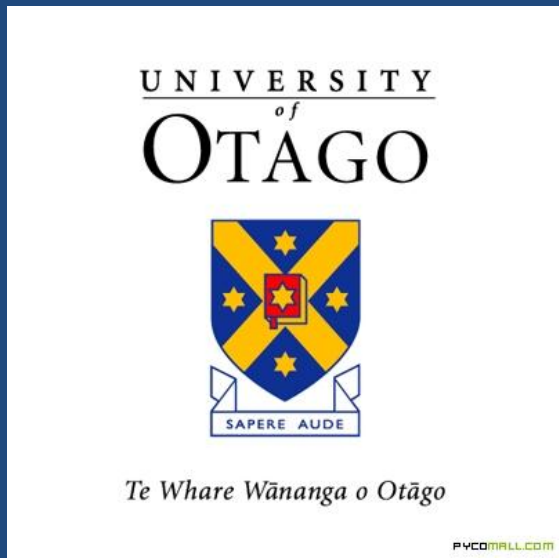
# Ovarian Cancer

Peter Sykes 2011



# Ovarian cancer is important

| Site | New cases | Deaths |
|---|---|---|
| uterus | 314 | 78 |
| ovary | 312 3% | 173 5% |
| cervix | 180 | 65 |
| vulva | 42 | 12 |
| other | 26 | 20 |
| Total gynae | 864 | 348 |
| colon | 1262 | 571 |
| breast | 2362 | 615 |
| total | 8544 | 3644 |

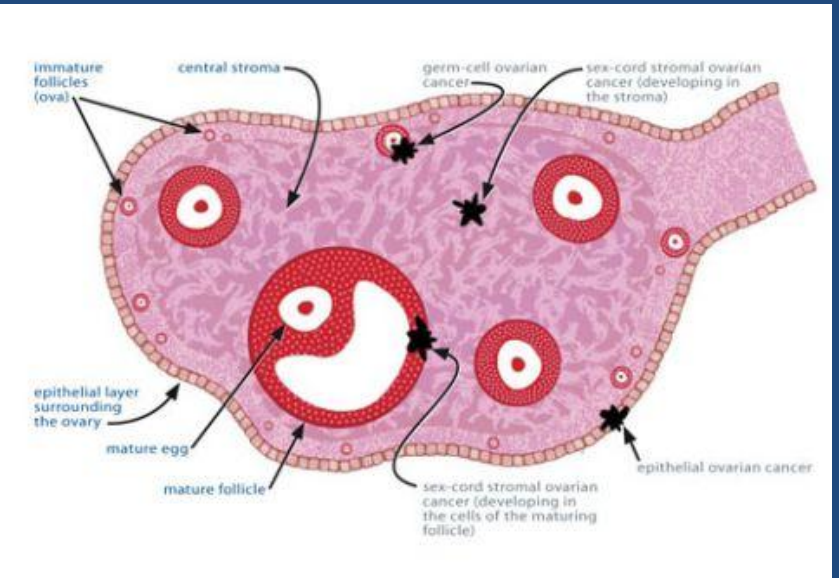
# Ovarian cancer is difficult

Histological classification

- **Epithelial**
- Stromal
- Germ cell

Ovarian metastasis

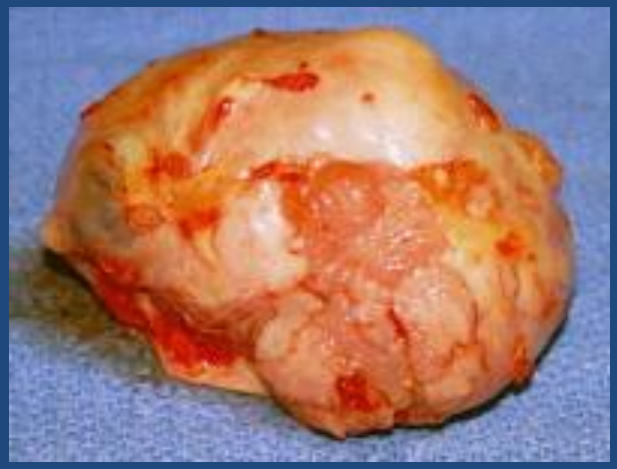
- Prevention
- Diagnosis
- Treatment
- Palliation

