

2026 ANNUAL MEETING



Poster 67: Improving Treatment-Induced Menopause Counseling, Understanding, and Management among Gynecologic Oncology Patients: A Single Institution's Experience

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Topic

Quality of Life/Palliative Care

Objectives

Treatment or prevention of gynecologic cancers often induces menopause in a significant proportion of pre-or peri-menopausal patients, thus affecting their quality of life. We sought to create a quality-improvement (QI) initiative to improve treatment-induced menopause standardized counseling, understanding and management among gynecologic patients at our academic institution.

Methods

We first conducted surveys among gynecologic oncology providers to identify existing patterns of treatment-induced menopause counseling and barriers to care. Based on survey feedback, we created a standardized counseling smartphrase to encourage structured and comprehensive menopause counseling among providers. Patients targeted by our quality-improvement initiative were younger than 51 yrs of age, pre-or peri-menopausal, undergoing surgery for gynecologic cancer diagnosis or risk reduction with planned bilateral salpingo-oophorectomy. Additionally, we designed patient-education materials on treatment-induced menopause in the After Visit Summaries (AVS) within 12 weeks of surgically induced menopause. Since the introduction of the QI initiative in Oct 2025, we conducted monthly reviews of the charts of eligible patients from Nov 2025 to Feb 2026.

Results

Over 60% of gynecologic oncology providers at our practice agreed during the initial survey that patients could use more counseling on treatment-induced menopause. Providers identified improving clinic workflow, team member communication and provider education as the top areas for improvement. Our chart review showed that the percentage of eligible patients who received standardized counseling and patient education materials in AVS increased steadily from below 10% in Nov 2025, to over 40% in Feb 2026. Additionally, chart review showed that documentation by providers of any form of menopause counseling (outside of standardized materials) rose from 60% in Nov 2025 to 100% in eligible patients in Feb 2026. During a follow-up survey, providers expressed increased comfort in counseling and management of treatment-induced menopause in gynecologic oncology patients since the QI initiative.

Conclusions

Our QI initiative in a single academic institution significantly increased standardized comprehensive counseling on treatment-induced menopause in eligible gynecologic cancer patients.

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