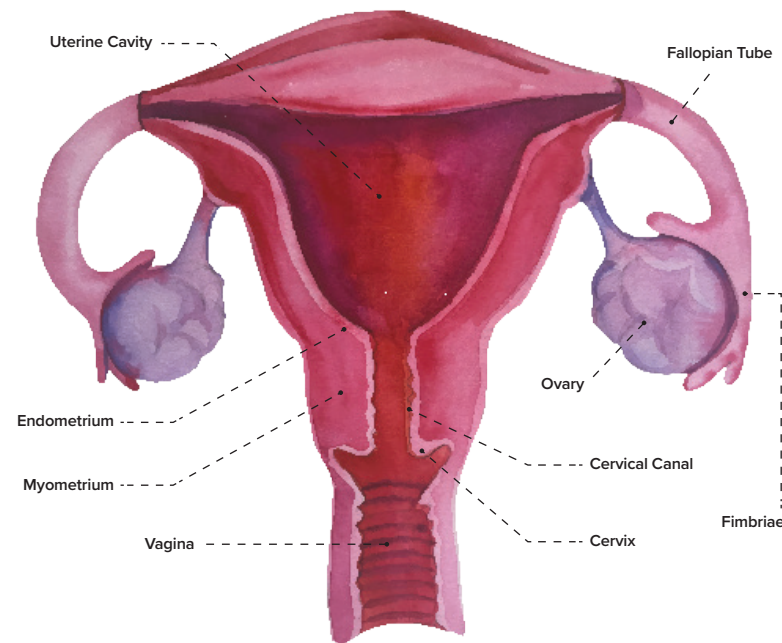


# An article written by Dr Tan Teck Sin, Consultant Obstetrician and Gynaecologist



## FACTS ABOUT OVARIAN CANCER: WHAT YOU NEED TO KNOW



ovarian cancer is the 3<sup>rd</sup> most common cancer among females but it has the highest mortality rate among all other female cancers. It is a dreadful and lethal disease with poor prognosis. The lifetime risk of developing ovarian cancer ranges from 1:70 in UK to about 1:170 in Malaysia.



Dr. Tan Teck Sin, Consultant Obstetrician & Gynaecologist at Subang Jaya Medical Centre shares more information on ovarian cancer.

### WHAT ARE THE OVARIES?

The ovaries are part of the female sexual organs. Females have a pair of ovaries beside the uterus on each side of the lower abdomen. In the reproductive phase of a female from menarche to menopause, they produce eggs and female hormones necessary for childbearing. The ovaries cease to function after menopause and hence without sounding ungrateful, they are considered a liability after menopause. They are situated within the lower abdomen in the pelvis; unlike the cervix and breasts, they are not accessible during physical examination.

### FACTS ABOUT OVARIAN CANCER

Ovarian cancer is the 3<sup>rd</sup> most commonly diagnosed cancer in women after breasts and cervical cancers and it is among the 10 most occurring cancers worldwide. With the Pap smear screening program and cervical cancer vaccine, ovarian cancer is likely to be more common than cervical cancer in future. It is more common in the developed countries like Australia, UK, Japan and Singapore. There are about 700 cases reported annually in Malaysia, but the true figure is likely to be more because of inaccurate reporting and under reporting. There is no effective screening method and the disease almost always is in the advanced stages by the time there are symptoms.

### IS SERUM CA125 A RELIABLE TEST FOR OVARIAN CANCER?

Unlike cervical cancer, there is no effective screening method to detect ovarian cancer. Up till now the gold standard for screening ovarian cancer is the combination of pelvic ultrasound and serum CA 125.

## WHAT ARE THE RISK FACTORS?

### AGE

Ovarian cancer is most common around 50 - 70 years of age after menopause, but it can also occur before menopause.

### FAMILY HISTORY

There are genetic factors like BRCA gene defect. In the most common type of ovarian cancer, 25% have this gene defect which is linked to breast cancer. There are other less common gene defects which also causes womb & colorectal cancers.