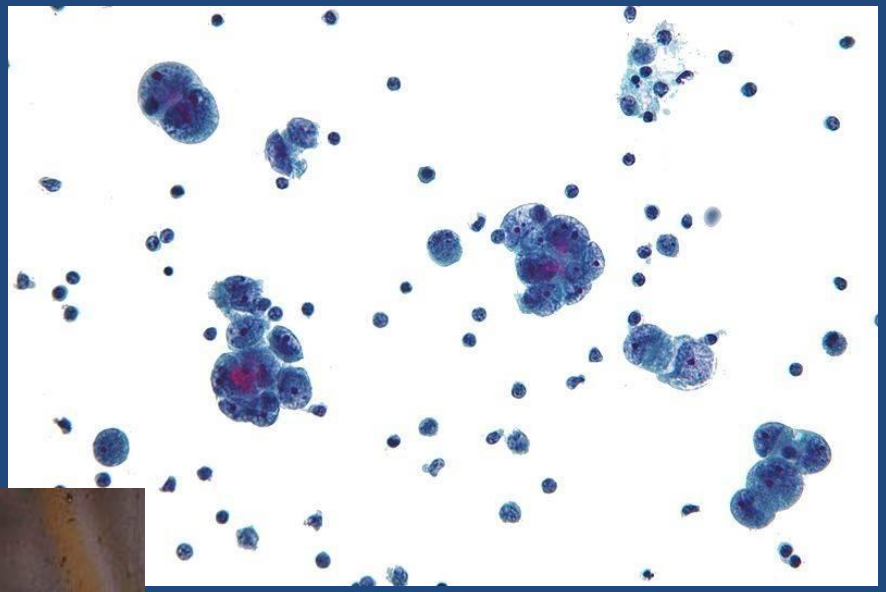


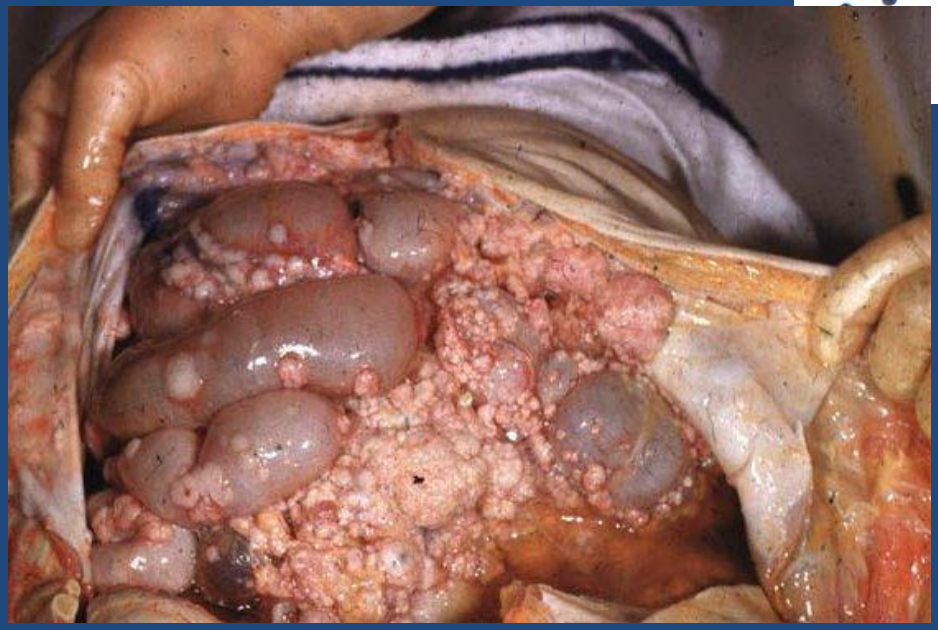

# Epithelial ovarian cancer

- Typical (high grade serous endometrioid)
- Unusual (mucinous, clear cell, endometrioid)
- Low grade (lowgrade and borderline serous cancers)

# Serous cancer







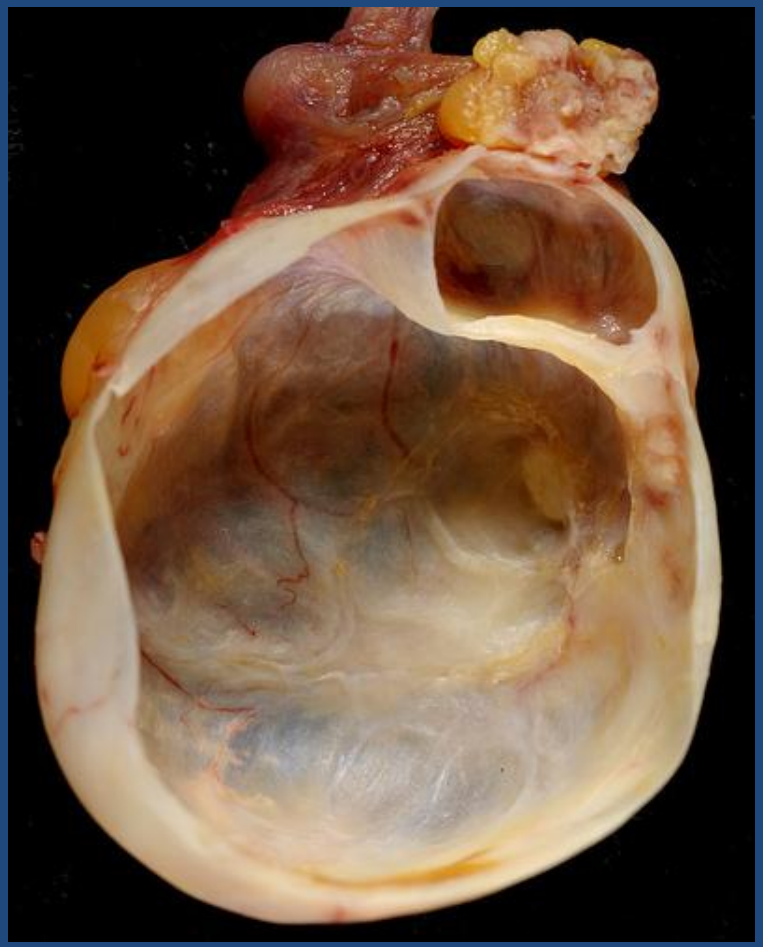
# High grade Serous cancer biology

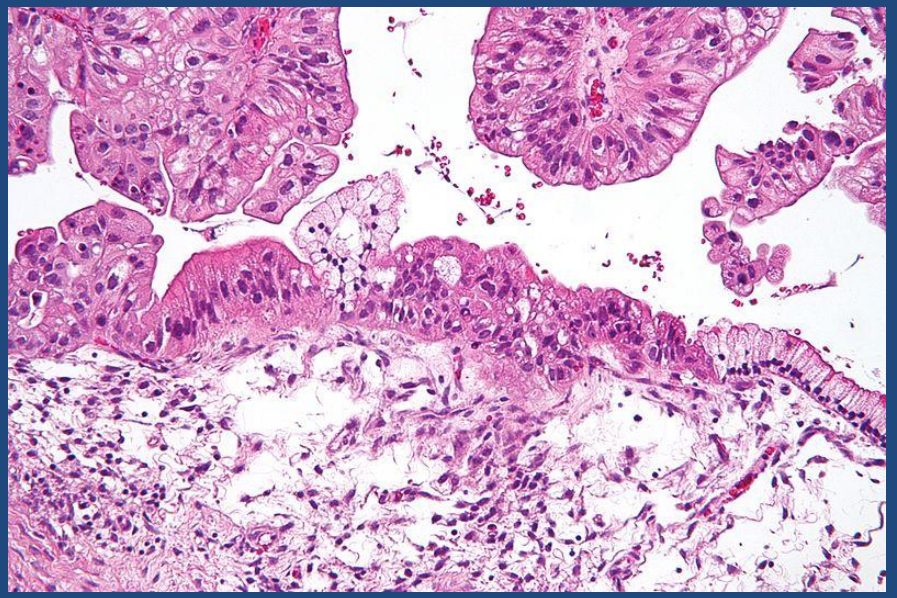
- Median age 65
- Caucasian Northern European
- BRCA mutations
- Fallopian tube origin
- Normally chemo sensitive

