

AUSTRALASIAN MENOPAUSE SOCIETY
Supporting Midlife Women

The 28th Australasian Menopause Society Annual Congress

BRIDGING THE GAP

From Theory to Practice in Menopause Care

11-13 September 2026 | Sofitel Sydney Wentworth

www.amscongress.com.au

Welcome to Congress 2026



On behalf of the Australasian Menopause Society, it is my great pleasure to welcome you to the 28th Australasian Menopause Society Congress in beautiful Sydney.

This year's theme, *Bridging the Gap: From Theory to Practice in Menopause Care*, reflects the Society's commitment to translating the latest evidence into practical approaches that improve the health and wellbeing of women across Australia and New Zealand.

Menopause and midlife women's health continue to be firmly in the spotlight. As more women seek trusted information to support informed decisions about their health, demand for high-quality menopause education and clinical guidance continues to grow. This Congress provides an important opportunity to share knowledge, explore emerging evidence and strengthen our collective ability to deliver the highest standard of care.

We are delighted to welcome two international keynote speakers, Dr Jennifer Gunter and Professor Nanette Santoro, who will share their expertise and global perspectives on menopause and women's health. They will be joined by Australia's leading clinicians, researchers and educators, presenting on a broad range of topics including the latest scientific advances, hormone therapy, non-hormonal management, healthy ageing and the future of menopause care.

Across three days, delegates will engage with a scientific program designed to translate research into clinical practice through practical insights, robust discussion and education that can be applied in everyday healthcare settings.

Whether you are joining us in Sydney or online, I encourage you to connect and collaborate with colleagues who share your passion for improving the health of midlife women. The AMS Congress is much more than a scientific meeting. It is a community of like-minded healthcare professionals from across Australia and New Zealand who share a commitment to advancing menopause care. I hope you will build new connections, strengthen existing relationships and enjoy the opportunity to learn from one another.

Finally, I would like to extend my sincere thanks to the many people whose dedication has made this Congress possible. In particular, I thank the Scientific Organising Committee, chaired by Dr Terri Foran, for developing what promises to be an outstanding program.

I also thank the Local Organising Committee, led by Dr Lina Safro, for creating a memorable social program, and I look forward to seeing many of you at the Congress events.

I look forward to connecting with you throughout the Congress as we learn from one another, strengthen our professional community, and continue working together to improve the health and wellbeing of women across Australasia and beyond.

Dr Christina Jang
AMS President

Welcome from the Scientific Organising Committee



I feel privileged to have had the opportunity to help organise the 28th Congress of the Australasian Menopause Society in Sydney. The title of this congress is “Bridging the Gap: From Theory to Practice in Menopause Care” and that of course is the ongoing challenge for clinicians working in this burgeoning area of healthcare.

The spotlight on menopause in the last few years has been driven by many factors including demographic changes, women’s rights advocacy, the high volume of research in this space and, importantly, by information explosion on social media. With so much information, misinformation and disinformation at our keyboard fingertips, the modern clinician must not only evaluate the available evidence but effectively translate that knowledge in order to deliver a high standard of healthcare in day-to-day practice.

We are honoured to have two international speakers present at this congress - Dr Jennifer Gunter and Dr Nanette Santoro, both of whom have made it their professional mission to counter the misinformation so commonly peddled in the “menosphere”. We look forward to hearing their stories, insights and perspectives. Special thanks are due to Dr Terri Foran who produced the exciting Congress program in her role as Chair, Scientific Program Committee.

We will also be hearing from many local experts. Even a brief perusal of the program will indicate the great breadth of topics covered - menopause and misogyny, incorporating IMS guidelines into clinical practice in Australia, perimenopause, the latest on MHT on breast cancer, libido, and obstetric history as a signpost for menopause health… all of that just on the first day!

I’m pleased to report that we have had a record number of free communications and posters submitted this year on a wide range of clinical topics from both early career researchers and practising clinicians. We strongly encourage everyone to attend and support these presentations. And of course there's “Sonia’s Snippets”, the much-loved AMS Congress tradition – Dr Sonia Davison will, no doubt, both inform and entertain us with her wrap-up of all things new in menopause at the close of the congress.

On the entertainment side, networking drinks at the end of the first day provide a relaxed opportunity to meet new colleagues and to catch up with old friends. The Congress dinner will be held the following day at Doltone House, Jones Bay Wharf, with its amazing views of the harbour and a laid-back glamour of Emerald City.

On behalf of the AMS and Congress organising committee, I hope that you find many things in this program to benefit your own practice, and that meeting or reconnecting with peers in our beautiful city of Sydney makes lasting memories for all.

Dr Lina Safro
Chair of the Educational Subcommittee

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AMS Membership

The Australasian Menopause Society brings together doctors, nurses and other allied health professionals who are keen to participate in communication and scientific discussions around the advancement of knowledge about the menopause.

If your work focuses on menopause and issues related to women's mid-life health, it's now more important than ever for you to become a Member of the AMS. Through AMS, you will be able to access information and resources which will inspire and guide improvements for your practice.

Members receive a monthly *'eChanges'* newsletter with clinical and AMS news updates as well as news on women's midlife health from around the world.

BENEFITS OF MEMBERSHIP

There are four main reasons to join AMS:

- Increase your confidence in menopause management by having access to up to date evidence-based information and resources;
- Gain CPD points by participating in education on the AMS eLearning website;
- Get discounts to Congress and other AMS education events;
- Advertise your practice on the Find an AMS Doctor website

To apply for AMS Membership please visit the AMS stand in the Exhibition area to complete an application form or alternatively apply online at www.menopause.org.au.

Scientific Program

The 28th Australasian Menopause Society Annual Congress

BRIDGING THE GAP

From Theory to Practice in Menopause Care

11-13 September 2026 | Sofitel Sydney Wentworth

www.amscongress.com.au

Pre-Congress Menopause Essentials Update Program

Friday, 11 September 2026

07:30 – 12:00	Pre-Congress Menopause Essentials Registration | Level 3 Foyer
08:30 – 12:00	Pre-Congress Menopause Essentials Update
Room	Wentworth Ballroom
Chairs	Dr Elina Safro and Dr Megan Ogilvie
08:30 – 09:15	*Decision making in a menopause consultation* **Dr Jane Elliott**
09:15 – 10:00	*MHT options* **Dr Sonia Davison**
10:00 – 10:30	Morning Tea | Level 3 Foyer and Brisbane Room *Besins Exclusive Exhibition*
10:30 – 11:15	*Non-MHT options* **Dr Terri Foran**
11:15 – 12:00	*Complex cases* **Prof Rodney Baber**
12:00	**Close**
12:00 – 13:00	Lunch | Level 3 Foyer and Brisbane Room *Besins Exclusive Exhibition*

Congress Program

Friday, 11 September 2026

07:30 – 12:00	Pre-Congress Menopause Essentials Update Registration | Level 3 Foyer
08:30 – 12:00	Pre-Congress Menopause Essentials Update (MEU)
Room	Wentworth Ballroom
12:00 – 13:00	Lunch | Level 3 Foyer and Brisbane Room *Besins Exclusive Exhibition*
12:00 – 17:30	Registration | Level 3 Foyer
13:15 – 14:25	**Congress Opening and Plenary 1 – Alice MacLennan Plenary**
Room	Wentworth Ballroom
Chairs	Dr Christina Jang and Dr Elina Safro
13:15 – 13:25	*Welcome to the Congress* **Dr Christina Jang** *Welcome to Country* **Yvonne Weldon**
13:25 – 14:00	*Midlife Women's Health in 2026 – is it having a moment or do we detect an underlying Misogyny?* **Dr Jennifer Gunter**
14:00 – 14:25	*Incorporating the New International Menopause Society Guidelines into your own clinical practice.* **Prof Rodney Baber**
14:25 – 14:55	Afternoon Tea, Exhibition & Posters | Level 3 Foyer and Brisbane Room *Catering Overflow | Tilda Restaurant and Bar, Level 2*
14:55 – 16:50	**Plenary 2**
Room	Wentworth Ballroom
Chairs	Dr Jane Elliott and Dr Megan Ogilvie
14:55 – 15:30	*New insights into Perimenopause* **Prof Nanette Santoro**
15:30 – 16:00	*Breast Cancer and MHT – past, present and evolving evidence* **Prof John Eden**
16:00 – 16:25	*Can a lost mid-life libido ever be found again?* **Ms Anisa Varasteh**
16:25 – 16:50	*Pregnancy – an important signpost for midlife and menopause?* **Prof Amanda Henry**
16:50 – 17:00	*Local Organising Committee Address* **Dr Terri Foran**
17:00 – 18:30	**Welcome Reception | Level 3 Foyer**

Congress Program

Saturday, 12 September 2026

07:15 – 08:15	**Bayer Commercial Breakfast Symposia | Adelaide Room, Level 4** **Introducing LYNKUET (elinzanetant): A new paradigm for the treatment of hot flushes and night sweats** *(bookings required)* Session Chair: Dr Sonia Davison Panel: **Dr James Brown** and **Dr Sneha Wadhwani**
08:00 – 16:00	Registration | Level 3 Foyer
08:30 – 10:30	Plenary 3
Room	Wentworth Ballroom
Chairs	Dr Marita Long and Dr Amie Hanlon
08:30 – 08:55	*Everything you need to know about bones – except the boring bits!* **Dr Amanda Beech**
08:55 – 09:20	*DEBATE: Testosterone – the essential third pillar of menopause management* Affirmative – **Dr Terri Foran and Dr Jane Elliott** Negative – **Dr Bronwyn Stuckey and Dr Jessica Floreani**
09:20 – 10:00	*Menopause from a Psychiatric Perspective – a case-based approach* **Prof John Eden and Dr Anne-Marie Rees**
10:00 – 10:30	*Beyond Hormones – The importance of Lifestyle in menopause management* *Where does the current literature get it right – and wrong…* **Prof Robin Daly**
10:30 – 11:00	Morning Tea, Exhibition & Posters | Level 3 Foyer and Brisbane Room *Catering Overflow | Tilda Restaurant and Bar, Level 2*
11:00 – 12:30	**Plenary 4**
Room	Wentworth Ballroom
Chairs	Dr Ashley Makepeace and Dr Jane Elliott
11:00 – 11:30	*Vulvovaginal symptoms in midlife and beyond – not always genitourinary syndrome of menopause* **A/Prof Tania Day**
11:30 – 12:00	*Autoimmune disease and menopause – where do they intersect?* **Dr Natasha Ung**
12:00 – 12:30	*Cardiovascular disease, menopause and MHT – what every non-cardiologist needs to know…..* **Prof Rodney Baber**
12:30 – 13:30	Lunch, Exhibition & Posters | Level 3 Foyer and Brisbane Room *Catering Overflow | Tilda Restaurant and Bar, Level 2*

Congress Program

Saturday, 12 September 2026

13:30 – 15:30	**Concurrent Session 1** Melbourne Room	**Concurrent Session 2** Sydney and Perth Room
Chairs	Dr Elina Safro and Dr Jessica Floreani	Dr Marita Long and Dr Ashley Makepeace
13:30 – 14:00	*Bridging the Ditch – an MHT Show and Tell (including options we don't have)* Dr Sonia Davison and Dr Megan Ogilvie	*Why now? The social and economic trends behind this moment in menopause* Dr James Brown
	Oral Presentations	
14:00 – 14:15	*Testosterone to increase exercise capacity in women with early heart failure: a randomised controlled crossover trial.* Dr Julia Grant	*Complementary therapies for menopausal symptoms: an evidence-based review to inform international guidelines* Dr Alison Maunder
14:15 – 14:30	*Medically induced menopause: lived experiences, care pathways and unmet needs in an inherited cancers cohort* Ms Robyn Smith	*Menopause management: integrating women's health physiotherapy into multidisciplinary care* Ms Sarah Christ
	Rapid Fire Presentations	
14:30 – 14:37	*Optimizing brain health during the menopause transition* A/Prof Julia Lappin	*HIGHLIGHT 1 trial: fezolinetant treatment for hot flushes in breast cancer patients on endocrine therapy* Dr Alana Philips
14:37 – 14:44	*"Unseen and unheard": A qualitative study on cognitive, affective and occupational impacts of menopause.* Ms Lauren Dewsbury	*Improving Menopause Support for Younger Breast and Gynaecological Cancer Patients: Patient and Healthcare Professional Perspectives* Mrs Emma Minchin
14:44 – 14:51	*Thrive in Menopause: Evaluating a Virtual Physiotherapy-Led Exercise Program* Mrs Swati Agrawal	*Exploring experience of menopause for staff in a regional public hospital and community health centres.* Mrs Helen Edwards
14:51 – 14:58	*A real-world study describing sleep outcomes among women using fezolinetant in Australia (ADELE-AU): preliminary analysis* Dr Natassia Rodrigo	*Breaking barriers in oral healthcare during perimenopause/menopause: Perspectives of women and healthcare providers in Australia* Ms Namitha Thomas
14:58 – 15:05	*Oophorectomy at Hysterectomy and Risk of Osteoporosis and Fracture: A Population-Based Cohort Study* Dr Md Shariful Islam	*Menopause for women living with a serious mental illness* A/Prof Tania Perich
15:05 – 15:12	*Seeing through the fog: Navigating the health (mis)information environment in midlife* Dr Sarah White	*Exploring Alzheimer's Risk in Women: Impact of the Menopause Transition* Ms Lina Ye
15:12 – 15:19	*Generational differences in socioeconomic gradients in menopausal hormone therapy use in Australia* Mrs Laura Brooks	*Implementing a pharmacist-enabled menopause support model in community pharmacy: early outcomes* Mrs Jessica Burrows on behalf of Mrs Melissa Gannon
15:19 – 15:26	*Impact of Musculoskeletal Symptoms on Quality of Life in Women Attending a Multidisciplinary Menopause Clinic* Dr Natasha Ung	
15:30 – 16:00	Afternoon Tea, Exhibition & Posters | Level 3 Foyer and Brisbane Room *Catering Overflow | Tilda Restaurant and Bar, Level 2*	
15:55 – 17:00	**AMS AGM** | Sydney and Perth Room	
18:30 – 22:30	**Congress Dinner | Doltone House, Jones Bay Wharf** *(Ticketed Function)* *Return bus transport provided from the Sofitel Wentworth*	

