoms are being minimised and that their concerns are being dismissed. "Menopause symptoms can be extremely debilitating," explains Dr Nina Wilson, a GP who is CEO of menopause clinic, One Woman Health.

"They can disrupt your sleep, mood and memory — and they may make you anxious. You may also have to deal with symptoms that you find embarrassing, such as hot flushes and night sweats, which can lead to a loss of confidence. Thankfully, hormone replacement therapy (HRT) can be transformative."

However, accessing HRT can be something of a postcode lottery. "It's about class, frankly," says Backhouse. "Working-class women in more deprived areas are 30% less likely to be prescribed HRT for their menopause. Or, if it is prescribed, it's not the latest type — or they may be given antidepressants, which they might not need. It's also the case that women of colour and ethnic minorities do not have equality in terms of menopause care, or women's healthcare generally."

There have been attempts to address the problem. Last year, the Women and Equalities Committee, chaired by Conservative MP Caroline Nokes, published recommendations to promote equality of menopause care. "This included developing a national formulary to ensure that treatments are available to everyone," says Backhouse. "It also included mandatory training for GPs. Unfortunately, the Government rejected those recommendations."

> **Working-class women in more deprived areas are 30% less likely to be prescribed HRT for their menopause.**

Impacts of struggling women on society

Dr Wilson is mystified by that decision and says that when women face barriers to healthcare, the knock-on effects can be significant. "The numbers of women who are struggling with menopause are huge," she says.

"What's more, the consequences go beyond the individual to impact the family, the economy and female equality as a whole, particularly if women end up leaving the workforce early because of the symptoms they are experiencing."

Indeed, the Women and Equalities Committee reported that 'women experiencing at least one problematic menopausal symptom are 43% more likely to have left their jobs by the age of 55 than those experiencing no severe symptoms.'

Equal access to treatments will improve women's lives

On the positive side, the conversation around menopause and wider women's healthcare is changing. "It's becoming more open," says Dr Wilson. "In the past, menopause was stigmatised because it's associated with women getting older, which doesn't fit with society's cultural narrative. Now, there's more awareness among women about symptoms — and a growing recognition that we shouldn't have to put up with them."

Still, things have to change further, says Backhouse — and women must demand it. "We're not going to give in, and we're not going away," she stresses. "Thankfully, there are powerful women in parliament on all sides who are exercised about this. We are 51% of the population, and we must be given easy and equal access to healthcare treatments so that we can live our lives to the fullest."

Paid for by **Theramex**

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theramex.com/uk

Risk of ovarian cancer: how to check and what to do

The key signs and symptoms of ovarian cancer are persistent bloating, feeling full quickly, nausea, abdominal or pelvic pain, changes to bowel habits and needing to wee more frequently.

WRITTEN BY
Helen Hyndman
Ask Eve Nurse,
The Eve Appeal

March is Ovarian Cancer Awareness Month, and at The Eve Appeal, the UK's leading gynaecological cancer charity, we want to spread information that we think everyone should know about ovarian cancer.

Ovarian cancer diagnosis

Sadly, ovarian cancer is often diagnosed in the later stages when it is less treatable, as symptoms tend to appear once cancer has advanced or the symptoms are easily confused with other, less serious conditions like IBS.

If you notice anything not normal for you, see your GP. It is probably something less serious than cancer, but it is always worth getting checked, just in case.

Inherited risks for ovarian cancer

Some ovarian cancers are caused by an inherited risk factor. We all receive half of our genes from our father and half from our mother. Sometimes, there is a change (or alteration) in one of these genes that increases the risk of certain cancers developing.

If one of your parents has a gene alteration, there is a 50% chance that you will have it, and if you have one, there is a 50% chance that each of your biological children will.

Having one of these inherited risks doesn't mean you have or will get cancer, but it does mean you would have an increased risk of it developing compared to the general population.

> **Some ovarian cancers are caused by an inherited risk factor.**

Diagnosis or ruling out cancer

Around 10–20% of ovarian cancers are caused by an alteration on the BRCA 1 or BRCA 2 genes, and some are caused by Lynch Syndrome.