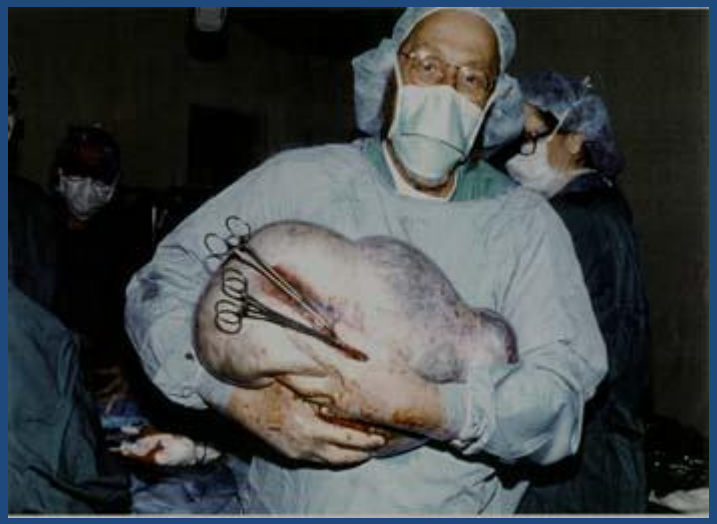
- “Incessant ovulation”
- Low parity
- Oral contraceptive