Congress Program

Sunday, 13 September 2026

07:15 – 08:15	**Arrotex Commercial Breakfast Symposia | Adelaide Room, Level 4** *Treatment of Vulval Lichen Sclerosus and Lichen Planus (bookings required)* **Dr Tevi Wain** Dermatologist, Delta Dermatology & Royal Prince Alfred Hospital
08:00 – 13:00	Registration | Level 3 Foyer
08:30 – 10:20	**Plenary 5 – Other Dimensions in Menopause Management**
Room	Wentworth Ballroom
Chairs	Dr Christina Jang and Dr Amie Hanlon
08:30 – 09:20	*Panel – Using and Misusing Evidence – How do we spot menopausal misinformation?* **Dr Jennifer Gunter and Prof Nanette Santoro**
09:20 – 09:55	*Midlife and menopausal bleeding – when should we worry and what investigations are needed?* **A/Prof Talat Uppal**
09:55 – 10:20	*Managing Urinary Symptoms at Midlife and Menopause* **Dr Zhuoran Chen**
10:20 – 10:50	Morning Tea, Exhibition and Posters | Level 3 Foyer and Brisbane Room *Catering Overflow | Tilda Restaurant and Bar, Level 2*
10:50 – 13:00	**Plenary 6**
Room	Wentworth Ballroom
Chairs	Dr Sylvia Rosevear and Dr James Brown
10:50 – 11:40	*Is the menopause experience different across cultures?* **Adj Prof Odette Best, Dr Jo Lambert, A/Prof Talat Uppal, Ms Anisa Varasteh**
11:40 – 12:10	*Menopausal Symptoms in Transgender Patients* **Prof Ada Cheung**
12:10 – 12:35	*Sonia's Snippets* **Dr Sonia Davison**
12:35 – 13:00	**Congress Close**

Social Functions

WELCOME RECEPTION

The Welcome Reception marks the opening social event of the Congress and offers a wonderful opportunity to reconnect with colleagues, as well as meet our valued sponsors and exhibitors.

Friday, 11 September 2026
17:00 – 18:30
Smart Casual
Sofitel Sydney Wentworth

CONGRESS DINNER

The Congress Dinner is your chance to dress up and enjoy an elegant evening with colleagues, new friends, sponsors and exhibitors in a vibrant harbourfront setting.

Saturday, 12 September 2026
18:30 – 22:30
Smart Casual
Doltone House – The Loft, Jones Bay Wharf
Buses departing the Sofitel at 18:00

PLENARY PRESENTATION | Friday, 11 September

Plenary 1: Alice MacLennan Plenary

Midlife Women's Health in 2026 – is it having a moment or do we detect an underlying Misogyny?

Dr Jennifer Gunter
Obstetrician Gynaecologist; Science Communicator; Author



BIOGRAPHY

Dr. Jennifer Gunter is a Canadian-American OB/GYN with subspecialty training in infectious diseases in obstetrics and gynecology. She is an internationally recognized expert in menopause and vulvar and vaginal health, with extensive clinical experience in complex pain conditions affecting women.

Dr. Gunter is a leading science communicator and the author of four books, translating evidence-based medicine for both professional and public audiences. Her work focuses on improving care through rigorous evaluation of medical evidence, particularly in areas that have been historically underfunded or misunderstood.

PLENARY PRESENTATION | Friday, 11 September

Plenary 1: Alice MacLennan Plenary

Incorporating the New International Menopause Society Guidelines into your own clinical practice.

Professor Rodney Baber
Obstetrician Gynaecologist; Science Communicator; Author



BIOGRAPHY

Rodney Baber is Clinical Professor of Obstetrics and Gynaecology at The University of Sydney.

He is a Past President of The International Menopause Society and The Australasian Menopause Society and former Editor in Chief of Climacteric, the journal of The International Menopause Society. His awards include membership of The Order of Australia for services to Obstetrics and Gynaecology in clinical medicine and research, The IMS Lifetime Achievement Award and The RANZCOG Distinguished Service medal.

ABSTRACT

The new IMS Guidelines, published in Climacteric in 2026 are based on a systematic review of the literature since the previous 2016 guideline and on a source document available on the IMS website. There are 20 key statements around management of midlife women's health and menopause. The majority of these contain similar messages to those found in other national and international advisories. Key statements will be identified and application to clinical practice will be discussed.

PLENARY PRESENTATION | Friday, 11 September

Plenary 2

New insights into Perimenopause

Professor Nanette Santoro
Professor and E. Stewart Taylor Chair,
Department of Obstetrics & Gynecology,
University of Colorado School of Medicine



BIOGRAPHY

Dr. Nanette Santoro is the E Stewart Taylor Chair of Obstetrics & Gynecology at the University of Colorado School of Medicine, where she has served for 15 years. She has been continuously funded by the NIH since 1989 for research in female reproduction. Her work has covered the processes of the pubertal and menopausal transition, as well as clinical trials in reproduction and menopause.

She has headed studies of women with premature and age-appropriate menopause such as the Women's Health Initiative and the Kronos Early Estrogen Prevention Study (KEEPS), and the Study of Women's Health Across the Nation (SWAN). She has held numerous leadership positions in local and national organizations.

Dr. Santoro was elected to the National Academy of Medicine in 2018. She is Past President of the Society for Reproductive Investigation and President Elect of the Endocrine Society (2026-2027).

ABSTRACT

As ovarian reserve dwindles, a characteristic series of endocrine events occur. Reduced ovarian follicles result in decreased inhibin restraint, a rise in FSH, shorter follicular phases, and initially normal luteal phases with occasional 'LOOP' (luteal-out-of-phase) cycles. As ovarian reserve declines further, responsive follicles are only intermittently available, and periods of relatively low estrogen are followed by estrogen surges. The pace at which ovarian reserve is lost appears to follow two distinct trajectories and is associated with some phenotypic features.

As the transition progresses, and amenorrhea becomes prolonged, a series of physiologic changes are also known to occur and these changes interact with additional, somewhat abrupt cardiometabolic manifestations of chronological aging. Teasing apart symptoms in perimenopausal women therefore requires an ability to correctly attribute symptoms to hormones and to address the overall health of the patient.

PLENARY PRESENTATION | Friday, 11 September

Plenary 2

Breast Cancer and MHT – past, present and evolving evidence

Professor John Eden
Reproductive Endocrinologist and Gynaecologist



BIOGRAPHY

Dr John Eden (MB BS MD RCOG RANZCOG CREI) is a reproductive endocrinologist and gynaecologist. He is a Conjoint Professor in the Department of Women and Children's Health, Royal Hospital for Women (UNSW). He is a VMO at the Royal Hospital for Women, Sydney, where he is Head of the Menopause Unit. He is a member of the Breast Cancer MDT at Prince of Wales Hospital Randwick. John is on the executive committee and co-chair of the NSW Health (ACI) Menopause Hub project.

His research and clinical interests include managing menopause after breast cancer, early menopause, hormones and mood disorders, PMDD and hormonal migraine.

ABSTRACT

In the fifties and 60s, unopposed oestrogen was the norm, which resulted in an epidemic of endometrial cancer. Progestins were added to oestrogen in the seventies and onwards to protect the endometrium. In the 1990s, data started to suggest that combined MHT regimens containing progestins, may slightly increase breast cancer risk (and decrease bowel cancer risk). Then, on 10 July 2002, the breast cancer data from Women's Health Initiative (WHI) was released in quite a brutal way to the world media. Since then, many women believe that MHT causes breast cancer.

Over the last 30 years, research has suggested that most breast cancers are initiated in ER-PR- breast stem cells. Exogenous hormones such as hormonal contraception and MHT seem to have little role in this initiation process but may have a role as a minor promotor of an existing ER+ breast cancer. Interestingly, women on MHT who are diagnosed with breast cancer have improved survival, likely due to increased surveillance and mild promotion of small ER+ cancers that have an excellent prognosis.

PLENARY PRESENTATION | Friday, 11 September

Plenary 2

Can a lost mid-life libido ever be found again?

Anisa Varasteh
Clinical Sexologist; Immediate Past President of the Society of Australian Sexologists



BIOGRAPHY

Anisa Varasteh is a clinical sexologist, and the immediate past President of the Society of Australian Sexologists. She is a published author and a semi-finalist in the 7NEWS Community Achievement Awards (2024 & 2025) for her contribution to advancing sexual and relational wellbeing in Australia.

Anisa has delivered professional training and consultancy across Australia and internationally to government departments, legal institutions, universities, and clinical teams, supporting practitioners to engage relational and sexual presentations with nuance, ethical clarity, and confidence.

ABSTRACT

Menopause is often framed through a biomedical lens, with low libido and sexual changes understood primarily as hormonal problems to be treated. While hormonal shifts can influence sexual functioning, many of the challenges women experience during perimenopause and menopause are deeply shaped by psychosocial, relational, and cultural factors that are frequently overlooked in clinical practice.

This presentation explores sexuality and desire in the context of menopause through a broader biopsychosocial framework. This talk will examine common myths surrounding female sexuality and ageing, the cultural narratives that shape women's relationship with desirability and eroticism, and why HRT alone does not always restore desire. The session will offer practical, clinically relevant strategies to support more nuanced conversations about intimacy, sexuality, and wellbeing in midlife.

PLENARY PRESENTATION | Friday, 11 September

Plenary 2

Pregnancy — an important signpost for midlife and menopause?

Professor Amanda Henry
Program Head, Women's Health at The George Institute for Global Health



BIOGRAPHY

Professor Amanda Henry is a researcher, educator and obstetric clinician. Her current professional roles are Program Head, Women's Health at The George Institute for Global Health, Professor of Obstetrics in the Discipline of Women's Health, School of Clinical Medicine, UNSW Medicine and Health, and Clinical Academic/Obstetrician at St George Public Hospital, Sydney.

Professor Henry has a particular interest in how pregnancy complications, including hypertensive pregnancy and gestational diabetes, can impact a mother's ongoing health throughout her life, and leads a program of research in this area.

She is also an active researcher and research supervisor in many areas of women's health including menopause and later life health, digital tools for women's health, and gendered violence; teaches women's healthcare to both undergraduate and postgraduate students including as Program Authority of the UNSW Master of Women's Health Medicine; and advances translation of women's health research into practice through professional society roles particularly as a Board Director of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

ABSTRACT

At least one of the two major medical pregnancy complications, namely hypertensive disorders (HDP) and gestational diabetes (GDM), are experienced by approximately 20% of pregnant women globally. As well as causing major maternal and fetal/neonatal morbidity and mortality in the short-term, HDP and GDM also result in substantially increased risk of cardiovascular, kidney and metabolic disease, with risk increased within 5 years of affected pregnancy and continuing lifelong.

However, many mothers and their healthcare providers have limited awareness of these risks and postpartum systems of care are poorly set-up to address them. Additionally, the early postpartum years are a time of many competing demands, making it difficult for mothers to prioritise their own health. This means initial opportunities for early intervention and chronic disease prevention are often lost.

This talk will cover how pregnancy gives insights into a woman's future cardiometabolic health, the specific risks across a woman's life course associated with pregnancy complications especially HDP and GDM, and the role that healthcare providers can play during midlife and the menopausal transition to assess these risks and reduce their ongoing impact.

PLENARY PRESENTATION | Saturday, 12 September

Plenary 3

Everything you need to know about bones – except the boring bits!

Dr Amanda Beech
Women's Health Endocrinologist and
Obstetric Physician, Royal Hospital for Women



BIOGRAPHY

Amanda Beech is a Women's Health Endocrinologist and Obstetric Physician at the Royal Hospital for Women and holds a conjoint senior lecturer position at the University of New South Wales. She has a breadth of clinical experience in women's health across all ages, from preconception counselling and pregnancy to menopause and osteoporosis.

She is the Director of the Bone Density and the Obstetric Medicine services at the Royal Hospital for Women, is the President of the International Society of Obstetric Medicine, and is part of the team that established the Menopause Hub at the Royal Hospital for Women.