BRCA gene alterations increase the lifetime risk of breast, ovarian and prostate cancer, and Lynch Syndrome increases the risk of bowel, womb and ovarian cancer (and others but to a lesser extent).

Knowing your family history when it comes to cancer and the cancers which can be linked to genetic factors can help you determine whether you might be at an increased risk yourself and if you might be eligible for genetic testing.

If you have a strong family history of the cancers listed above, do speak to your GP about testing.

Finding out you are at an increased risk of certain cancers can be a lot to take in, but it does offer some opportunities to help reduce your risk of some of the cancers or detect them as early as possible — when they are most treatable.

i We have plenty of information on our website about ovarian cancer and inherited risks: **eveappeal.org.uk**

We also run a free and confidential nurse information service on **nurse@eveappeal.org.uk** or **0808 802 0019**

Paid for by **GSK**

Shifting gears: why we need to accelerate innovation in women's health

To improve global health, we must address the prevailing gender gap in medical research, health education and treatment.

WRITTEN BY
Jack Harris
Vice President, Oncology, UK and Women's Leadership Initiative (WLI) sponsor, GSK

NP-GB-AOU-OGM-230003
March 2023

You might wonder how a man is qualified to write an article about women's health. There are two key reasons why I wanted to step forward. Firstly, to achieve a truly equitable society, men must recognise the benefits and importance of women's equality and do what they can to promote it. Second, gynaecological cancers have affected people I love, and driving innovation in this area is a mission very close to my heart.

Women's health challenge

From the recently published (August 2022) Women's Health Strategy for England, we know that while women in the UK, on average, live longer than men, they spend a significantly greater proportion of their lives in ill health compared to men.[i] And even though women make up 51% of the population, historically, the health and care system has been designed by men for men.[i]

This year marks just 30 years since the US Food and Drug Administration (FDA) lifted its ban on women of childbearing potential participating in clinical research,[ii] and it was only last year that the UK Government launched its Women's Health Strategy to improve women's experiences at every stage of their interactions with the healthcare system.[i] Advances in women's health are astonishingly recent, and there's a lot of catching up to do.

Redressing the balance

At GSK, gynaecological cancers have been, and continue to be, a key research priority within our work.

Progress in gynaecological cancers had been limited and long overdue, but new innovations have given people hope and the opportunity to spend more time with their loved ones. Our commitment to women continues as we work hard to include breast cancer as a research focus in the future, in line with our ethos of aspiring to discover new treatments that have the potential to change outcomes in oncology treatment.

Beyond our medicines, we prioritise collaboration with patient advocacy organisations and have launched awareness campaigns and patient support materials to help women find their voice in the consultation room and take control of their health and treatment.

Hitting the accelerator

There is a lot more to do to achieve equity in women's cancers, but at GSK, we are focusing on doing what is right — not what is easy.

We're unafraid of investing in research that has the potential to help small populations with specific mutations, on the understanding that we will be helping them live longer, better lives. It is time to double down and turn the tide to ensure women's health is no longer an afterthought.

References

i. GOV.UK. http://bit.ly/3Z4Ac7e. March 2023.
ii. Office on Women's Health. http://bit.ly/42tLchx. March 2023.

Advertorial

Science-based supplement helps perimenopausal women get **better sleep**

Image provided by Lyma

Getting a good night's sleep is often an all too elusive prospect for perimenopausal women. But now, a ground-breaking supplement offers a possible solution.

For many women going through perimenopause and menopause, uncomfortable symptoms such as hot flushes and night sweats are often to blame when it comes to disrupted sleep. But fluctuating hormones are perhaps the biggest culprit of all and can negatively impact a number of things, including sleep.

Launched in 2018, the LYMA Supplement was designed to help people of all genders and ages but seems to have gained something of a following among perimenopausal women seeking to get a good night's sleep. In fact, the London-based company producing the supplement has found that the majority of its worldwide customers are women who have found it helped with their perimenopausal or menopausal symptoms.