Diet, sunlight, HRT, surgery

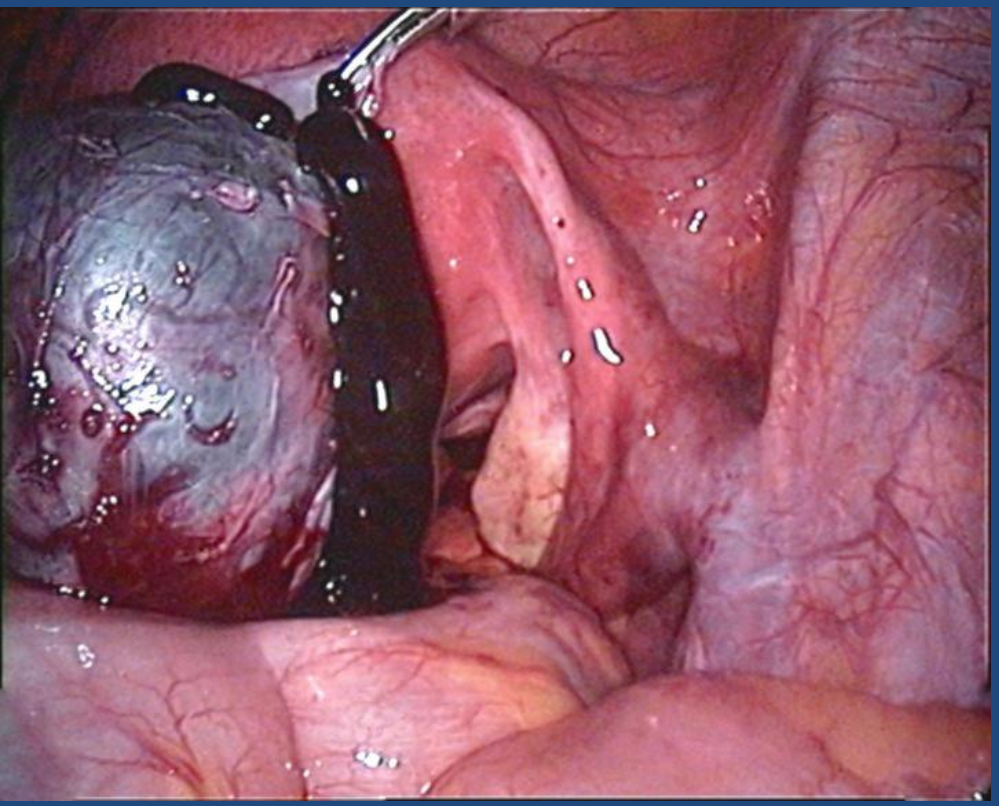
# Mucinous cancer

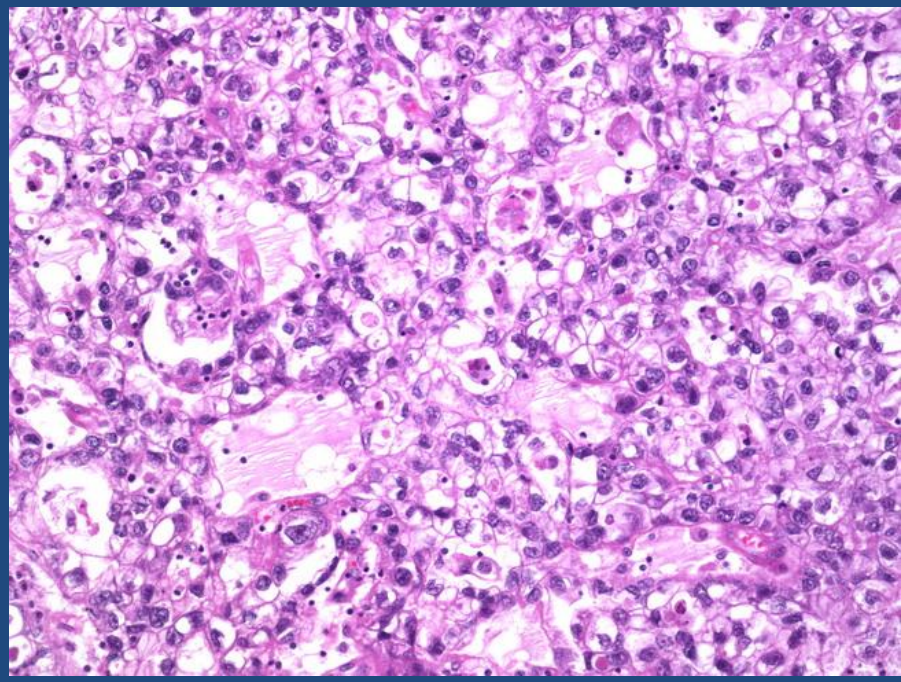




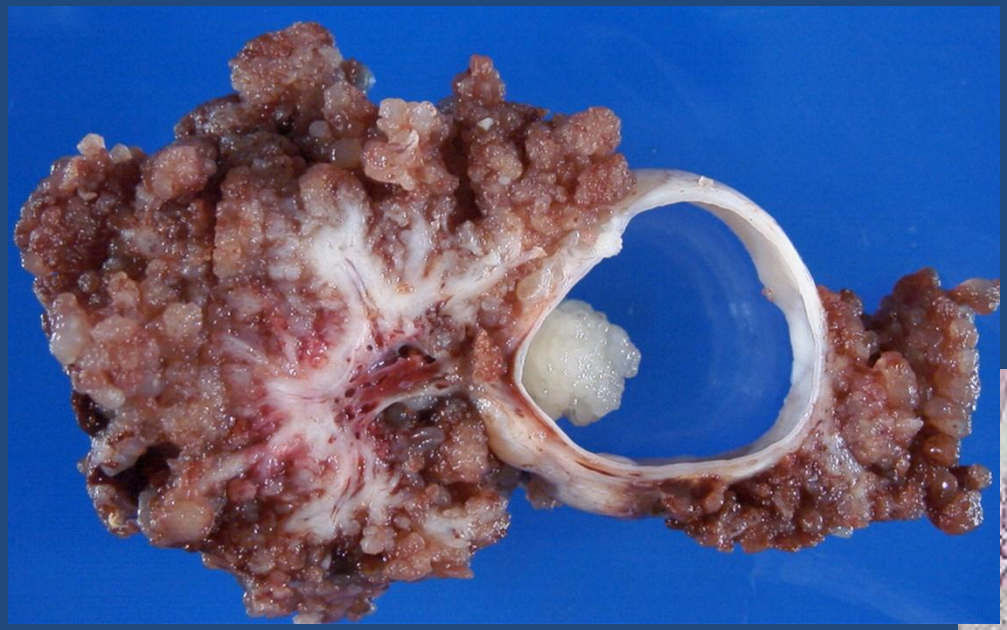


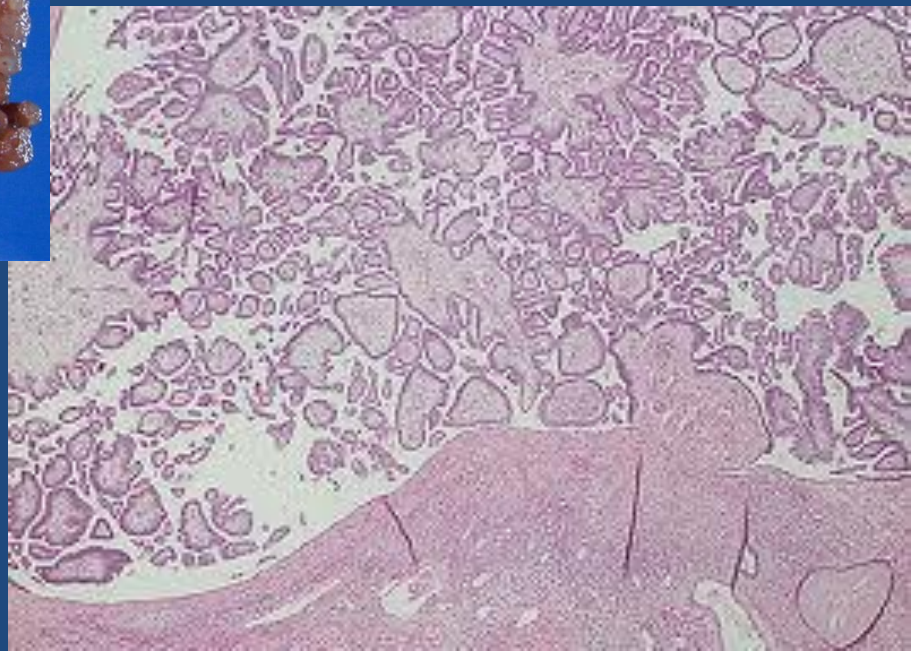
# Clear Cell Ovarian cancer



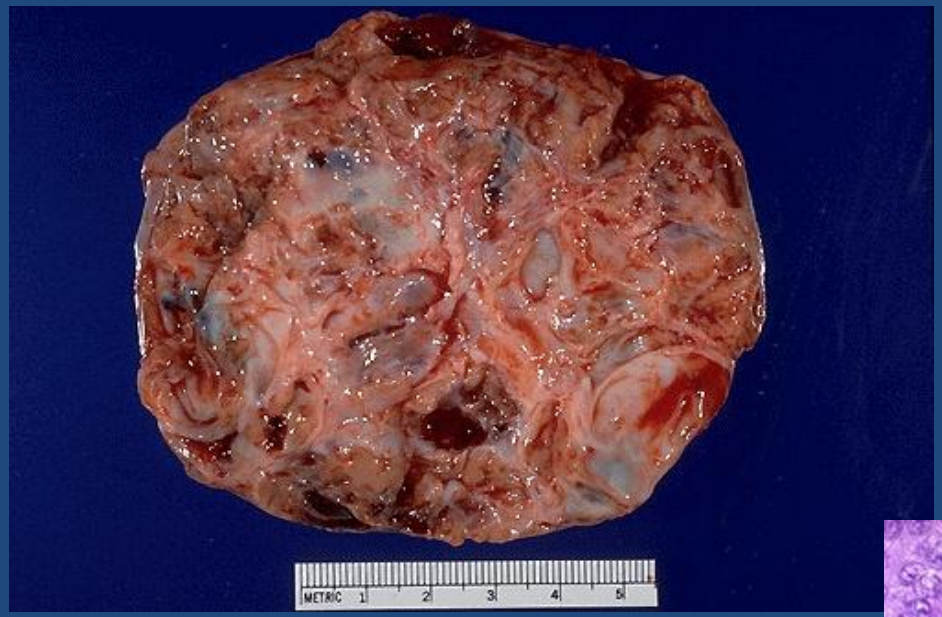


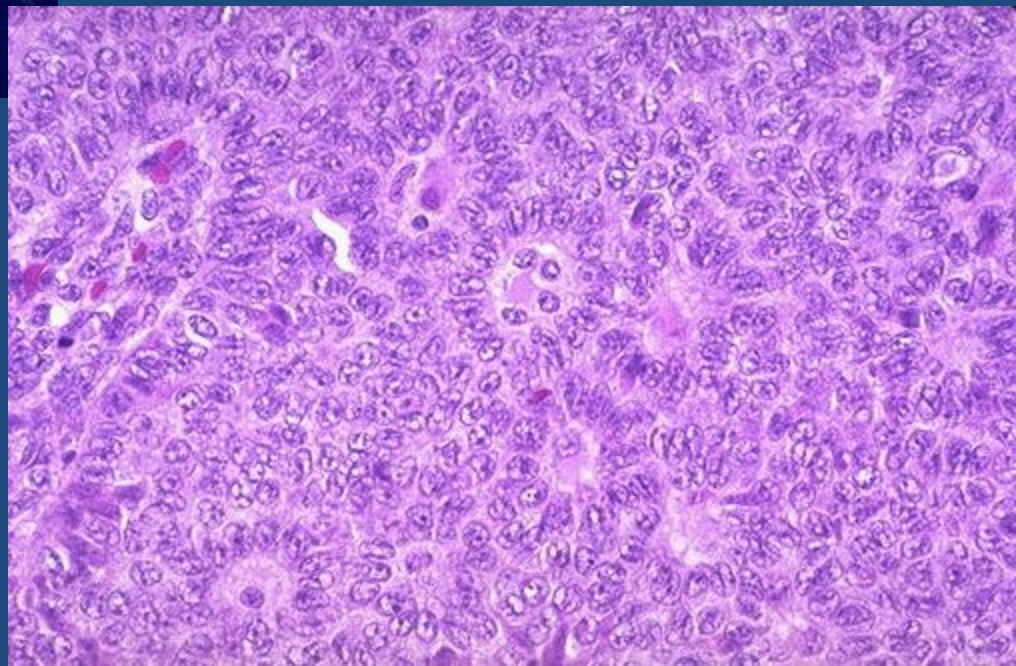
# Low grade serous ovarian carcinomas



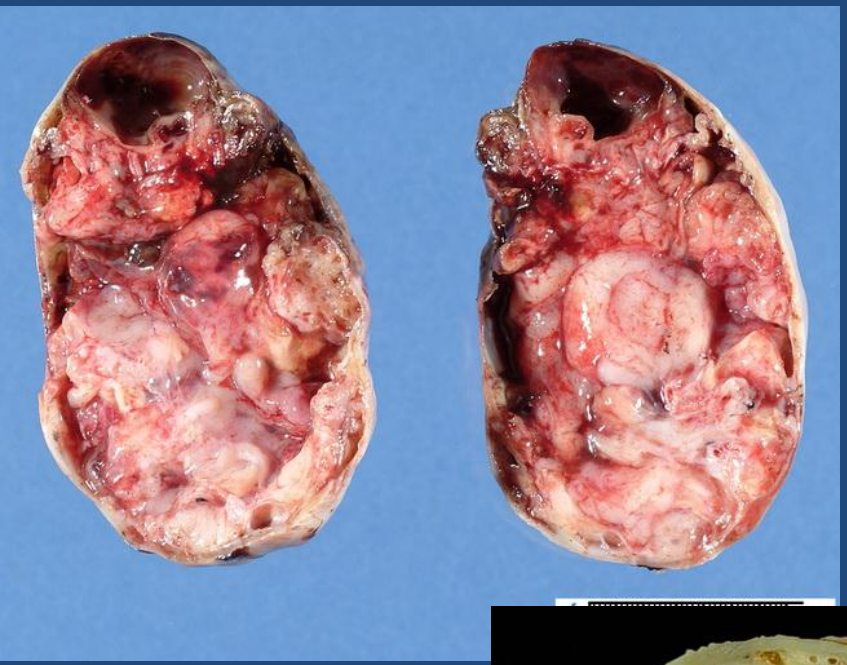