ABSTRACT

Osteoporosis is a major contributor to morbidity in postmenopausal women, and treatment has historically been aimed at fracture risk reduction. Prevention of bone loss in the perimenopause or early postmenopause using menopause hormone therapy treatment should be a consideration for those women at risk of progressing to osteoporosis. MHT is as efficacious as many of the antiresorptive therapies. Lifestyle factors such as optimisation of calcium, vitamin D and strength and resistance exercise also need to be considered.

PLENARY PRESENTATION | Saturday, 12 September

Plenary 3

Debate: Testosterone – the essential third pillar of menopause management

Affirmative – Dr Terri Foran and Dr Jane Elliott
Negative – Dr Bronwyn Stuckey and Dr Jessica Floreani

BIOGRAPHIES



Dr Terri Foran

Sexual Health Physician; Conjoint Senior Lecturer, the School of Women's and Children's Health at UNSW Sydney

Dr Terri Foran (MB BS (Syd), MClin Ed (UNSW), FAChSHM) is a Sexual Health Physician with a special clinical interest in contraception, menopause and the management of sexually transmitted infections. She has had numerous publications in these fields. Dr Foran holds the position of Conjoint Senior Lecturer in the School of Women's and Children's Health at UNSW Sydney, where she is regularly involved in the teaching of undergraduate students. She has worked in both private and public clinical practice, most recently as a Visiting Medical Officer at the Menopause Hub established at the Royal Hospital for Women in Randwick. She is a current Board member of the Australasian Menopause Society. She also has a particular interest in postgraduate clinical education and has presented at both National and International conferences as well as hosting regular podcasts for HealthEd on topics related to sexual and reproductive health.



Dr Jane Elliott AM

General Practitioner; Clinical Senior Lecturer in the Discipline of Obstetrics and Gynaecology, Adelaide University

Dr Jane Elliott AM, has been a general practitioner in Adelaide for many years, with a special career interest in women's health, including menopause, premature menopause and osteoporosis. She is a Clinical Senior Lecturer in the Discipline of Obstetrics and Gynaecology at Adelaide University and is involved in teaching medical students, GPs and RANZCOG trainees. She has been an investigator in clinical research trials in many areas of women's health and is a Life Member and Past President of the Australasian Menopause Society. Jane is a current member of Healthy Bones Australia National Consumer and Community Advisory Committee. As well as lecturing to the health professions, Jane is interested in talking to non-medical groups to demystify menopause and explain the evidence in current research. In 2023 she received a Member of The Order of Australia award for significant service to medicine and to women's health.



Dr Bronwyn Stuckey AM

Endocrinologist, Sir Charles Gairdner Hospital; Medical Director, Keogh Institute for Medical Research; Clinical Professor, University of Western Australia

Bronwyn Stuckey is a clinical endocrinologist with a special interest in reproductive endocrinology. She is a consultant endocrinologist at the Sir Charles Gairdner Hospital, Medical Director of the Keogh Institute for Medical Research, and Clinical Professor in the Medical School, University of Western Australia. She is a Past President of the Australasian Menopause Society, a Life Member of the Endocrine Society of Australia, and a Member of the Order of Australia.



Dr Jessica Floreani

General Practitioner, Medical Educator and Women's Health Clinician

Dr Jessica Floreani is an Adelaide based GP working in clinical practice as a specialist women's health practitioner. Jessica has also worked for SHINE SA for over 15 years in both clinical practice and in medical education and most recently as coordinator of LARC training. She holds a Diploma in Child Health, Certificate in Sexual and Reproductive Health and is an IUD and Implanon Master Trainer. Jessica has developed and updated many courses and delivered educational material both online and in person. Jessica maintains a keen interest and passion in her area of expertise, working with both clinicians and educating patients, to optimise their care across their life span.

ABSTRACT

There are few topics in menopause medicine which are as polarising as the role of testosterone therapy in contemporary menopause management. Our four speakers in this debate will examine both the current evidence and the controversy - with a dash of good humour. Be convinced, be very convinced!!

PLENARY PRESENTATION | Saturday, 12 September

Plenary 3

Menopause from a Psychiatric Perspective – a case-based approach

Professor John Eden
Reproductive Endocrinologist and Gynaecologist

Dr Anne-Marie Rees
Consultant Psychiatrist and Senior Staff Specialist, Royal Hospital for Women - Perinatal and Women's Mental Health

BIOGRAPHIES



Professor John Eden

Dr John Eden (MB BS MD RCOG RANZCOG CREI) is a reproductive endocrinologist and gynaecologist. He is a Conjoint Professor in the Department of Women and Children's Health, Royal Hospital for Women (UNSW). He is a VMO at the Royal Hospital for Women, Sydney, where he is Head of the Menopause Unit. He is a member of the Breast Cancer MDT at Prince of Wales Hospital Randwick. John is on the executive committee and co-chair of the NSW Health (ACI) Menopause Hub project. His research and clinical interests include managing menopause after breast cancer, early menopause, hormones and mood disorders, PMDD and hormonal migraine.



Dr Anne-Marie Rees

Dr Anne-Marie Rees is a Consultant Psychiatrist and Senior Staff Specialist at the Royal Hospital for Women specialising in Perinatal and Women's Mental Health. She has recently led the development of the first Hormone and Mood Clinic in NSW at the Menopause Hub at The Royal. Anne-Marie is a Conjoint Senior Lecturer in the Discipline of Psychiatry and Mental Health, UNSW Faculty of Medicine and Health at the University of NSW. She also Chairs the NSW Section of Perinatal and Infant Psychiatry for the Royal Australian and New Zealand College of Psychiatrists and Chairs a national peer review group for psychiatrists in the area of Hormones and Mental Health. Anne-Marie is very grateful to all her amazing colleagues who have been on the journey with her in order to upskill in the area of hormones as related to psychiatry and to her patients and the community more broadly for sharing their struggles and for their interest in this important area.

ABSTRACT

This presentation will include an overview of gonadal hormones and the impact on the central nervous system and highlight the relevance of hormonal changes during the menopause transition which affects mental health conditions.

A brief overview of the Hormone and Mood Clinic at The Menopause Hub, The Royal Hospital for Women will be given and insights from a psychiatrist's perspective.

Typical case examples from the clinic will be presented related to depression, bipolar disorder, schizophrenia and PMDD in perimenopause.

PLENARY PRESENTATION | Saturday, 12 September

Plenary 3

Beyond Hormones – The importance of Lifestyle in menopause management Where does the current literature get it right – and wrong...

Professor Robin Daly
Chair in Exercise and Ageing within the Institute for Physical Activity and Nutrition at Deakin University, Melbourne



BIOGRAPHY

Professor Robin Daly, PhD, FASMF, FASBMR, holds the position of Chair in Exercise and Ageing within the Institute for Physical Activity and Nutrition at Deakin University, Melbourne. He is internationally recognised for leading clinical trials and translational research on exercise and nutritional strategies to prevent and manage chronic diseases, including osteoporosis, sarcopenia, falls/fractures, certain types of cancer, and type 2 diabetes.

His research also focuses on optimising health outcomes for women during midlife and menopause. His work has led to the implementation of community and telehealth-based exercise programs and nutritional products to optimise musculoskeletal health. He has published 3 books, >300 peer-reviewed papers and secured >$24M in research funding.

He is a Past-President of the Australian and New Zealand Society for Sarcopenia and Frailty Research, co-chair of the European Geriatric Medicine Society sarcopenia special interest group, and a member of the medical and scientific advisory committee of Healthy Bones Australia.

ABSTRACT

Lifestyle interventions, including physical activity, exercise training, healthy eating, and weight management, are widely recommended as first-line approaches to support women's midlife health and reduce the risk of chronic disease during and after the menopause transition. However, not all lifestyle approaches are equally effective, and some commonly promoted approaches are supported by limited evidence.

This presentation will critically evaluate the current evidence and provide practical recommendations on which lifestyle interventions, including different types and doses of physical activity and exercise, and nutritional strategies are most effective for weight management, improving cardiometabolic and cardiovascular health, optimising fitness, muscle and bone health, and cognitive function and managing menopause symptoms. It will also highlight areas where claims exceed the available evidence. The goal is to move beyond "one-size-fits-all" advice and provide clear, evidence-based guidance for prescribing lifestyle interventions that will optimise health outcomes while accounting for each women's health status, risk profile, goals, and preferences.

PLENARY PRESENTATION | Saturday, 12 September

Plenary 4

Vulvovaginal symptoms in midlife and beyond – not always genitourinary syndrome of menopause

Associate Professor Tania Day
Gynaecologist, John Hunter Hospital;
Conjoint Associate Professor, University of Newcastle



BIOGRAPHY

Tania is a gynaecologist at John Hunter Hospital and Conjoint Associate Professor at the University of Newcastle. She is the RANZCOG Director of Training and a NSW Councillor, an Associate Editor of the Journal of Lower Genital Tract Disease, an Advisory Board member of AJOG, and a Fellow of the International Society for the Study of Vulvovaginal Disease (ISSVD). Her multiple publications include the 2026 ISSVD Terminology of vulvar intraepithelial neoplasia and squamous intraepithelial lesions and the ISSVD book Lichen sclerosus: practical guide to diagnosis and management.

ABSTRACT

Vulvovaginal symptoms in menopausal patients may arise from GSM, but it's essential to assess for a genital skin condition before prescribing topical estrogen. Using a case-based approach, this talk begins with lichen sclerosus as the most common and familiar chronic dermatosis. It then explores erosive lichen planus and cutaneous candidiasis - these diagnoses may occur on their own or be comorbid with lichen sclerosus. Each vignette illustrates the condition with clinical and histopathologic images and provides a management framework with indications for referral.

PLENARY PRESENTATION | Saturday, 12 September

Plenary 4

Autoimmune disease and menopause – where do they intersect?

Dr Natasha Ung
Rheumatologist and General Physician,
Royal North Shore Hospital's Complex Menopause Clinic



BIOGRAPHY

Dr Natasha Ung is a dual-trained rheumatologist and general physician whose career spans leading hospitals across New South Wales. She is a staff specialist in the Royal North Shore Hospital's Complex Menopause Clinic and also practices privately.

Dr Ung is the first known Australian rheumatologist to work within a dedicated multidisciplinary menopause team, bringing a unique lens to the intersection of rheumatology, women's health, and midlife hormonal care.

ABSTRACT

This presentation will examine the intersection of menopause and autoimmunity, highlighting how hormonal transitions—particularly the decline in estrogen—reshape immune regulation and influence the course of autoimmune rheumatic diseases, and vice versa.

The session will emphasize practical, evidence based approaches to support women experiencing both menopause and autoimmune disease.

PLENARY PRESENTATION | Saturday, 12 September

Plenary 4

Cardiovascular disease, menopause and MHT – what every non-cardiologist needs to know.....

Professor Rodney Baber
Clinical Professor of Obstetrics and Gynaecology, The University of Sydney



BIOGRAPHY

Rodney Baber is Clinical Professor of Obstetrics and Gynaecology at The University of Sydney.

He is a Past President of The International Menopause Society and The Australasian Menopause Society and former Editor in Chief of Climacteric, the journal of The International Menopause Society. His awards include membership of The Order of Australia for services to Obstetrics and Gynaecology in clinical medicine and research, The IMS Lifetime Achievement Award and The RANZCOG Distinguished Service medal.

ABSTRACT

Every hour a woman in Australia dies of heart disease and the risk of heart disease increases after menopause relative to premenopausal life after correcting for age. Estrogen has several important roles which are beneficial to cardiovascular health including non-genomic and genomic effects which influence vascular function, direct actions on lipid metabolism, satiety and metabolic health which explain the effects of estrogen loss during menopause transition. Longitudinal studies have demonstrated adverse changes in body fat, lipids, metabolic syndrome and CIMT which all occur during perimenopause.

Most observational studies on the effects of MHT on CVD risk have suggested beneficial effects of that intervention on CHD and MI although the same benefits were not seen in major RCTs. Current guidance does not support the use of MHT for primary or secondary prevention of CHD. Most women with an increased risk of CHD are still eligible to use MHT to alleviate bothersome menopausal symptoms but only after careful CVD risk assessment. Details will be discussed.

PLENARY PRESENTATION | Saturday, 12 September

Plenary 4

Bridging the Ditch – an MHT Show and Tell (including options we don't have)

Dr Sonia Davison
Endocrinologist; Clinical Fellow, Jean Hailes for Women's Health

Dr Megan Ogilvie
Clinical Endocrinologist, Auckland, New Zealand

BIOGRAPHIES



Dr Sonia Davison

Dr Sonia Davison MBBS FRACP PhD, is an Endocrinologist with a special interest in Women's Health, and has worked in this field for over 20 years. She is a Clinical Fellow at Jean Hailes for Women's Health and has worked at the Women's Health Research Program, Monash University, Victoria, Australia. Sonia is in private practice at the Melbourne Endocrine Clinic, Malvern, and at Jean Hailes for Women's Health. Her PhD and postdoctoral research examined hormones in women, including measurement of androgens and their relationships with age, mood, sexual function and cognition. Sonia is Past President of the Australasian Menopause Society and former editor of its newsletter, 'Changes'. She is a current Board member of the Asia Pacific Menopause Federation. Sonia has published widely in the field of women's health, and has presented at women's health conferences, scientific meetings, podcasts, webinars, and community seminars. She has frequently been invited to appear in the media, including the TV show, "The Truth about Menopause", featuring Myf Warhurst.