Evidence-based supplement

Claiming to improve sleep, reduce stress, boost focus and immunity — and even promote better skin, hair and nail health — the LYMA Supplement's 10 evidence-based ingredients have all been rigorously tested, validated and engineered to increase antibodies, reduce inflammation, improve the number of cells in the brain's membrane to aid with focus and enhance the quality of sleep.

"So many people suffer unnecessarily. If you can't sleep, you're stressed, have low immunity, a lack of focus, if it's menopausal symptoms or you feel life is proving too much — that's where the supplement can help," says Lucy Goff, founder and CEO.

Maximising ingredients and dosage

After a near death episode following the birth of her daughter where she contracted septicaemia, Goff sought out help to return her body to optimal health. A chance meeting with Dr Paul Clayton, now LYMA's Director of Science and a world authority on preventative degenerative disease, would result in the creation of the supplement.

"We started from scratch with a blank piece of paper," she says. "We didn't look to benchmark it against existing products because the supplements industry is unregulated. Essentially, you can include any crushed herb and claim that it does whatever you want it to.

"We ensured that we were dosing correctly, meaning at the levels proven effective, unlike other companies who use minuscule doses that don't have any benefits for the consumer."

Pharmacologist Clayton says: "The supplement is unlike any other on the market because it only contains patented extracts that have been through rigorous testing and evidence-based nutrition.

"These extracts make stressors, pains, anxieties and life in general much easier to deal with, and that has a direct bearing on many of menopausal symptoms, both psychological and emotional."

> **So many people suffer unnecessarily.**

Positive feedback

Clayton has received first-hand thanks from women who have benefited from the supplement. "I was giving a lecture in Norway, and a woman in the audience stormed the podium and threw her arms around me saying I had saved her life," he says.

Goff concludes: "We like to think of ourselves as the Apple of wellness. Just like a new phone gets a software update each year, our product will evolve as science evolves; and as new ingredients come to the fore, we will update the formula."

INTERVIEW WITH
Lucy Goff
Founder, Lyma

INTERVIEW WITH
Dr Paul Clayton
Pharmacologist, Lyma

WRITTEN BY
Sheree Hanna

Scan the QR code to find out more

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LYMA

Why **young people** should check their chest regularly

No matter how you identify, what your ethnicity is or how old you are, breast cancer can affect everybody.

WRITTEN BY
Emma Forsyth
Health Information Manager, CoppaFeel!

Breast cancer doesn't discriminate. There is a misconception that younger people can't be affected; when in truth, around 2,300 women under the age of 39[1] and 400 men are diagnosed in the UK each year.[1]

Breast cancer awareness for everyone

CoppaFeel! wants to give everyone the best possible chance of surviving breast cancer. We are the very first (and only) charity in the UK whose purpose is to speak to young people about breast cancer. We exist to give all people the best chance of surviving breast cancer by ensuring early and correct diagnosis.

Our mission is to encourage, educate and empower by raising awareness of the signs and symptoms of breast cancer and equipping people with the tools and knowledge to seek advice should they notice a change in their body's normal look and feel.

What we mean by breast/chest awareness

We want people to be looking and feeling. Everyone's breast tissue is under their armpit and up to their collarbone, so it's important to check the whole area. Check roughly once a month. Have an awareness of breast cancer signs and symptoms while getting to know what is normal for your body.

You can literally check your chest anywhere:

- In the shower
- Through a T-shirt, while watching TV
- Laying down, just before bed
- Putting on moisturiser or before your tanning routine
- In front of the mirror to help when looking for changes

What if you find something unusual in your chest?