### CHILDBEARING

Females with no children are at a significant increased risk. The risk reduces if the woman has 2 or more children.



There is some evidence that endometriosis, a common female disease, is associated with a type of ovarian cancer.

CA 125 is not a perfect tumour marker because it can show elevated levels in non-cancerous diseases like endometriosis, pelvic infection, adenomyosis etc. It is also not always elevated in all ovarian cancers. It can be normal in some patients with ovarian cancer. Only about 5% with elevated levels of CA 125 are due to ovarian cancer.

There are other screening methods available, but none has been proven to be reliable.

### ARE THERE ANY PROTECTIVE FACTORS?

Any situation that decreases frequency of ovulation is protective to development of ovarian cancer. Pregnancies and total breast feeding are natural circumstances where ovulation (and hence menstruation) is suppressed. Taking the combined oral contraception which works by ovulation suppression for more than 5 years is protective. Recent evidence shows that the fimbrial end of the fallopian tubes is the

precursor of ovarian cancer development and therefore any procedure that removes the fallopian tubes decreases ovarian cancer risk. Tubal ligation (sterilisation) also decreases ovarian cancer risk.

### WHAT ARE THE SYMPTOMS OF OVARIAN CANCER?

Unfortunately, symptoms appear almost always in the late stages. This late presentation results in poor treatment outcomes with high mortality. The symptoms are also very non-specific and vague like indigestion, abdominal bloatedness, loss of appetite and loss of weight. Often women see a general practitioner, physician or general surgeon instead of a gynaecologist because of the nature of the symptoms. They are then treated symptomatically first with further delay until they see a gynaecologist.

### WHAT IS THE TREATMENT?

Treatment of ovarian cancer usually involves a combination of surgery and chemotherapy. The diagnosis is made by performing tests such as ultrasound, CT or MRI scans. Operation for ovarian cancer involves removal of both ovaries and uterus. In some cases, the surgeon may opt to remove only 1 ovary and/or spare the uterus. In some advanced diseases or if surgery is not recommended because of ill health, chemotherapy is given first. The main objective of surgery is to remove all cancerous tissues, but this is often not possible. The chance of cure is dependent much of the completeness of removal of cancerous tissues. Complete removal is more likely in early stages compared with late stages. Apart from uncommon situation of complete removal in early stages, most would need chemotherapy subsequently.



## FACTS ABOUT CHEMOTHERAPY FOR OVARIAN CANCER

Most patients have good tolerance to chemotherapy. Bad nausea and vomiting used to be intolerable side effects, but we now have very effective drugs to prevent these. Women usually lose their hair after their first treatment. Chemotherapy also suppresses the bone marrow which produces the blood cells and can be toxic to the kidneys, nerves and ear. The doctor will monitor these effects in between cycles of chemotherapy and prescribe marrow stimulants if necessary. Tingling of the extremities is another common effect.

## IS RADIOTHERAPY REQUIRED?

Radiotherapy is not the mainstay treatment for ovarian cancer but is sometime used for local recurrent disease for palliation.

## NEW DEVELOPMENT

We now encourage all ovarian cancers to be tested for the BRCA gene defect. It is currently still a very expensive test. Firstly, if the patient has that gene defect, there is a new oral medication [Poly (ADP-ribose) polymerase (PARP) inhibitor] that has shown very encouraging results. Unfortunately, this new medication is also very expensive. Secondly, the siblings and first-degree relatives can be tested to see if they are at risk of developing ovarian and breast cancer and for them to take preventive measures like what Angelina Jolie did.

## TAKE HOME MESSAGE

Despite the doom and gloom, you are urged to go for annual screening with your gynaecologist to identify any risk factors. Annual checks can often pick up early ovarian disease and improve the cure rate. There is no simple and reliable way to screen for ovarian cancer in women who do not have any signs or symptoms. It is especially important to learn what you can do to reduce your risk. If you notice any changes in your body that are not normal for you and could be a sign of ovarian cancer, talk to your doctor about them.

Please call us at +603563 9212 for enquiries or to book your appointment.