Dr Megan Ogilvie

Dr Megan Ogilvie is a clinical endocrinologist based in Auckland, New Zealand. She trained in Auckland and completed her fellowship at Barts and the University of London Hospitals. Megan works as a reproductive and general endocrinologist at ERH Associates and at Te Whatu Ora. Megan is a newly appointment board member of the Australasian menopause society.

ABSTRACT

This presentation will go through the menopausal hormone therapy products available in Australia and New Zealand, outlining ways to use the products, the available strengths and approximate costs, and suggested reasons to use individual products.

PLENARY PRESENTATION | Saturday, 12 September

Plenary 4

Why now? The social and economic trends behind this moment in menopause

Dr James Brown
Gynaecologist & Clinical Co-Lead, South-West Specialist Menopause Service; Senior Lecturer, Western Sydney University



BIOGRAPHY

Dr James Brown is a gynaecologist and clinical co-lead of the South-West Specialist Menopause Service; providing clinical support to GP specialists through Australia's first 100% virtual menopause hub. He also provides menopause, IVF and general gynaecology services through WHRIA in the Sydney CBD. Currently, he is completing his PhD in Health Economics through the Centre for Health Economics Research and Evaluation (CHERE) at the University of Technology Sydney – and is employed as a Senior Lecturer with Western Sydney University.

ABSTRACT

Why is menopause suddenly the 'hot' thing? The recent alignment of patient advocacy and governmental support seldom happens in women's health. This talk will explore the social, economic, and political factors that has led to the recent groundswell of support for all things menopause.

ORAL PRESENTATION | Saturday, 12 September

Testosterone to increase exercise capacity in women with early heart failure: a randomised controlled crossover trial.

Dr Julia Grant[1], Dr Sarah Alexander[2,3], Dr Thomas Marwick[3,4], Dr Rakibul Islam[1], Dr Erin Howden[2,3], Professor Susan Davis[1]

[1]School of Public Health and Preventative Medicine, Monash University, [2]Cardiometabolic Health and Exercise Physiology, Baker Heart and Diabetes Institute, [3]Department of Cardiometabolic Health, The University of Melbourne, [4]Imaging Research, Baker Heart and Diabetes Institute

BIOGRAPHY

Dr Julia Grant is a medical practitioner and physiotherapist with extensive experience in the areas of paediatrics, critical care and women's health. She is Head of Clinical Trials at the Women's Health Research Program at Monash University. Julia is a current PhD candidate and is investigating the potential role for exogenous testosterone across a variety of diseases that disproportionately affect women.

ABSTRACT

Aims

Testosterone exerts beneficial vascular and muscle effects. Our study aim was to determine whether testosterone improves exercise capacity in postmenopausal women with stage B heart failure (SBHF), and thus potentially prevent progression to symptomatic disease.

Methods:

In this single-centre, double-blind, randomised, placebo-controlled crossover trial of females aged ≥55 years with SBHF and reduced exercise capacity, participants were randomly allocated to transdermal testosterone 5 mg/day or identical placebo for four months. After a four-week washout, they were crossed over. The primary outcome was change in cardiorespiratory fitness, measured by V̇O2peak. Secondary outcomes included changes to cardiac structure and function assessed by echocardiography and cardiac magnetic resonance imaging, and quality of life.

Results

Thirty-eight participants (median age 72, range 60-80 years; median BMI: 33.2 kg/m2 (IQR 28.7-35.9)) completed the study. Testosterone had no significant effect on V̇O2peak (β=-0.05, 95% CI-0.74-0.65), indices of cardiac function, or quality of life. An adjusted exploratory analysis revealed a modest testosterone effect on left ventricular mass (β=5.66, 95% CI 3.47-7.85, p<0.001) and left ventricular mass index (β=2.81, 95% CI 1.77-3.84, p<0.001).

Conclusion

Transdermal testosterone did not improve exercise capacity in postmenopausal females with SBHF. The LV mass effects, although not clinically meaningful, warrant further study.

ORAL PRESENTATION | Saturday, 12 September

Complementary therapies for menopausal symptoms: an evidence-based review to inform international guidelines

Dr Alison Maunder[1], Dr Amelia Mardon[2], Ms Vibhuti Rao[1], Ms Sophia Torkel[3], Ms Joelle Metri[1], Ms Jing Liu[1], Dr Guoyan Yang[1], Ms Nora Giese[1], A/Prof Evangeline Mantzioris[4], Ms NK Abdul Jafar[3], Dr GE Rodrigues de Souza[5], Ms Ieman Al-Kanini[6], Ms Lorena Romero[7], Prof Nick Panay[8], Dr Hugo Pedder[8], A/Prof Carolyn Ee[1]

[1]NICM Health Research Institute, Western Sydney University, [2]IIMPACT in Health, University of South Australia, [3]Monash Centre for Health Research and Implementation, Monash University, [4]Alliance for Research in Exercise, Nutrition and Activity (ARENA), University of South Australia, [5]João Pessoa University Center (UNIPÊ), Faculty of Medicine, [6]Liverpool Hospital, [7]Ian Potter Library, Alfred Hospital, [8]Queen Charlotte's and Chelsea Hospital, London and Imperial College , [9]Population Health Sciences, University of Bristol

BIOGRAPHY

Alison is a postdoctoral research fellow at NICM Health Research Institute, Western Sydney University, specialising in women's health and complementary medicine. She holds a PhD, Master of Philosophy, Master of Medicine in Reproductive Health and Human Genetics and a Master of Herbal Medicine, all from the University of Sydney). A qualified naturopath with a special interest in fertility and reproductive health, Alison brings both academic rigour and clinical expertise to her research. Her work contributes to the development of evidence-based clinical guidelines integrating complementary therapies into women's healthcare.

ABSTRACT

Aims

The menopause transition can significantly affect women's physical and mental health and increases chronic disease risk. This review assessed the benefits and risks of complementary therapies used by peri- and post-menopausal women.

Methods:

A systematic search of six databases (January 2022-December 2024) identified randomised controlled trials and systematic reviews on complementary therapies for menopausal symptoms.

Results

Of 158 included studies, 86 different interventions were identified. Moderate-certainty evidence supports electro-acupuncture for vasomotor symptoms (VMS); Chinese herbal medicine (CHM) for overall menopausal symptoms, sleep and blood pressure; acupuncture plus CHM for sleep; black cohosh for VMS; calcium and vitamin D for fracture reduction; and soy-derived isoflavones for overall menopausal symptoms. Many additional therapies showed promise but lacked sufficient evidence for recommendation.

Conclusion

While a large number of studies were identified, overall methodological quality was low. Most complementary therapies appeared safe, yet women should be informed that regulation varies and decisions should be guided by credible evidence. Healthcare practitioners should routinely enquire about concurrent complementary and conventional therapy use, and consider patient values and preferences. Further high-quality research is needed to strengthen the evidence base. These findings inform International Menopause Society recommendations for an integrated, evidence-informed approach to menopause care.

ORAL PRESENTATION Saturday, 12 September

Medically Induced Menopause: Lived experiences, care pathways and unmet needs in an inherited cancers cohorts

Ms Robyn Smith[1], Lisa Caterina[1], Charlie Durazza[1], Gabrielle Reid[1]
[1]Inherited Cancers Australia

BIOGRAPHY

Robyn is the Programs and Advocacy Manager at Inherited Cancers Australia. She has a background in finance and health promotion. Robyn is a keen advocate for patients making informed decisions about managing their inherited cancer risk. She is part of several genomics working groups and enjoys contributing to cancer genetics focused research.

ABSTRACT

Aims

To explore the lived experiences, care pathways, decision making, and information needs of individuals experiencing medically induced menopause, using the inherited cancers population, to inform development of targeted, evidence-based resources.

Methods:

A mixed methods study was conducted by Inherited Cancers Australia in partnership with Jean Hailes for Women's Health. ICA facilitated three focus groups with community members experiencing or having experienced MIM (n=20). Participants completed a supplementary online survey (n=18). Participants were recruited via convenience sampling; informed consent was obtained and data deidentified. Focus group data were analysed thematically and survey data descriptively. Structured feedback was additionally collected from healthcare professionals across primary and specialist care (n=9).

Results

Experiences of MIM were overwhelmingly negative, with over 90% of descriptors reflecting emotional, physical, or psychosocial burden. Care was fragmented, information inconsistent, and clinician-initiated discussion limited. 61% reported insufficient information for informed decision-making, 38% accessed no healthcare support, and most relied on social media for information. Significant impacts were reported on mental health, cognition, relationships, and work. Healthcare professionals confirmed gaps in knowledge, resources, and tailored guidance.

Conclusion

MIM is an under recognised consequence of cancer risk management and treatment. Improved clinician education, clearer pathways, and codesigned resources are urgently required.

ORAL PRESENTATION Saturday, 12 September

Menopause Management: Integrating women's health physiotherapy into multidisciplinary care

Ms Sarah Christ[1]
[1]Helix Physiotherapy : Women's Health

BIOGRAPHY

Sarah Christ is a Women's Health Physiotherapist with 25 years of clinical experience and a strong focus on pelvic health. Based in private practice in Brisbane, she specialises in pelvic floor dysfunction across the lifespan—from adolescence to menopause.

Sarah holds a Bachelor of Physiotherapy from the University of Queensland and is a member of the Australian Physiotherapy Association and Women's Health Special Interest Group. Sarah is involved in teaching at the University of Queensland and has practised internationally in the UK, New York, Singapore and Australia.

Sarah is passionate about improving patient outcomes through multidisciplinary holistic care, collaboration and education.

ABSTRACT

Aims

To describe a multidisciplinary model of care, highlighting the role of women's health physiotherapy in managing pelvic floor, urogenital, and musculoskeletal symptoms of menopause.

Methods:

A physiotherapy-integrated model was implemented for perimenopausal and postmenopausal women within a multidisciplinary setting. Assessment included pelvic floor function, bladder and bowel health, sexual function, and musculoskeletal factors. Interventions comprised pelvic floor muscle training, bladder and bowel retraining, intra-abdominal pressure management, progressive resistance exercise, and education on the impact of estrogen deficiency on connective tissue and function. Care was individualised and delivered alongside medical management, including menopausal hormone therapy where appropriate, with coordinated referral pathways.

Results

The model improved identification of under-reported pelvic floor dysfunction, urogenital symptoms, and exercise limitations often missed in routine care. Physiotherapy input was associated with clinically meaningful improvements in urinary incontinence, prolapse symptoms, sexual discomfort, and physical activity participation. Patients demonstrated greater understanding, confidence in self-management, and engagement in exercise. Clinicians reported more targeted referrals and improved care coordination.

Conclusion

Pelvic floor and musculoskeletal changes in menopause are common and often overlooked. Integrating women's health physiotherapy within menopause care enables targeted conservative intervention, leading to meaningful improvements in function, symptom bother, participation in activity, and overall quality of life.

RAPID FIRE PRESENTATION

Saturday, 12 September

Optimizing brain health during the menopause transition

A/Prof. Julia Lappin[1,2], A/Prof Emma Devenney[2]
[1]UNSW, [2]NeuRA

BIOGRAPHY

Julia is an Associate Professor at UNSW Discipline of Psychiatry and Mental Health and a Clinical Academic Psychiatrist at Prince of Wales Hospital, Sydney. She is a Quest Scholar at Neuroscience Australia (NeuRA) where she co-runs the Optimizing Brain Health from Midlife Clinic. Julia has a broad range of interests across research and clinical practice, with a focus both on improving outcomes in mental health disorders and on optimizing brain health, particularly cognitive and mental health, throughout life including during midlife and peri/menopause.

ABSTRACT

Background

The menopause transition is a period of significant hormonal and psychological vulnerability. Many women experience deterioration in brain health during this time, including cognitive difficulties (brain fog), mood symptoms and sleep disruption. Despite these issues being common, there is limited research to guide clinicians on how best to manage them. This is important because effective treatment of modifiable risk factors at midlife may impact a woman's later risk for dementia.

Methods:

The evidence-base for cognitive difficulties, sleep disruption and mental health symptoms during peri/menopause is reviewed and considered in the context of risk factors for dementia which are modifiable at midlife. Several example cases of women experiencing brain health difficulties are presented to illustrate common issues and how to approach management in the clinic. The Optimizing Brain Health from Midlife Clinic is introduced.

Findings

Peri/menopausal women may experience numerous brain health difficulties. Recommendations for management should be tailored to each woman, according to the symptoms she reports, and with consideration of other risk factors she holds.

Conclusion

Women negotiating the menopause transition require information and support for a range of brain health difficulties. Referral to the Optimizing Brain Health from Midlife Clinic may be useful for some women.