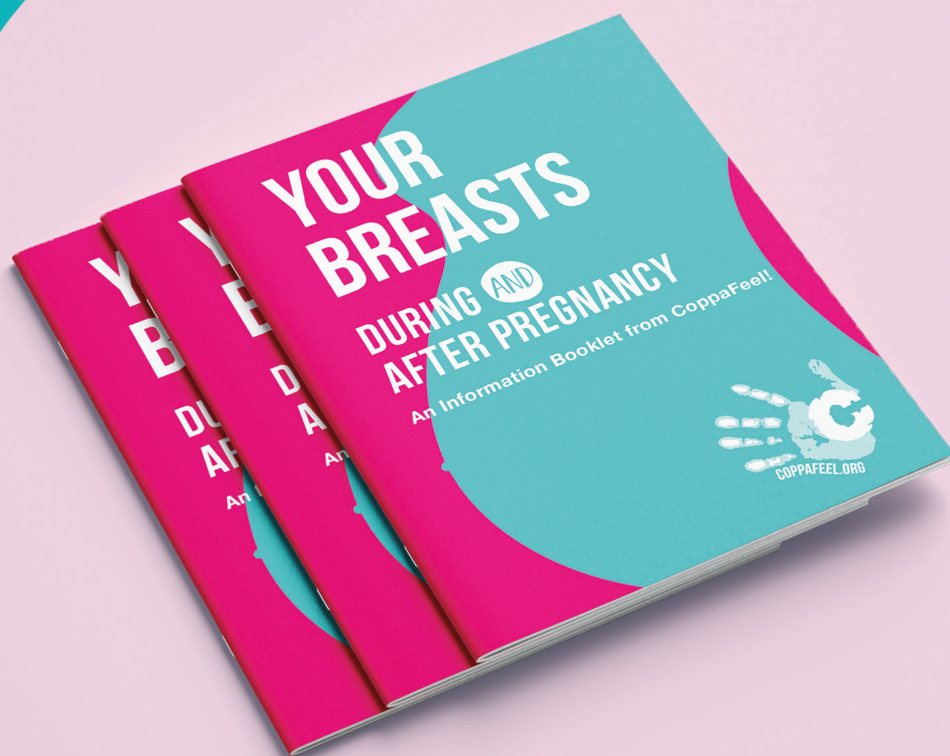
If you notice any changes, get in contact with your GP, and book an appointment to discuss your concerns. There are resources available to help equip you with the knowledge and confidence to be prepared when going to the doctor, should you need to.

Remember, getting to know your body could save your life! The earlier breast cancer is diagnosed, the better the chances of survival — which is exactly what we want to achieve.

References
1. Statistics from Cancer Research UK and Breast Cancer Now

CoppaFeel!'s Self Checkout tool is the perfect place to go, as it will take you through the whole checking process interactively and clearly.

To support CoppaFeel! and join us in our mission to get everyone to know their boobs, pecs and chests, visit **coppafeel.org.**



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TO HELP YOU BETTER UNDERSTAND YOUR BREASTS DURING AND AFTER PREGNANCY, AND FEEL MORE CONFIDENT ABOUT CHECKING THEM.

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HOLOGIC®

Women's health in the UK is in decline — how do we help them?

The state of women's health in the UK has dominated discussions recently, depicting the plight that many women face in accessing care and receiving attention to pressing health concerns.

WRITTEN BY
Dr Nighat Arif
NHS/Private GP with a specialist interest in Women's Health, Family Planning and Menopause Care

Women's health in the UK is in decline, while at the same time, health inequalities are widening. This is the conclusion from a recent panel event I joined, appropriately entitled 'Putting women at the centre of healthcare design and delivery.'

Declining health

The panel discussion, backed by striking data from the Hologic Global Women's Health Index, revealed that the overall score in the UK for women's health had dropped three points from the previous year. While this indicates a bleak picture for the UK — this data provides a unique opportunity to start looking more closely at the areas of women's health where improvements need to be prioritised.

As a GP, I see acutely the needs and the barriers that women face in accessing routine care and even life-saving preventative health measures, such as cervical and breast cancer screenings, that can cause unnecessary delays to diagnosis and treatment.

Tackling inequalities

Often, it's women from Black and Asian communities who can face the biggest issues in accessing care. It was therefore not surprising to learn that women from ethnic minorities reported lower attendance for essential health screenings such as sexual health or cancer screening compared with White women.

Finding solutions

Women's health is complex. The solutions to drive improvements in women's health need not be complex. There is so much that can be done.

