

Fighting Ovarian Cancer

What Every Woman Must Know

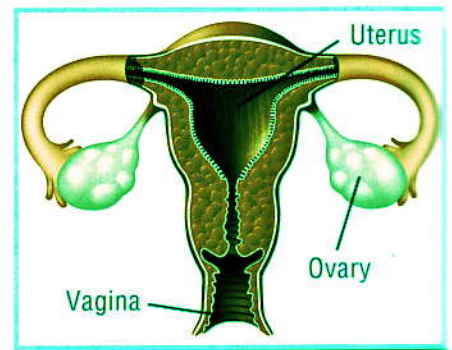
Susan is a 46-year-old banker who is married with teenage children. She was presented with abdominal bloating and thought that she had put on weight. She signed up for a weight loss programme at a fitness centre. Her fitness instructor advised her to see a doctor when she vomited after exercising. She was later diagnosed with stage III ovarian cancer which had spread through her abdominal cavity resulting in fluid accumulation in her abdomen. As surgery was deemed to be of high risk, she started on chemotherapy. After three months, the fluid in her abdomen had considerably reduced and for her to undergo the surgery to remove the affected ovary. She is disease-free today.

More than 140,000 cases of ovarian cancer are diagnosed annually, representing more than 4% of all cancer cases in women. Ovarian cancer is the most lethal gynaecologic malignancy. As these ovarian tumours cannot be detected early in their development, they account for a disproportionate number of fatal cancers, being responsible for almost half of the deaths from cancers of the female genital tract.

Risk Factors

Older women are more likely to develop ovarian cancer than younger women. 90% of affected women are older than 40 years of age, with the highest risk group for those aged 55 years or older.

There are certain traits that make some women more susceptible than others to develop ovarian cancer. These include cancer-causing gene mutations such as BRCA 1 and 2 as carriers of these genetic mutations have up to 80% of developing cancers. Women with such genetic predisposition have a higher chance of developing cancer within their lifetime and at an earlier age.



Other risk factors include:

- A first degree relative with ovarian cancer and/or direct relatives with breast or ovarian cancer
- A history of breast cancer or endometriosis
- A history of infertility and/or use of assisted reproductive therapies, such as in vitro fertilisation
- A history of using hormone replacement therapy for the management of menopause

If ovarian cancer is suspected, a combination of the following tests may be performed:

- Pelvic examination
- Transvaginal or Abdominal Ultrasound to pick up growths
- CT scans or MRI to see if the cancer has spread
- Blood tests including CA-125 to measure any elevated blood levels
- Biopsy, where a small amount of tissue is obtained for examination under a microscope



Early detection of ovarian cancer is more challenging as many women don't have any symptom until the later stages of the disease. Approximately 70% of patients with ovarian cancer are diagnosed at stages 3 or 4.

Treatment

Ovarian cancer is a disease best managed by a multi-disciplinary team of specialists who performs a combination of surgery, chemotherapy and in some cases, targeted therapy. Even in the advanced stages, surgery remains as the mainstay of treatment, in combination with chemotherapy.

"Surgical resection offers the best chance for a successful outcome. Women with early stage ovarian cancer have excellent survival, with more than 85% living beyond five years," shared Dr Lynette Ngo, Specialist in Medical Oncology & Consultant of Raffles Cancer Centre.

Surgery involves removal of the ovaries, fallopian tubes, uterus and the omentum.

Stage 1: When cancer is confined to one ovary and is early Stage 1 (termed 1A) and a low-risk type, the surgeon may perform Salpingo-oophorectomy, which is removal of the affected ovary and fallopian tube.

Stage 2: If the cancer has been spread to areas such as the uterus, a hysterectomy with bilateral salpingo-oophorectomy will be performed.

Stage 3 and 4: For a more advanced stage, where tumours have spread to organs within or beyond the abdomen, a debulking surgery will be done to remove as much of the cancerous tissue as possible.

Dr Tan Yew Ghee, Specialist in Obstetrics and Gynaecology & Consultant of Raffles Women's Centre advised, "These operations are usually performed using laparotomy under general anaesthesia and last about two to three hours. The advantage of laparoscopic surgery, especially for Stage 1A disease, are smaller scars, reduced pain and shorter hospitalisation".

Other than those with early-stage, low-grade disease, patients usually have chemotherapy after surgery. Unlike radiation, which treats the cancerous tumours and the area surrounding it, chemotherapy uses anticancer drugs to kill cancer cells which may be present after surgery. Sometimes, chemotherapy is given before surgery when the cancer cannot be adequately or safely resected.

Targeted therapy includes drugs, antibodies or other proteins that target and disrupt specific proteins within the cancer cell, so that the treated cell dies or stops multiplying. Such therapy is more selective

for cancer cells than normal cells, thus harming fewer normal cells, reducing side effects and improving quality of life.

Prevention

Modification or avoidance of environmental factors such as smoking will help lower the risk of developing cancers. Regular cancer screening for breast, gynaecological cancers as well as genetic testing for women with inherited genetic mutations, also enable one to know more about their genetic predisposition and cancer risk. This allows us to develop a comprehensive plan at its earliest and most curable stage.



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Dr Tan Yew Ghee's areas of specialty in gynaecology include advanced minimally-invasive surgery for treatment of fibroids, ovarian cysts, endometriosis and infertility.



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Dr Lynette Ngo's areas of interest are in breast and gynaecologic cancers, psychosocial oncology and palliative medicine.