RAPID FIRE PRESENTATION

Saturday, 12 September

HIGHLIGHT 1 trial: fezolinetant treatment for hot flushes in breast cancer patients on endocrine therapy

Céline Bouchard[1], Kentaro Miyazaki[2], Chun-Hang Tang[3], Karla Martins[3], Xuegong Wang[4], Sonja Medley-Wilson[4], Paula Briggs[5], Alana Philips

[1]Clinique RSF Inc., [2]Astellas Pharma Inc, [3]Astellas Pharma Europe Ltd, [4]Astellas Pharma Inc, [5]Liverpool Women's Hospital, Liverpool Women's NHS Foundation Trust

BIOGRAPHY

Alana S. Philips, PhD, is a senior medical affairs specialist with extensive experience across women's health, specifically contraception and menopause. She is currently Medical Affairs Lead for Menopause at Astellas Australia, having commenced this role in November 2025, where she is responsible for medical strategy, scientific exchange, and evidence generation and dissemination. Alana holds a PhD in Medicine from the University of New South Wales and has over 15 years of experience in medical affairs roles across multinational pharmaceutical organisations, including Astellas, Organon, MSD, Novo Nordisk, and Novartis. She has authored peer reviewed publications in molecular biology and clinical research.

ABSTRACT

Aims

This global, double-blind, placebo-controlled phase 3 Trial in Progress study (HIGHLIGHT 1 [NCT06440967]) assesses efficacy and safety of fezolinetant 45 mg once daily for treatment of moderate to severe vasomotor symptoms (VMS) in women receiving adjuvant endocrine therapy with tamoxifen or aromatase inhibitors for hormone receptor-positive breast cancer from stage 0 (cancer cells not spread to nearby tissue) to stage 3+ (cancer has spread from breast to nearby lymph nodes or chest wall).

Methods:

Participants are women ≥18 years with ≥7 moderate to severe VMS episodes/day, randomized 1:1 to fezolinetant 45 mg or placebo, who record VMS daily via electronic diaries. Study duration is ~2 years: 28-days screening, 52-weeks treatment, 3-weeks follow-up, 1-year extension. Co-primary endpoints: mean change from baseline to week 4 and 12 in frequency and severity of moderate to severe VMS. Key secondary endpoints: mean change from baseline to week 12 in MENQOL VMS domain score and PROMIS Total Score Sleep Disturbance–Short Form 8b. Treatment-emergent adverse events assess fezolinetant safety and tolerability.

Results

575 participants enrolled; analysis underway.

Conclusion

To confirm if fezolinetant helps reduce treatment-induced VMS in women with stage 0-3 hormone receptor-positive breast cancer who are receiving hormone therapy.

RAPID FIRE PRESENTATION

Saturday, 12 September

“Unseen and unheard”: A qualitative study on cognitive, affective and occupational impacts of menopause.

Ms Lauren Dewsbury[1], Associate Professor Mike Armour[1,2], Associate Professor Carolyn Ee[3], Professor Birgit Derntl[4], Associate Professor Genevieve Steiner-Lim[1,5,6,7]

[1]NICM Health Research Institute and Translational Health Research Institute (THRI), Western Sydney University, [2]Medical Research Institute of New Zealand (MRINZ), [3]Flinders Caring Futures Institute, Flinders University, [4]Tübingen Centre for Mental Health, University of Tübingen, [5]Department of Psychiatry and Psychotherapy, Jena University Hospital, [6]German Centre for Mental Health (DZPG), [7]Center for Intervention and Research on Adaptive and Maladaptive Brain Circuits Underlying Mental Health (C-I-R-C), Halle-Jena-Magdeburg

BIOGRAPHY

Lauren Dewsbury is a cognitive neuroscientist and PhD researcher specialising in female brain health and the menopause transition. Her work examines menopause as a neurobiological and bioenergetic transition, with a focus on how oestrogen decline influences brain metabolism, cognition, and mood, and how these changes may influence dementia risk.

She is the Principal Investigator of the MENOCOG Trial, a randomised controlled feasibility study evaluating creatine supplementation as a non-hormonal intervention for cognitive and mood symptoms in postmenopausal women with subjective cognitive decline and dementia risk.

ABSTRACT

Aims

The aim was to qualitatively explore lived experiences of cognitive and affective changes during peri- and post-menopausal stages, workplace and healthcare experiences, and identify clinically relevant implications.

Methods:

Nineteen women participated in two 90-minute online focus groups. Guided by an interview schedule, discussions explored cognitive symptoms, functional impacts, and healthcare experiences. Data were analysed using thematic content analysis with an inductive approach to identify recurrent themes.

Results

Four themes emerged. 1:Cognitive dysfunction: “brain fog” and “chaos,” with significant consequences for occupational performance and daily functioning. 2:Psychological impact: Participants described symptoms as “all-encompassing.” Emotional dysregulation, anxiety, low or volatile mood, reduced stress tolerance and experiences of grief and identity loss, “it was like a stranger looking back at me in the mirror.” 3:Workplace impact: Diminished capacity, stigma and non-disclosure. 4:Inadequate healthcare: Frequent dismissal or misattribution of symptoms, contrasted with improved health outcomes associated with validation and collaborative care.

Conclusion

Cognitive symptoms during menopause are functionally impairing and clinically significant, warranting recognition beyond traditional frameworks. Variability in care, particularly dismissal versus validation shapes outcomes and highlights need for better clinician education and patient-centered approaches. Participants called for menopause specialists and a ‘one-stop-shop’ for treatment, citing accessibility and cost as critical barriers.

RAPID FIRE PRESENTATION

Saturday, 12 September

Improving Menopause Support for Younger Breast and Gynaecological Cancer Patients: Patient and Healthcare Professional Perspectives

Mrs Emma Minchin[1], Dr Laura Kirsten[2], Dr Rebekah Laidsaar-Powell[1], Dr Jemma Gilchrist[3], Professor Ilona Juraskova[1]

[1]School of Psychology, The University of Sydney, [2]Nepean Cancer Services, Nepean Blue Mountains Local Health District, [3]Mind My Health

BIOGRAPHY

Emma is a third year PhD candidate in the School of Psychology at the University of Sydney. Her research focuses on exploring and supporting the unmet psychosocial needs of younger women with menopausal symptoms induced by cancer treatment. In addition to her research, Emma is a registered clinical psychologist with experience working in both psycho-oncology and complex menopause care settings.

ABSTRACT

Aims

Menopause-related support needs of younger cancer patients remain poorly understood, particularly in relation to psychosocial care. This multi-group study explored patient and multidisciplinary healthcare professional (HCP) perspectives regarding current support provision and recommendations for improving holistic care for induced menopause within cancer contexts.

Methods:

Semi-structured interviews were completed with: i) 30 breast and gynaecological cancer patients with induced menopausal symptoms before age 45, and ii) 27 multidisciplinary HCPs involved in care of this patient population. Data were analysed using framework analysis.

Results

Patient participants ranged in age from 28-52 years. HCPs practised across private and public settings, with 22 years mean experience (range: 2-49). Four themes were identified: 1) 'Navigating Menopause Unprepared and Unsupported': reflecting perceived unmet informational and support needs; 2) 'The Current Support Landscape': encompassing gaps and barriers in existing menopause support, 3) 'Menopause and Cancer': highlighting unique considerations for menopause support within oncology contexts; and 4) 'Reimagining Menopause Care in Cancer': capturing patient, clinician and service-level priorities for improving menopause-related supportive care.

Conclusion

Findings demonstrate need for improved preparation, clear and accessible information, targeted psychosocial support, and specialised training and clinical guidance for multidisciplinary clinicians to address menopause-related challenges amongst younger cancer patients and their partners.

RAPID FIRE PRESENTATION

Saturday, 12 September

Thrive in Menopause: Evaluating a Virtual Physiotherapy-Led Exercise Program

Mrs Swati Agrawal[1], Miss Sarah Dennis, Miss Erynne Stone, Miss Esther Chan
[1]Specialist Menopause Service, Swslhd, [2]University of Sydney

BIOGRAPHY

Swati Agrawal is a Senior Physiotherapist specialising in women's, men's, and pelvic health, with nearly 20 years of experience. She works with the SWS Specialist Menopause Service, providing care for women with complex menopausal symptoms, and at Liverpool Hospital, managing a broad range of pelvic health conditions.

Her special interests include menopause management, pelvic floor rehabilitation, and promoting greater awareness of pelvic health across the community.

ABSTRACT

Menopause and perimenopause can significantly reduce quality of life and multidisciplinary care improves outcomes. The South-West Sydney LHD Specialist Menopause Service is a team of endocrinologist, gynaecologist, haematologist, dietitian, psychologist, physiotherapist, nurse and administrative staff which offers a physiotherapist-led virtual hybrid exercise program, but its impact on physical function and menopause-specific quality of life (MENQOL) is unknown. This retrospective cohort study evaluates outcomes in peri- and post-menopausal women with severe or complex symptoms attending the service.

Participants attend once or twice weekly sessions over 8 weeks. Outcomes include MENQOL questionnaire, patient activation (PAM-13), Australian pelvic floor function (APFQ), and physical function measures (30-second sit-to-stand, grip strength, and single-leg balance). Pre–post de-identified data is extracted and its difference is analysed.

MENQOL improved overall, with only physical function statistically significant. APFQ showed significant improvement in bladder, bowel, and sexual domains. Grip strength and sit-to-stand improved significantly, while balance improved clinically.
The physiotherapist-led hybrid exercise program within a multidisciplinary menopause service improved physical function, pelvic floor outcomes, and aspects of menopause-specific quality of life in women with complex symptoms. While not all outcomes reached statistical significance, the overall findings support its clinical value. Further prospective studies are needed to confirm these results.

RAPID FIRE PRESENTATION

Saturday, 12 September

Exploring experience of menopause for staff in a regional public hospital and community health centres

Mrs Helen Edwards[1,2], Dr Mia Schuamberg[2], Dr Andrew Hislop[3], Dr Prudence Millear[2]
[1]Caboolture Hospital, [2]University of the Sunshine Coast, [3]The Prince Charles Hospital

BIOGRAPHY

Helen is a pelvic health physiotherapist working as Clinical Lead (Gynaecology Physiotherapy Screening Clinic and Physiotherapy Pelvic Health Service) at Caboolture Hospital.She has a passion for women's health, lifestyle medicine and the connection between mind and body and has attained qualifications in counselling and additional training in lifestyle medicine. Helen also works in private practice providing online therapy / education and paddock based equine supported physiotherapy.

Currently Helen is involved in research and is undertaking a PhD at the University of the Sunshine Coast, exploring the impacts of menopause in the workplace at Caboolture, Kilcoy and Woodford Health Directorate.

ABSTRACT

Aims

This research investigated understanding of menopause, perceptions of work culture around menopause, perceived impact of menopause related symptoms (MRS) on work performance including patient care, and prevalence, severity and bother of MRS in the workplace.

Methods:

A mixed-method online survey was distributed to all staff within the health service directorate. Validated tools included Menopause Rating Scale and Utrecht Work Engagement Scale. Quantitative data were analysed using SPSS and qualitative data analysed for content per participant group (Males, Premenopausal, Perimenopausal and Postmenopausal women).

Results

A total of 334 staff participated (Men [n=32], Premenopausal [n=103], Perimenopausal [n=91] and Postmenopausal women [n=99]). Minimal understanding of menopause ranged from 7.9% (Postmenopause) to 51% (Males) of respondents. Respondents agreeing that MRS may impact patient care ranged from 29% (Males) to 41.6% (Postmenopause). Two or more MRS affected 97.6% (N= 168) of postmenopausal participants. Some staff reported impacts of MRS such as reduced tolerance and empathy affecting interactions with patients and/or colleagues (n=12). Work engagement was significantly negatively associated with psychological symptoms of menopause. One in ten peri/postmenopausal staff felt supported at work.

Conclusion

Menopause related symptoms affect peri- and postmenopausal staff in healthcare roles, with implications for staff culture, wellbeing and patient care.

RAPID FIRE PRESENTATION

Saturday, 12 September

A real-world study describing sleep outcomes among women using fezolinetant in Australia (ADELE-AU): preliminary analysis

Natassia Rodrigo[1], Elizabeth Rayment[2], Christina Jang[3], Shejil Kumar[4], Kevin Lee[5], Di Zhao[6], Marcos Freire[7], Alana Philips[8], Farid Abdul Hadi[7], Daniel Bin Ng[7], Karla Martins[9]

[1]Kolling Institute of Medical Research, [2]Sydney Adventist Hospital, [3]Royal Brisbane and Women's Hospital, [4]Endocrinology Department, Royal North Shore Hospital, [5]Faculty of Medicine, Nursing and Health Sciences, Monash University, [6]Astellas Pharma Global Development Inc., [7]Astellas Pharma Pty Ltd, [8]Astellas Pharma Australia Pty Ltd., [9]Astellas Pharma Europe Ltd

BIOGRAPHY

Dr. Rodrigo is a Staff Specialist in Diabetes and Endocrinology at Nepean Hospital, Kingswood, and at the Royal North Shore Hospital, Sydney.

ABSTRACT

Aims

Vasomotor symptoms (VMS) are associated with sleep disturbance, mood changes, and decreased quality of life (QoL). Fezolinetant is an oral, once-daily, non-hormonal neurokinin-3 receptor antagonist approved for treatment of moderate to severe VMS associated with menopause. This preliminary analysis of ADELE-AU evaluates real-world sleep outcomes in fezolinetant-treated Australian women.