Investment in public health campaigns to empower women with information and to seek help; making access to preventative services, such as diagnostics and screening, a public health priority; considering the specific health system barriers and challenges; and paying particular attention to the links of social marginalisation are all critical to improving women's health.

Enhancing coordination

The Women's Health Strategy last year was a pivotal moment to put women's health in the spotlight. Now, we must ensure there is sufficient capacity and resources in place to improve women's health.

This is a unique opportunity to do better and see the UK start to climb the Global Women's Health Index by enhancing communication and coordination between the medical field, patients and the Government to promote active preventative care and emotional wellbeing for women — and finally, inspire change.

Find out more at **hologic.womenshealthindex.com/en**

Why the underrepresentation of women is an injustice to healthcare

Where do we stand today — in a world systemically designed for men — as we reach the 'milestone' of 30 years of women included in clinical trials?

WRITTEN BY
Amy Beck
Conference Producer, Women's Health Innovation Series

Historically, women have been excluded from research and clinical trials for a variety of reasons, most notably, the treatment of the male body as the 'norm.' It was only in 1993 that the inclusion of women in clinical trials became part of federal law in the United States.

Chronic underrepresentation of women

Thirty years later, the representation gap persists, especially for minority groups. In 2022, women only represented one-third of participants in early-phase clinical trials. Innovation and digital capabilities have progressed drastically; but out of the wealth of data that exists, only a minimal proportion of this includes — or is relevant to — women.

This means we don't understand women's bodies and are not equipped with the data necessary to create appropriate solutions to many women's health diseases or conditions.

Take endometriosis, for example — the second most common gynaecological condition, affecting 1 in 10 women in the UK, and there is still no cure. On average, it takes seven and a half years for a correct diagnosis. This astounding statistic proves the lack of education, research and clinical data on this chronic condition leaving women feeling unheard and unseen.

"This gender-based discrimination represents a development cost for women as well as for countries and economies," says Alia El-Yassir, Regional Director, UN Women Europe and Central Asia.

The rise of innovators in women's health

The rise of innovation and advocacy in women's health (particularly the explosion of 'Femtech') provides reassuring steps towards a better understanding of women's bodies, as it propels this imbalance to the forefront of research for academic institutions, startups, and pharmaceutical corporations.

From personalised care and at-home options to AI-enabled IVF solutions and menopause work benefits, women's health is gaining traction worldwide, with an estimated global worth of approximately £48 billion by 2030. This explosion of innovative solutions, voices and data present the opportunity to reduce the gender gap and advance health equity.

WRITTEN BY
Rebecca Baldwin
Portfolio Director, Women's Health Innovation Series

This gender-based discrimination represents a development cost for women as well as for countries and economies.

Eliminating the underrepresentation of women

There is no simple formula to achieving gender equality, but the sooner we can provide sufficient data disaggregated by sex and accurate representation, the closer we will be to balancing the scales.

To accelerate change over the next 30 years, women of all backgrounds must not only be included in clinical trials but in boardrooms and leadership positions across the healthcare ecosystem.

How research is saving lives from **cervical cancer**

Research conducted over the past three decades into human papillomavirus (HPV) has helped develop a vaccine to protect millions of women against cervical cancer.

Following the implementation of the HPV vaccine in 2008, cervical cancer cases have dramatically reduced in young women who were offered the vaccine.

Cancer Research UK have been behind the research and say they have the potential to reduce cases to the point where almost no one develops it — a pivotal moment in time.

Link between HPV and cervical cancer

There are around 13 'high-risk' types of HPV that can cause cancer. People infected over a long period with 'high-risk' HPV types are more likely to go on to develop cancer.

In the 1990s, Cancer Research UK scientists proved the link between HPV and cervical cancer. This important discovery ultimately led to the development of cervical screening and vaccines.

HPV screening in the UK

In 1988, the UK Government decided to make the cervical screening test a national screening programme, something that Cancer Research UK scientists played a big role in. This cytology test involves looking at cervical cells in the sample and aims to detect any unusual changes. But, sometimes, abnormal cells can go back to normal on their own accord and don't need treatment.