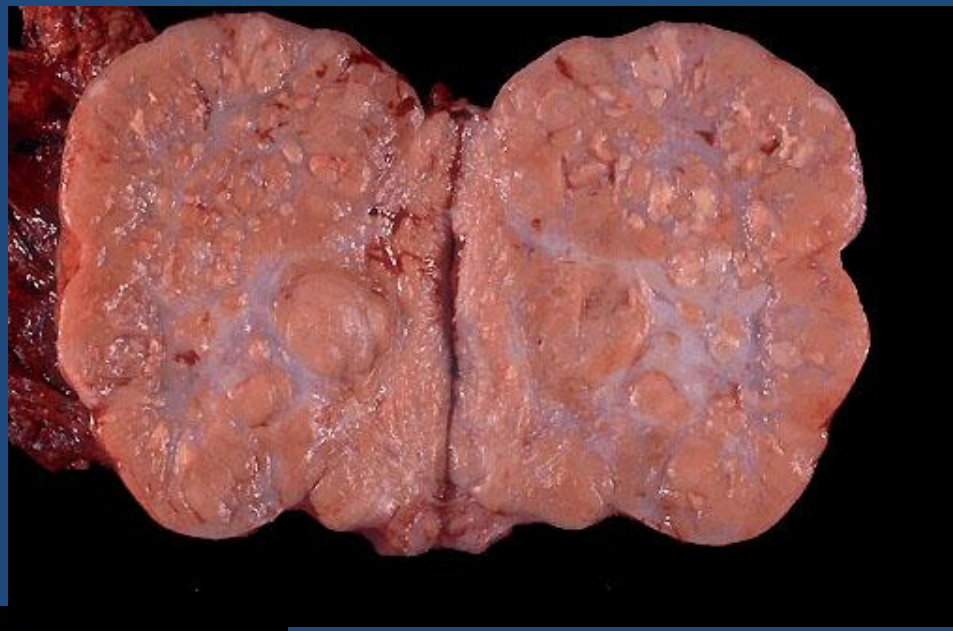
# Granulosa cell tumour

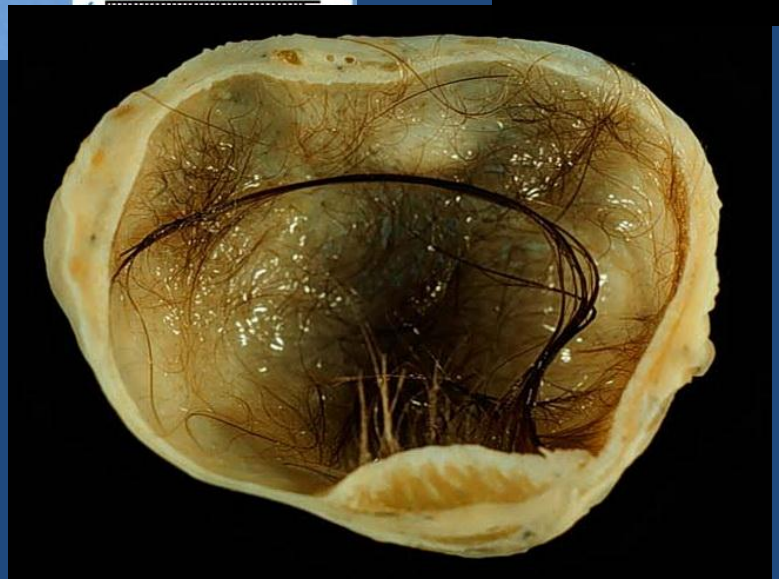


# Germ cell tumour







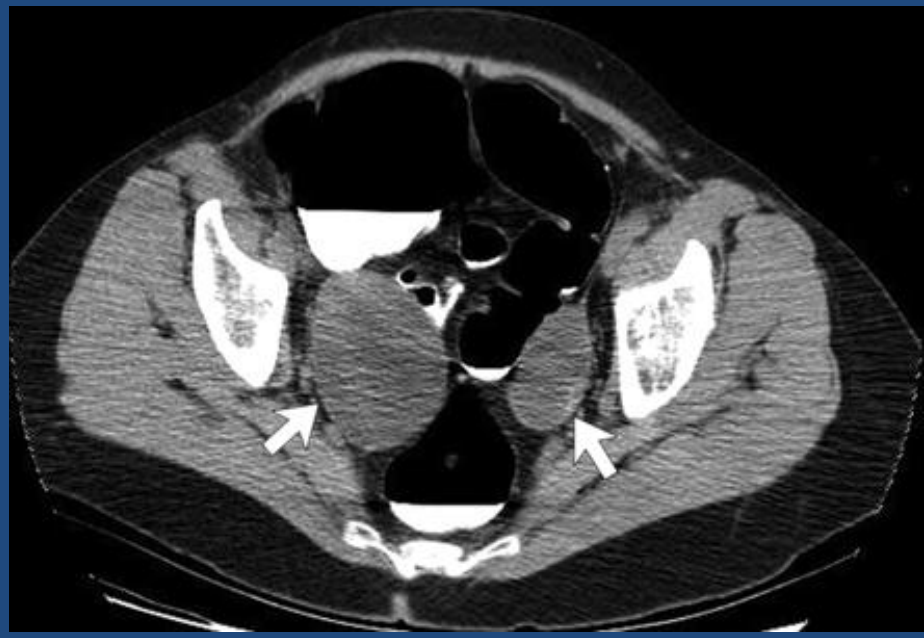
# Only some ovarian cysts are malignant

Ovarian cancer is rare in premenopausal women!

- Dermoids are dermoids
- Cysts greater than 6 cm should be referred or significant symptoms
- Cysts less than 3 cm can normally be ignored (follow radiologists advice) (hcg)