Methods:

ADELE-AU is an observational, longitudinal, prospective, multicenter, single-arm study of women aged ≥40 years initiating fezolinetant for moderate to severe VMS with sleep disturbances. Primary objective: percentage reporting improvement in sleep disturbance (PGI-C SD) at week 12. Secondary: VMS/sleep improvements, treatment patterns/satisfaction/discontinuation, menopause-related QoL, and adverse events (AEs) at week 12. Exploratory: weeks 4/8 outcomes.

Results

As of March 2026, 16 participants enrolled (target n=50): mean (SD) age and BMI: 54.5 (8.2) years, 30.4 (5.4) kg/m², respectively; n=6 (37.5%) perimenopausal, n=10 (62.5%) postmenopausal. 10/13 (77%) reported sleep disturbance improvement: “moderately better”/“much better” on PGI-C SD following 12 weeks of fezolinetant treatment (primary). Improvement was observed across validated patient-reported outcomes at weeks 12 (secondary) and 4/8 (exploratory). Fezolinetant was well-tolerated; no liver-related AEs reported.

Conclusion

Preliminary ADELE-AU results support real-world benefits of fezolinetant on sleep disturbance among women with moderate to severe VMS associated with menopause, consistent with clinical studies.

RAPID FIRE PRESENTATION

Saturday, 12 September

Breaking barriers in oral healthcare during perimenopause/menopause: Perspectives of women and healthcare providers in Australia

Ms Namitha Thomas[1,2], Dr Kate O'Reilly[2], Dr Mariana S. Sousa[1,3], Professor Kath Peters[2], Professor Ajesh George[1,2]

[1]Australian Centre for Integration of Oral Health (ACIOH), Ingham Institute for Applied Medical Research, [2]School of Nursing and Midwifery, Western Sydney University, [3]Improving Palliative, Aged and Chronic Care through Clinical Research and Translation (IMPACCT), Faculty of Health, University of Technology Sydney

BIOGRAPHY

Namitha Thomas is a final-year PhD candidate at the Australian Centre for Integration of Oral Health (ACIOH) at Western Sydney University. She is an overseas-trained dentist with research interests in oral health promotion and women's health. Her doctoral research explores the oral health experiences, perceptions and care practices among women in perimenopause and menopause, as well as the role of healthcare providers in promoting oral health in Australia. Her research has gained national and international media attention and has contributed to the development of oral health resources to raise awareness among women in perimenopause and menopause in New South Wales.

ABSTRACT

Aims

Women in perimenopause/menopause can experience oral health problems that affect daily functioning and well-being, yet oral health is often overlooked during this life stage. This study explored oral health perceptions, experiences and care practices among Australian women and their healthcare providers.

Methods:

A mixed-method study was conducted, including a cross-sectional survey of women in perimenopause/menopause (n=169), followed by semi-structured interviews with women (n=17) and healthcare providers (n=20), including general practitioners and primary healthcare nurses. Data were analysed using descriptive and inferential statistics along with hybrid thematic analysis.

Results

Most women (68%-88%) reported experiencing oral health problems with impacts on quality of life, including pain (82%) and psychosocial wellbeing (76%). Common barriers to accessing dental care included limited oral health awareness (65%-82%) and dental costs (59%-80%). Healthcare providers reported limited knowledge (88%), constrained scope of practice (50%), and time pressures (45%) as barriers to addressing oral health. Across both groups, there was strong support for greater integration of oral health into perimenopause/menopause care.

Conclusion

Women in perimenopause/menopause report unmet oral health needs. Findings highlight gaps in awareness and support among both women and healthcare providers and suggest opportunities to better integrate oral health into routine care during this life stage.

RAPID FIRE PRESENTATION

Saturday, 12 September

Oophorectomy at Hysterectomy and Risk of Osteoporosis and Fracture: A Population-Based Cohort Study

Dr Md Shariful Islam[1], Dr Karen M. Tuesley[1], Dr Louise F. Wilson[1], Prof Susan J. Jordan[1]
[1]School of Public Health, The University of Queensland

BIOGRAPHY

Md Shariful Islam is a medical doctor. He is currently pursuing a PhD at the School of Public Health, The University of Queensland. His doctoral research investigates the causal association between hysterectomy and osteoporosis using Australian linked administrative health data. Prior to his PhD, he worked as a researcher at icddr,b, Bangladesh.

ABSTRACT

Aims

This study examined whether hysterectomy with bilateral oophorectomy (HBO) or unilateral oophorectomy (HUO) was associated with osteoporosis and fracture risk compared with hysterectomy alone, and whether associations varied by age at hysterectomy or hormone therapy use.

Methods:

We conducted a cohort study using linked administrative health data from all women residing in New South Wales and Victoria, Australia, who underwent hysterectomy for benign indications between 2004 and 2008. Exposure groups were HBO, HUO, and hysterectomy alone. Outcomes were osteoporosis and fracture.

Results

Of 49,439 women followed for a median of 15.1 years. HBO was associated with increased osteoporosis risk compared with hysterectomy alone when the procedure was performed before age 50 (HR 1.46, 95% CI 1.28–1.67 at age 40; 1.24, 1.11–1.37 at age 45; and 1.10, 1.02–1.18 at age 50), with little difference thereafter. HBO before age 45 was associated with increased fracture risk, though confidence intervals included the null (HR 1.15, 95% CI 0.97–1.37 at age 40; 1.12, 95% CI 0.98–1.29 at age 45). No clear difference in osteoporosis or fracture risk was observed between HUO and hysterectomy alone.

Conclusion

Study findings suggest that conserving at least one ovary during premenopausal hysterectomy may be important for bone health.

RAPID FIRE PRESENTATION

Saturday, 12 September

Menopause for women living with a serious mental illness

A/Prof. Tania Perich[1]
[1]Western Sydney University

BIOGRAPHY

Tania has worked in research primarily in the treatment and management of bipolar disorder and depression. Currently Tania is working as a researcher in the area of bipolar disorder at Western Sydney University where her focus is on researching the benefits of psychological interventions in the management of this condition.

She also focusses on the impact of hormonal events on women with bipolar disorder and in particular menopause. She also has an interest in factors associated with living well with bipolar disorder including quality of life, recovery, understanding stigma and improving diagnosis and treatment outcomes.

ABSTRACT

There has been considerable research that has assessed the impact of the menopause transition on mental health, with focus specifically on it's impacts on depression and anxiety symptoms. However, the bulk of this research has been conducted in non-psychiatric samples.

Serious Mental Illnesses (SMI) are broadly considered to be mental health conditions that are chronic and lifelong. These may include bipolar disorder, schizophrenia, schizoaffective disorder, personality disorder, post-traumatic stress disorder, depression, anxiety disorders, obsessive-compulsive disorder, alcohol use, substance use, and eating disorders.

Although mental health is considered important during the menopause transition, little is known about the impact of menopause on women living with an SMI. This presentation will present an narrative overview of the existing literature on how menopause may impact women living with a SMI and consider its effects on the emergence of new symptoms and symptom severity in this population. Educational needs relevant to this population will be addressed, along with the consideration of reproductive, perimenopause, menopause and post menopause phases.

RAPID FIRE PRESENTATION

Saturday, 12 September

Seeing through the fog: Navigating the health (mis)information environment in midlife

Dr Hayley Guiney[1], Dr Sarah White[1]
[1]Jean Hailes For Women's Health

BIOGRAPHY

Dr Hayley Guiney is Head of Evidence and Insights at Jean Hailes for Women's Health, where she leads the National Women's Health Survey. She has extensive research experience in academic settings, government departments, and NGOs. She enjoys bringing together research methods and insights from psychology and public health to inform the design of initiatives to improve women's health.

ABSTRACT

Aims

It is critical that women have access to trusted, accurate and engaging information about menopause. To inform effective health communication strategies, this study will provide new national data on how midlife Australian women seek, evaluate, and use health information.

Methods:

The National Women's Health Survey (NWHS) is an annual cross-sectional survey of a representative sample of ~3,500 Australian women. The 2026 NWHS (fieldwork in May) will examine the health information sources women use, their trust in different sources, and how they assess the credibility of different sources in a crowded and sometimes confusing information environment.

Results

Analysis will focus on midlife women (aged 40–64), spanning perimenopause to post-menopause. Results will describe women's health information environment, identify subgroups who may need greater support navigating that environment, and provide insights to help practitioners and communicators more effectively reach and engage women at this life stage.

Conclusion

In an era of widespread health misinformation, it is essential that trusted, accurate information reaches women in ways they readily understand and in the channels they already use. Data from the 2026 NWHS will provide the latest Australian evidence to support targeted health communication and stronger public health messaging around menopause.

RAPID FIRE PRESENTATION

Saturday, 12 September

Exploring Alzheimer's Risk in Women: Impact of The Menopause Transition

Ms Lina Ye[1,2], Dr Anastasia Suraev[1,2], Professor Sharon Naismith[1,2]
[1]The University of Sydney, [2]Brain & Mind Research Institute

BIOGRAPHY

Lina Ye is a PhD candidate in the Healthy Brain Ageing Program at the Brain and Mind Centre, University of Sydney. Her research focuses on the menopause transition as a critical window for brain health. She uses multimodal approaches, integrating sleep, cognitive, hormonal, and blood-based biomarker data to investigate early mechanisms of neurodegeneration. Lina is currently leading the development of a longitudinal menopause clinic study examining dynamic hormonal changes and their links to neuroinflammation and cognitive function. Her work aims to inform early identification and prevention strategies for women at risk of dementia.

ABSTRACT

Aims

Perimenopause is marked by neurological symptoms, including cognitive complaints, sleep disruption, mood disturbance, and vasomotor symptoms, yet mechanisms linking endocrine changes to brain health remain unclear. This study aims to determine how dynamic hormonal changes across the menopause transition relate to neuroinflammation, cognitive function, and Alzheimer's disease (AD) biomarkers, and whether lifestyle factors modify these relationships.

Methods:

This mixed cross-sectional and longitudinal study will recruit 170 symptomatic women aged 40–55 years (perimenopausal/early postmenopausal; STRAW+10). Baseline assessments include neuropsychological testing, validated questionnaires (menopause, sleep, mood, lifestyle), and fasting blood sampling for reproductive hormones, inflammatory markers, and AD biomarkers (p-tau, Aβ42/40, NfL). Optional measures include actigraphy, oximetry, and neuroimaging. Follow-ups occur at 3 and 6 months (online) and 12 months (in person). A subset (n=50) will complete a 6-week intensive phase with weekly hormone assays, cognitive testing, and symptom tracking. Data will be analysed using regression and multilevel models.

Results

Recruitment and data collection are underway. We hypothesise that dynamic hormonal changes will be associated with neuroinflammation, symptom burden, and cognitive outcomes.

Conclusion

This study will provide novel, mechanistic insight into menopause-related brain vulnerability and inform precision prevention strategies targeting midlife women at risk of cognitive decline.

RAPID FIRE PRESENTATION

Saturday, 12 September

Generational differences in socioeconomic gradients in menopausal hormone therapy use in Australia

Mrs Laura Brooks[1], Dr Enamul Kabir[1], Professor Leah East[1]
[1]University Of Southern Queensland

BIOGRAPHY

Laura Brooks is a Master of Research candidate at the University of Southern Queensland, where her research examines socioeconomic and geographic disparities in menopausal healthcare utilisation using longitudinal data from the Australian Longitudinal Study on Women's Health. She holds a Master of Women's Health Medicine (UNSW), a Master of Clinical Chiropractic and Bachelor of Science (CQUniversity), and brings extensive experience as a clinician and allied health practice director. Her research applies a health equity lens to women's midlife health, with a focus on structural barriers to menopausal hormone therapy access across generations of Australian women.

ABSTRACT

Aims

To examine socioeconomic gradients in menopausal hormone therapy (MHT) use across two Australian cohorts spanning the pre- and post-Women's Health Initiative (WHI) periods.

Methods:

Longitudinal observational study using data from the Australian Longitudinal Study on Women's Health. The 1946–51 cohort (surveys 1–6, 1996–2010) and 1973–78 cohort (surveys 8–10, 2018–2024) were analysed separately using generalised estimating equations adjusting for age, body mass index, self-rated health, vasomotor symptoms, oral contraceptive use, menopause stage, and survey wave.

Results

Socioeconomic gradients in MHT use differed between cohorts. In the 1946–51 cohort, lower educational attainment was associated with higher odds of MHT use, whereas in the 1973–78 cohort, higher educational attainment was associated with greater uptake (OR 1.27, 95% CI 1.18–1.38). In the younger cohort, women unable to afford private hospital insurance had lower odds of MHT use (OR 0.50, 95% CI 0.37–0.66). No consistent associations were observed for geographic remoteness or labour force participation.

Conclusion

The direction of the educational gradient in MHT use differed between cohorts surveyed before and after the WHI. Financial constraint was associated with lower uptake. Within a universal healthcare system, shifts in clinical evidence may widen socioeconomic disparities when access depends on financial resources and evolving guidance.