Scientists discovered that they could test some abnormal cervical samples for HPV, and this was more accurate at discovering people at a higher risk of cervical cancer than traditional cytology testing. In 2019, a study supported by the charity revealed that a switch to testing for HPV, known as primary HPV testing, would be more effective at picking up cell changes that could lead to cancer. This led to the switch being rolled out in Wales, England and Scotland. Northern Ireland has not moved to primary HPV testing yet, but the charity hopes that they will soon.

Since then, research including a study carried out by Cancer Research UK-funded researchers at King's College London has shown that the time interval between cervical screens can be safely extended from three to five years for those who test negative for HPV. The UK National Screening Committee recommended the new intervals which have been implemented by Scotland and Wales. England has not yet announced any changes to intervals.

HPV vaccine and advances in cervical cancer research

In 2008, the UK implemented a HPV vaccine programme for teenage girls. The vaccine protects against the main cancer-causing strains of the virus. Protecting people against the infection helps to prevent abnormal changes in cervical cells, in turn leading to fewer cases of cervical cancer. Today, all children aged 12–13 are offered the vaccine.

> **Protecting people against the infection helps to prevent abnormal changes in cervical cells, in turn leading to fewer cases of cervical cancer.**

In 2021, the first study of its kind, a study supported by the charity, found that the UK HPV vaccine programme works and will save lives. The vaccine was shown to dramatically reduce cervical cancer rates by almost 90% in women in their 20s who were offered it at ages 12–13. The study indicates the potential for HPV vaccination, in combination with cervical screening, to reduce cervical screening to the point where almost no one develops it.

There is ongoing research into self-sampling for cervical screening. Scientists hope that the self-sampling option, in the future, will improve uptake of cervical screening by reducing barriers to attending screening appointments and prevent more cases of cervical cancer.

i Cancer Research UK is currently funding various projects into cervical cancer including the SHAPE trial led by Professor John Tidy at UCL and the INTERLACE trial led by Dr May McCormack at UCL.

Find out more about cervical cancer, including screening and Cancer Research UK research at **cruk.org/cancer**

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Cancer Research UK

Cervical cancer is highly preventable: **what you can do**

Among females in the UK, cervical cancer is the 14th most common cancer, with approximately 3,300 new cases each year (2017–2019). However, 99.8% of cases are preventable.

Nicola was diagnosed with cervical cancer in 2019 following routine cervical screening. Virtually all cases of cervical cancer are caused by HPV infection.

"I expected the all-clear from my cervical screening, but I got a letter saying I had HPV and some abnormal cells. A month after a colposcopy and biopsy, I was told I had cancer," says Nicola, who is married with two sons. "I couldn't believe it; my first thought was: 'I have a six-month-old baby; I can't die!'

"All the blood rushed to my head, and I couldn't take in what was being said, including the doctor saying the cancer was stage 1 and treatable."

Nicola underwent a hysterectomy — a surgical procedure removing the uterus and cervix — to remove the cancer and went on to make a good recovery.

Cervical screening

People with a cervix aged 25 to 64 are invited to attend routine cervical screening if they are registered with a GP surgery. Cervical screening checks for HPV and abnormal cells. It is recommended that people attend every three to five years.

It is not a test for cancer but a test to help prevent it. Nicola urges people to consider attending their screening, which can be done at their GP surgery.

"I am passionate about raising awareness of the importance of cervical screening. Although I thought I didn't have any symptoms, I now realise I did. I had some pain and bleeding between periods, but I put it down to being a new mum. I think it is so important for women to know that cervical cancer — if caught at an early stage — can be successfully treated," she concludes.

Cervical screening is for people without symptoms and aims to prevent cervical cancer by identifying people who are at a higher risk. If you notice anything unusual for you, speak to your doctor — don't wait for your cervical screening appointment.

INTERVIEW WITH
Nicola Ulliott
Cervical Cancer Survivor and Cancer Research UK supporter

WRITTEN BY
Angelica Hackett O'Toole