- Cysts 3-6 cm should be investigated with repeat scan 6-8 w
- Endometriosis and fibroids mimic ovarian cancer.

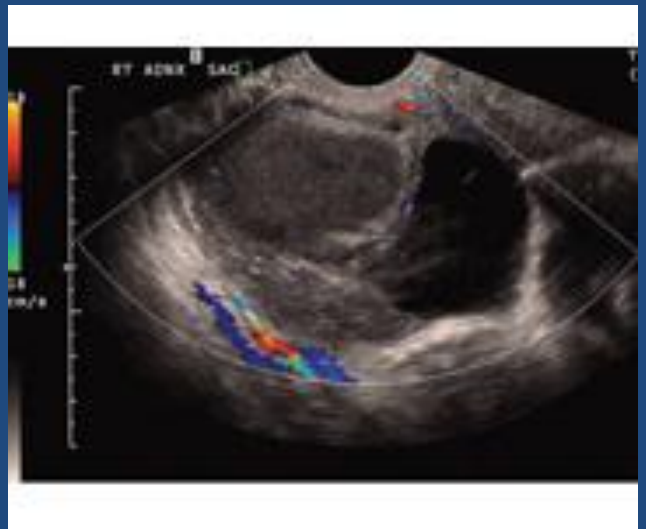
# 10% of ovarian tumours in post menopausal women are malignant

- Complex, bilateral, ascites, raised ca125, radiologists impression.
- Simple ovarian cyst highly unlikely to be malignant
- Simple cyst less than 4 cm can be observed  rpt scan 3/12 12/12.