RAPID FIRE PRESENTATION

Saturday, 12 September

Implementing a pharmacist-enabled menopause support model in community pharmacy: early outcomes

Mrs Melissa Gannon [1], Mrs Nicaela Pietropoli[1], Mr Brett MacFarlane[1]
[1]Priceline Pharmacy

BIOGRAPHY

Mel Gannon is Chief Pharmacist at Priceline Pharmacy, leading clinical governance and professional education across a national community pharmacy network. She has more than 20 years' experience in community pharmacy and a strong focus on women's health, health literacy and access to evidence-informed care. Mel has led the development and implementation of pharmacist capability programs in partnership with leading Australian health organisations, including Jean Hailes for Women's Health. Her work supports pharmacists and pharmacy teams to deliver confident counselling, appropriate referral and improved navigation for people experiencing menopause and perimenopause.

ABSTRACT

Aims

To describe the design, implementation, and early outcomes of a pharmacist-enabled menopause support model embedded in Australian community pharmacy, addressing widespread knowledge gaps and uncertainty about care pathways.

Methods:

A multi-component menopause support program was implemented across a national pharmacy network from September 2025 to March 2026. Core elements included pharmacy assistant and accredited pharmacist education with Jean Hailes for Women's Health, symptom-led in-store navigation, and a digital hub for information and referrals. National research on menopause literacy guided program design. Outcomes included training completion, pre/post self-reported confidence, in-pharmacy implementation, and consumer engagement with digital resources.

Results

Over 3,500 pharmacists and pharmacy assistants completed menopause education, with self-reported confidence in menopause discussions rising by about 30% after training. 416 dedicated menopause education points were established in-store. The digital menopause hub logged more than 150,000 visits, reflecting strong consumer engagement with pharmacist-supported information. Commercial outcomes are not reported.

Conclusion

Early findings suggest a scalable, pharmacist-enabled menopause support model is feasible in community pharmacy and may increase access to trusted menopause information. National uptake of training, establishment of in-pharmacy menopause information, and digital engagement show early system-level reach. Continued evaluation should assess consumer outcomes, referral quality, and equity for diverse populations.

RAPID FIRE PRESENTATION

Saturday, 12 September

Impact of Musculoskeletal Symptoms on Quality of Life in Women Attending a Multidisciplinary Menopause Clinic

Dr Brendan Cheong[1], Dr Darshi Cheruvu[2], Dr Natassia Rodrigo[2,3,4], Dr Lyn March[1,4,5], Dr Natasha Ung[1]

[1]Department of Rheumatology, Royal North Shore Hospital, St Leonards, Australia, [2]Department of Endocrinology, Royal North Shore Hospital, St Leonards, Australia, [3]The Kolling Institute, St Leonards, Australia, [4]Faculty of Medicine and Health, University of Sydney, Camperdown, Australia, [5]Sydney Musculoskeletal Health, Kolling Institute, St Leonards, Australia

BIOGRAPHY

Dr Natasha Ung is a dual-trained rheumatologist and general physician whose career spans leading hospitals across New South Wales. She is a staff specialist in the Royal North Shore Hospital's Complex Menopause Clinic and also practices privately. Dr Ung is the first known Australian rheumatologist to work within a dedicated multidisciplinary menopause team, bringing a unique lens to the intersection of rheumatology, women's health, and midlife hormonal care.

ABSTRACT

Aims

To assess the impact of musculoskeletal (MSK) symptoms on the quality of life (QOL) of women attending a multidisciplinary menopause clinic at Royal North Shore Hospital.

Methods:

Women attending their first appointment in 2025 were assessed using the Menopause-Specific Quality of Life Questionnaire (MENQOL). MSK symptom presence and severity were averaged from three MENQOL items: "aching in muscles and joints," "pain in-back-of head or neck," and "low backache." Overall symptom burden was calculated from the average MENQOL score across all domains. Associations pre- and-post menopause clinic management between mean arthralgia and MENQOL scores were assessed using Spearman rank correlation coefficients.

Results

Among 127 women (mean age 53.4 years) mean arthralgia severity demonstrated positive correlations with total MENQOL score ($\rho=0.53$, $p<0.001$), with correlation increasing post clinic management ($\rho=0.66$, $p<0.001$). Average arthralgia and MENQOL burden decreased post clinic management (arthralgia mean 5.27 [SD 1.74] to 4.84 [SD 1.76], MENQOL mean 4.90 [SD 1.27] to 3.83 [SD 1.46]).

Conclusion

The MENQOL questionnaire captures the broader impact of menopause on QOL, yet musculoskeletal pain is often under-addressed. Our findings highlight that menopausal arthralgia influences overall wellbeing, and that targeted treatment can improve both joint symptoms and QOL, supporting integrated MSK care in menopause services.

PLENARY PRESENTATION | Sunday, 13 September

Plenary 5 – Other Dimensions in Menopause Management

Panel – Using and Misusing Evidence – How do we spot menopausal misinformation?

Dr Jennifer Gunter
Obstetrician Gynaecologist; Science Communicator; Author

Professor Nanette Santoro
Professor and E. Stewart Taylor Chair, Department of Obstetrics & Gynecology, University of Colorado School of Medicine

BIOGRAPHIES



Dr Jennifer Gunter

Dr. Jennifer Gunter is a Canadian-American OB/GYN with subspecialty training in infectious diseases in obstetrics and gynecology. She is an internationally recognized expert in menopause and vulvar and vaginal health, with extensive clinical experience in complex pain conditions affecting women. Dr. Gunter is a leading science communicator and the author of four books, translating evidence-based medicine for both professional and public audiences. Her work focuses on improving care through rigorous evaluation of medical evidence, particularly in areas that have been historically underfunded or misunderstood.



Professor Nanette Santoro

Dr. Nanette Santoro is the E Stewart Taylor Chair of Obstetrics & Gynecology at the University of Colorado School of Medicine, where she has served for 15 years. She has been continuously funded by the NIH since 1989 for research in female reproduction. Her work has covered the processes of the pubertal and menopausal transition, as well as clinical trials in reproduction and menopause. She has headed studies of women with premature and age-appropriate menopause such as the Women's Health Initiative and the Kronos Early Estrogen Prevention Study (KEEPS), and the Study of Womens Health Across the Nation (SWAN). She has held numerous leadership positions in local and national organizations. Dr. Santoro was elected to the National Academy of Medicine in 2018. She is Past President of the Society for Reproductive Investigation and President Elect of the Endocrine Society (2026-2027).

ABSTRACT

Menopause is definitely having a moment right now. And while it is great to see more open discussion of menopausal symptoms and issues there is no doubt that this has provided an opportunity ripe for exploitation. Access to social media has supercharged the reach of dubious menopause experts and allowed them to influence a much wider world audience than would have been possible in the past.

In this session our two speakers will address various concerning aspects of current menopausal misinformation. They will suggest ways of sifting reliable information from the dodgy and evidence-based care from self-interest. This will be followed by a facilitated panel discussion using questions submitted by the audience.

PLENARY PRESENTATION | Sunday, 13 September

Plenary 5 – Other Dimensions in Menopause Management

Midlife and menopausal bleeding – when should we worry and what investigations are needed?

Associate Professor Talat Uppal
Gynaecologist; Director of Women's Health Road



BIOGRAPHY

Dr Talat Uppal is an experienced Gynaecologist with an ASUM awarded Diploma of Diagnostic ultrasound. She is the Director of Women's Health Road, an RACGP-accredited practice, where she has pioneered an integrated, multidisciplinary model of care.

Her niche area of expertise lies in the management of abnormal menstrual bleeding (AUB), and she is the founder of Australia's first AUB Management Hub—a hybrid, digitally enhanced model of care that addresses the needs of women with heavy menstrual bleeding (HMB) and iron deficiency &/anaemia. Dr Uppal has also established a co-located charity with the Bleed Better initiative, establishing an International Heavy Menstrual Bleeding Day on 11th May annually to raise awareness of HMB, which affects 25% of women of reproductive age.

Dr. Uppal holds the position of Clinical Associate Professor in Obstetrics and Gynaecology at Macquarie University. She is currently working as a consultant gynaecologst at the Macquarie Hospital. Previously, she held the role of Senior Obstetrics Staff Specialist and Clinical Director of Women's, Children & Family Health at Manly and Mona Vale Hospitals for over a decade. She is a Fellow of both the Australian Association for Quality in Health Care and the Australasian College of Health Service Management. In recognition of her contributions to GP Clinical Education, she was awarded the RANZCOG Conspicuous Service Medal in 2018.

Additionally, she was a former RANZCOG media spokesperson, contributed to articles, podcasts, panels, and media interviews on women's health topics, especially around AUB in Menopause management. Passionate about digital health, Dr Uppal also serves as an ambassador for Australia's largest AI scribe company, Heidi Health and REMIE Australia. She is a dedicated clinical educator, supporting the vital role of General Practitioners in women's health. She is the RANZCOG digital health representative on SPARKED.au for interoperability.

ABSTRACT

Abnormal uterine bleeding (AUB) during the midlife and menopausal transition is a common yet clinically challenging presentation, balancing high prevalence with the need to exclude significant pathology. Hormonal fluctuations in the perimenopause may result in irregular and/or heavy menstrual bleeding (HMB); however, the risk of endometrial hyperplasia and malignancy increases with age, obesity, metabolic disease, and prolonged unopposed oestrogen exposure. This presentation will provide a pragmatic, evidence-based framework for evaluating bleeding in women aged over 40, with a focus on diagnosis and management.

Using FIGO Abnormal Uterine Bleeding parameters, and clinical scenarios, we will explore when reassurance is appropriate, when investigation is recommended, and how to tailor assessment to individual risk profiles. The role and limitations of transvaginal ultrasound, hysteroscopy, endometrial biopsy, and emerging outpatient techniques will be reviewed, alongside considerations for women using menopausal hormone therapy, with unscheduled vaginal bleeding.

Emphasis will be placed on HMB management with a view to optimising patient quality of life. Practical algorithms applicable to primary and specialist care will be included in this presentation, to support confident decision-making in midlife bleeding.

PLENARY PRESENTATION | Sunday, 13 September

Plenary 5 – Other Dimensions in Menopause Management

Managing Urinary Symptoms at Midlife and Menopause

Dr Zhuoran Chen

Urogynaecologist and Gynaecologist, St George Public and Private Hospitals; Senior Lecturer, University of New South Wales



BIOGRAPHY

Dr Zhuoran Chen is a female Urogynaecologist and Gynaecologist working in South East Sydney. She is committed to improving woman's health by providing holistic care combined with the latest technological advances in robotic, laparoscopic and vaginal pelvic floor reconstructive surgery.

She has extensive experience in prolapse, urinary incontinence, mesh removals and provides a fresh new perspective on managing pelvic floor issues in women, offering both surgical and non-surgical approaches. Outside of her clinical duties in both St George Public and Private Hospitals, she is also a senior lecturer for the University of New South Wales and is an advocate for education and research in pelvic floor dysfunction.

PLENARY PRESENTATION | Sunday, 13 September

Plenary 6

Is the Menopause Experience Different Across Cultures?

Adjunct Professor Odette Best
Honorary Professor, University of Queensland;
Aboriginal Health Researcher and Nurse Leader

Associate Professor Talat Uppal
Gynaecologist; Director of Women's Health Road

Dr Jo Lambert
Family Planning and Reproductive Health Specialist

Ms Anisa Varasteh
Clinical Sexologist; Immediate Past President of the Society of Australian Sexologists

BIOGRAPHIES



Adjunct Professor Odette Best

Honorary Professor, University of Queensland;
Aboriginal Health Researcher and Nurse Leader

Odette Best is a member of the Gurreng Gurreng Nation and holds a Boonthamurra Nation bloodline with adoption ties to the Koomumberri people. This translates to ties across Woorabinda Mission in central Queensland, the Gold Coast and Stradbroke Island. She commenced her registered nurse training at the Princess Alexandra Hospital in the late 1980s and holds a Bachelor of Health Sciences (double major in Aboriginal Health and Community Development), a Master of Philosophy and a PhD. Odette has worked for 35 years in Indigenous health. Clinically, she worked for a decade as sexual health coordinator at the Brisbane Aboriginal and Islander Community Health Service and within the women's and youth prison systems across Brisbane. In 2000, she moved into discipline teaching within nursing in the tertiary sector. Odette's leadership in Indigenous health and Indigenous nursing research is acknowledged globally, and she is a Fellow of the American Academy of Nursing a Fellow of the Australian College of Nursing, a Churchill Fellow and a Fellow of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. Odette's last role was as Pro-Vice Chancellor: First Nations Strategy. Odette is semi-retired and continues research in spaces of Aboriginal women and menopause and Aboriginal women's labour force historiographies and remains supervising PhD students. Odette is also a native beekeeper.



Dr Jo Lambert

Family Planning and Reproductive Health Specialist

Jo is vocationally trained in Family Planning and Reproductive Health in Aotearoa New Zealand. Since 2003, she has worked across the spectrum of sexual and reproductive health services in community and hospital settings. Jo has a culturally responsive, trauma-informed approach to helping patients and whānau make informed, non-coercive decisions about their sexual wellbeing. She is the Māori Representative for the Boards of the New Zealand College of Sexual and Reproductive Health (NZCSRH) and the New Zealand Council of Medical Colleges, and Chairs the NZCSRH Education Advisory Committee, ensuring cultural safety, Te Tiriti obligations, and health equity remain centred in clinical education. Jo brings her experience as a SRH clinician, wahine Māori (Māori woman) and peri-menopausal Mum to the panel discussing why and how the menopausal experience can differ across cultures.