# Investigations largely to determine risk of malignancy

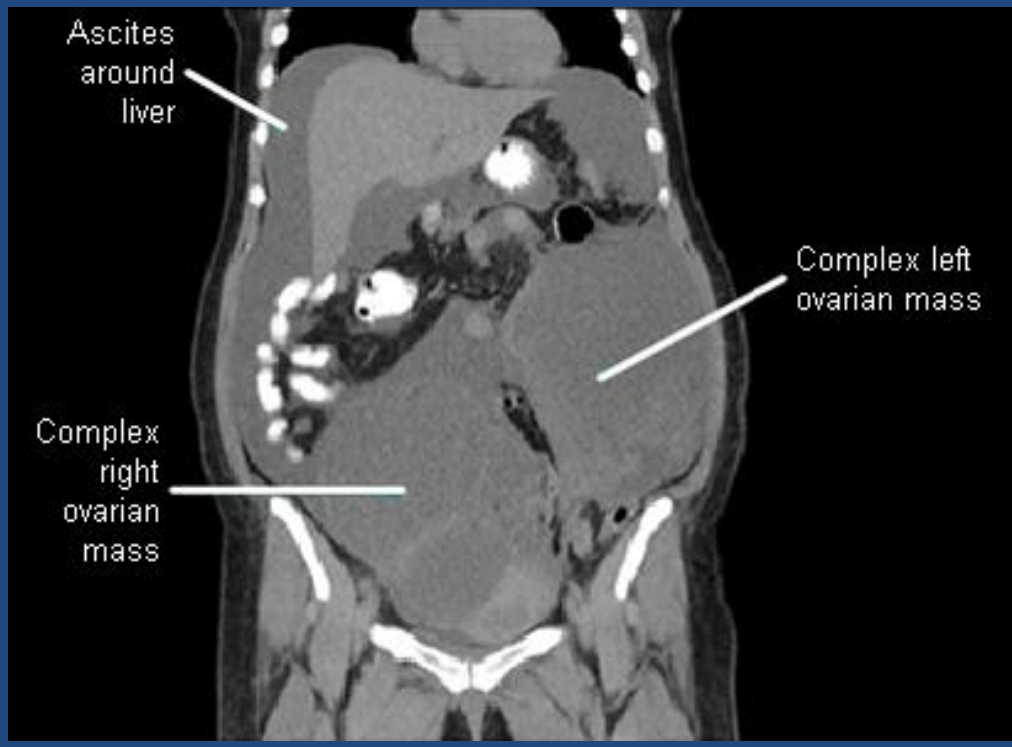
- TV USS most helpful characterising features
- Germ cell markers (HCG, aFP, LDH, in women up to 25 with large complex masses)
- Ca 125 rarely helpful in premenopausal woman.
- Ca 125 helpful in post menopausal women
- Cea if GI symptoms or hx ca colon
- CT scan helpful if suspicion of malignancy
- MRI normally not helpful



# Be aware of presenting symptoms Delayed diagnosis a common cause of patient complaint

- Bloating
- Eating
- Abdominal pain
- TREAT

Bleeding, prolapse, change urinary or bowel symptoms, indigestion.

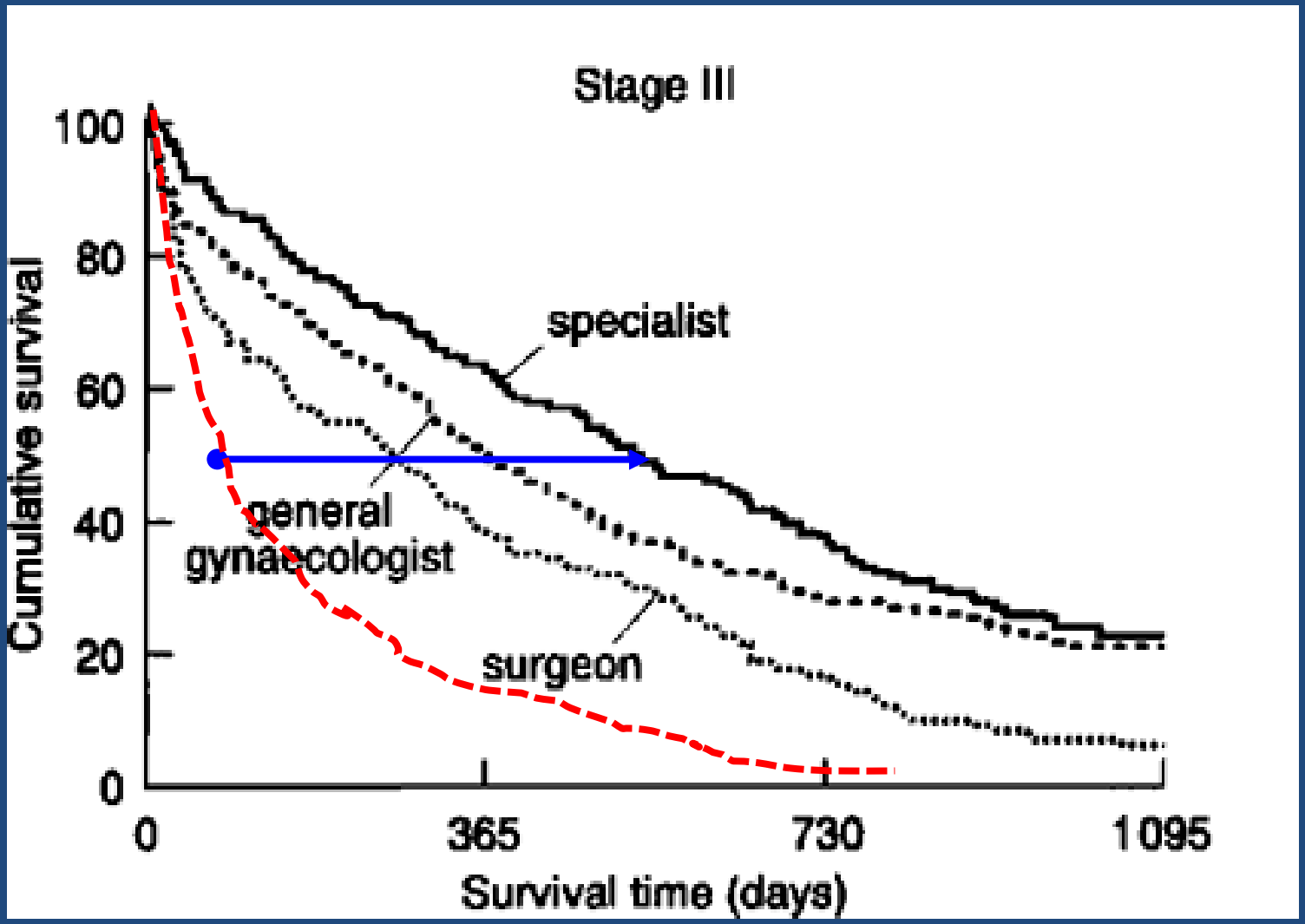



Perform pelvic exam on symptomatic perimenopausal women, (scan, CA125) mass, tenderness,nodularity