Associate Professor Talat Uppal

Gynaecologist; Director of Women's Health Road

Dr Talat Uppal is an experienced Gynaecologist with an ASUM awarded Diploma of Diagnostic ultrasound. She is the Director of Women's Health Road, an RACGP-accredited practice, where she has pioneered an integrated, multidisciplinary model of care.

Her niche area of expertise lies in the management of abnormal menstrual bleeding (AUB), and she is the founder of Australia's first AUB Management Hub—a hybrid, digitally enhanced model of care that addresses the needs of women with heavy menstrual bleeding (HMB) and iron deficiency &/anaemia. Dr Uppal has also established a co-located charity with the Bleed Better initiative, establishing an International Heavy Menstrual Bleeding Day on 11th May annually to raise awareness of HMB, which affects 25% of women of reproductive age.

Dr. Uppal holds the position of Clinical Associate Professor in Obstetrics and Gynaecology at Macquarie University. She is currently working as a consultant gynaecologst at the Macquarie Hospital. Previously, she held the role of Senior Obstetrics Staff Specialist and Clinical Director of Women's, Children & Family Health at Manly and Mona Vale Hospitals for over a decade. She is a Fellow of both the Australian Association for Quality in Health Care and the Australasian College of Health Service Management. In recognition of her contributions to GP Clinical Education, she was awarded the RANZCOG Conspicuous Service Medal in 2018. Additionally, she was a former RANZCOG media spokesperson, contributed to articles, podcasts, panels, and media interviews on women's health topics, especially around AUB in Menopause management. Passionate about digital health, Dr Uppal also serves as an ambassador for Australia's largest AI scribe company, Heidi Health and REMIE Australia. She is a dedicated clinical educator, supporting the vital role of General Practitioners in women's health. She is the RANZCOG digital health representative on SPARKED.au for interoperability.



Ms Anisa Varasteh

Clinical Sexologist; Immediate Past President of the Society of Australian Sexologists

Anisa Varasteh is a clinical sexologist, and the immediate past President of the Society of Australian Sexologists. She is a published author and a semi-finalist in the 7NEWS Community Achievement Awards (2024 & 2025) for her contribution to advancing sexual and relational wellbeing in Australia. Anisa has delivered professional training and consultancy across Australia and internationally to government departments, legal institutions, universities, and clinical teams, supporting practitioners to engage relational and sexual presentations with nuance, ethical clarity, and confidence.

ABSTRACT

In our desire to be evidence-based in our approach to menopause management we sometimes forget just how limited even excellent menopausal studies can be in their recruitment processes. The reality is that the overwhelming majority of menopausal research is done in the US and in Europe- providing a good picture of what the 'average' menopausal experience is likely to be for the dominant women in these cultures but neglecting the experiences of women from other cultures and ethnic backgrounds. Our panel aims to provide just a glimpse of the diversity of the mid-life experience in those they work with.

PLENARY PRESENTATION | Sunday, 13 September

Plenary 6

Menopausal Symptoms in Transgender Patients

Professor Ada Cheung
Endocrinologist and Clinician Scientist,
University of Melbourne



BIOGRAPHY

Professor Ada Cheung is an endocrinologist and clinician scientist at the University of Melbourne, where she leads the Trans Health Research Group. She leads world-leading programs integrating clinical trials and large population studies to advance understanding of gender affirming hormone therapy and improve healthcare delivery and mental health, developed in close partnership with trans communities – for which she has been awarded the GLOBE LGBT Ally of the Year.

An avid science communicator, Prof Cheung works with mainstream media, policymakers, clinicians and sporting bodies internationally to support evidence-based transgender health and inclusion. Her research excellence, commitment to gender equity and public engagement have been recognised with the 2025 Victorian Tall Poppy Scientist of the Year award and induction into the Victorian Honour Roll of Women as a Change Agent.

ABSTRACT

Approximately 0.9% of Australians are trans or gender diverse, and the first generation to use long-term gender-affirming hormone therapy is now reaching an age at which menopause clinicians will see them. Yet there is still no trans-specific definition of menopause, no applicable staging system, and no guideline that addresses all groups.

Practical guidance will address trans community perspectives of menopause, hormone continuation in older age, cardiovascular risk assessment where no validated calculator exists, bone health after gonadectomy, and management of vasomotor and genitourinary symptoms. Clinicians who manage menopause already hold most of the necessary expertise and this session will cover strategies for optimising care in this population.

PLENARY PRESENTATION | Sunday, 13 September

Plenary 6

Sonia's Snippets

Dr Sonia Davison

Endocrinologist; Clinical Fellow, Jean Hailes for Women's Health



BIOGRAPHY

Dr Sonia Davison MBBS FRACP PhD, is an Endocrinologist with a special interest in Women's Health, and has worked in this field for over 20 years. She is a Clinical Fellow at Jean Hailes for Women's Health and has worked at the Women's Health Research Program, Monash University, Victoria, Australia. Sonia is in private practice at the Melbourne Endocrine Clinic, Malvern, and at Jean Hailes for Women's Health. Her PhD and postdoctoral research examined hormones in women, including measurement of androgens and their relationships with age, mood, sexual function and cognition.

Sonia is Past President of the Australasian Menopause Society and former editor of its newsletter, 'Changes'. She is a current Board member of the Asia Pacific Menopause Federation. Sonia has published widely in the field of women's health, and has presented at women's health conferences, scientific meetings, podcasts, webinars, and community seminars. She has frequently been invited to appear in the media, including the TV show, "The Truth about Menopause", featuring Myf Warhurst.

OVERVIEW

A summary of the latest clinical trials in the area of menopause/ women's midlife health will be presented.

e-Posters

#	POSTER TITLE	PRESENTING AUTHOR
01.	The Elara framework: A community pharmacy approach to reframing menopause support	Miss Menah Bata
02.	Socioeconomic disparities in menopause-related healthcare utilisation: A systematic review	Mrs Laura Brooks
03.	Creatine supplementation for cognition and mood in postmenopausal women with dementia risk: MENOCOG trial protocol	Ms Lauren Dewsbury
04.	Lived experiences of perimenopause and menopause in an Australian metropolitan based healthcare workforce	Mrs Gaynor Heron
05.	Notch-ing back to normal: Challenges in symptom management of reversible ovarian insufficiency with nirogacestat	Dr Danielle Hulse
06.	Missed and manageable: Screening for eating disorders in perimenopause and menopause	Dr Rachel Kalman
07.	Reclaiming agency: How women rebuild mood, confidence and social connections in perimenopause.	Dr Sharmila Kumar
08.	The MenoStim trial protocol: Targeting cognitive and mood symptoms during menopause using non-invasive brain stimulation	Ms Najwa-Joelle Metri
09.	Fezolinetant (Veoza) for vasomotor symptoms in a high-risk postmenopausal woman: A case report	Dr Divia Mohandas
10.	Menopause and bipolar disorder: Current state of the evidence	A/Prof Tania Perich
11.	Bridging hormones and trauma history: An integrated framework for perimenopausal mental health care.	Ms Daniela Provedel
12.	How are mental health concerns during perimenopause addressed in the Australian general practice setting?	Dr Angela Stojanoska
13.	Characterising the clinical profile and symptom burden of women with breast cancer attending Northern Sydney Local Health District (NSLHD) Menopause Hub: A subgroup analysis	Dr Melisha Thambyaiyah
14.	Bleeding patterns and amenorrhoea with a novel bi-phasic drospirenone regimen in women with endometriosis	Dr Anita Townsend

Commercial Symposia

BAYER COMMERCIAL BREAKFAST SYMPOSIA

Introducing LYNKUET (elinzanetant): A new paradigm for the treatment of hot flushes and night sweats
Session Chair: Dr Sonia Davison
Panel: **Dr James Brown** and **Dr Sneha Wadhwani**

Saturday, 12 September 2026

07:15 am – 08:15 am

Sofitel Sydney Wentworth, Adelaide Room, Level 4

Inclusive for full registrations (bookings required)

ARROTEX COMMERCIAL BREAKFAST SYMPOSIA

Treatment of Vulval Lichen Sclerosus and Lichen Planus
Dr Tevi Wain
Dermatologist, Delta Dermatology & Royal Prince Alfred Hospital

Sunday, 13 September 2026

07:15 am – 08:15 am

Sofitel Sydney Wentworth, Adelaide Room, Level 4

Inclusive for full registrations (bookings required)

General Information

CONGRESS VENUE

Sofitel Sydney Wentworth

REGISTRATION DESK

The registration desk will be located in the Level 3 Foyer at Sofitel Sydney Wentworth and will be attended at all times throughout the Congress. Delegates should collect their name badge on arrival. Admission to all sessions, catering and Welcome Reception is by name badge only.

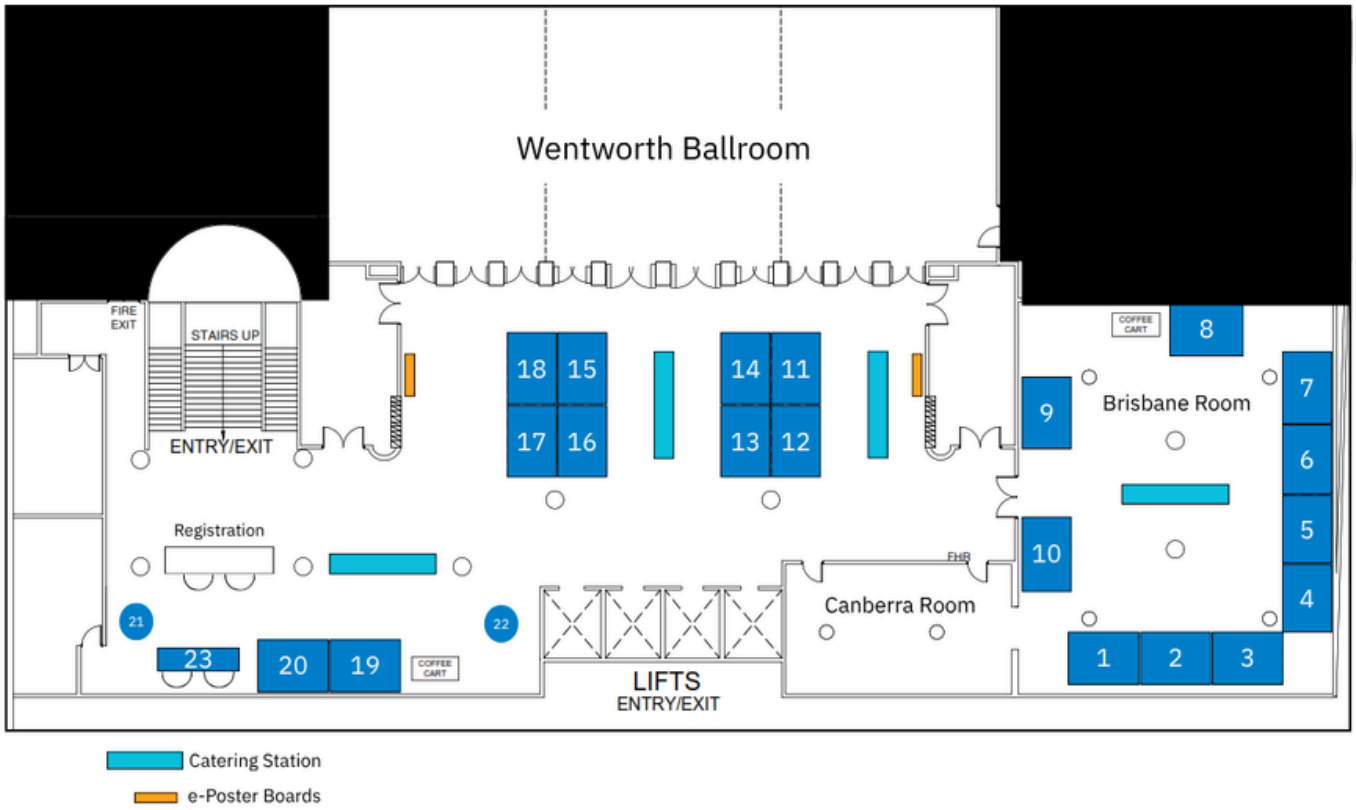
Registration Opening Times

Friday 11 September - 07:30-17:30
Saturday 12 September - 08:00-16:00
Sunday 13 September - 08:00-13:00

PROFESSIONAL CONFERENCE ORGANISER

Conference Design Pty Ltd
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+61 3 6231 2999

Exhibition Floorplan



EXHIBITOR	BOOTH NO.
Amgen	5
Australasian Menopause Society	23
Arrotex Pharmaceuticals	16
Aspen Pharmacare	12
Astellas Pharma Australia Pty Ltd	6 & 7
Bayer Australia Limited	13 & 14
Besins	19 & 20
Biolae	3
Fragile X Association of Australia	22
Inherited Cancers Australia	1

EXHIBITOR	BOOTH NO.
Inmunotek Australia Pty Ltd	2
Lawley Pharmaceuticals Pty Ltd	18
MistiYo	21
Organon	4
Orion Pharma Australia	17
Pharmacare Laboratories	10
Sandoz	8
Simply Olive & Bee	9
Stratpharma	11
Theramex Australia	15