# Aggressive treatment indicated

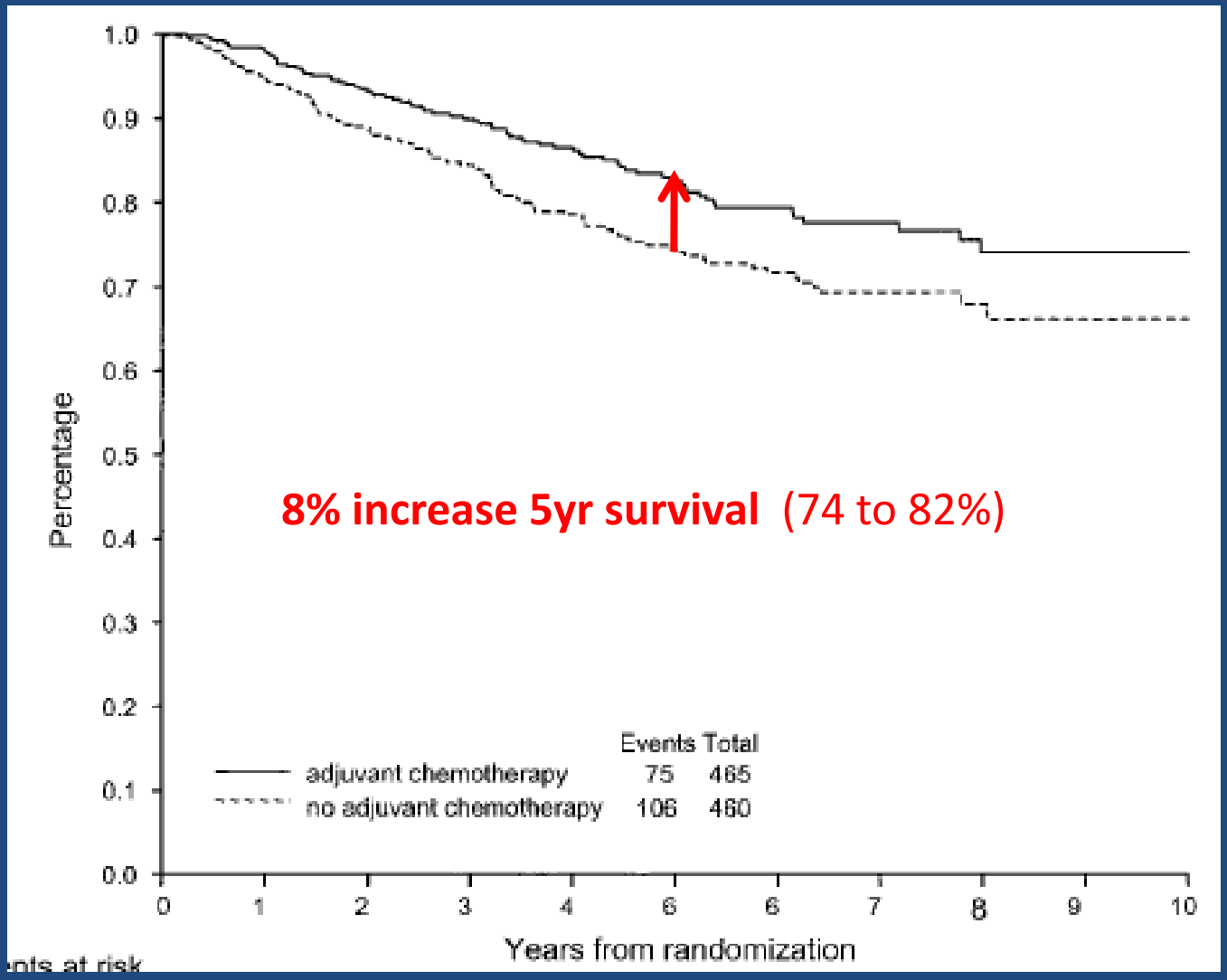
- “The harder you try the greater the gains”
- “The best palliation is disease control”
- “Treatment best delivered in Subspecialty centres”
- “Individual responses difficult to predict”
- “Law of diminishing returns”
- “Palliation and Supportive care are important goals”
- “Outcomes are improving”

# GOs↑OS over no Rx




Junor 1999 *B J Obstet Gynecol* 106:1130-6

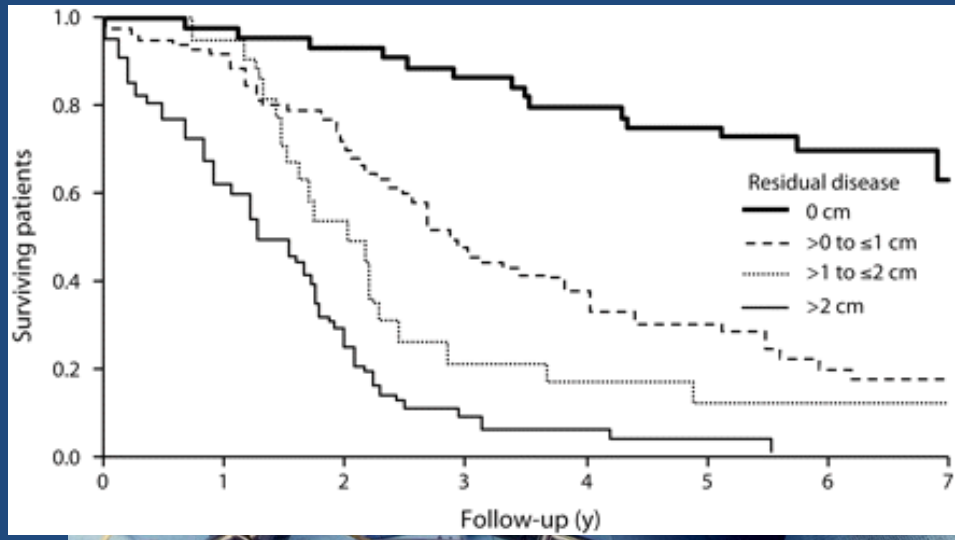
# ICON1 / ACTION Data

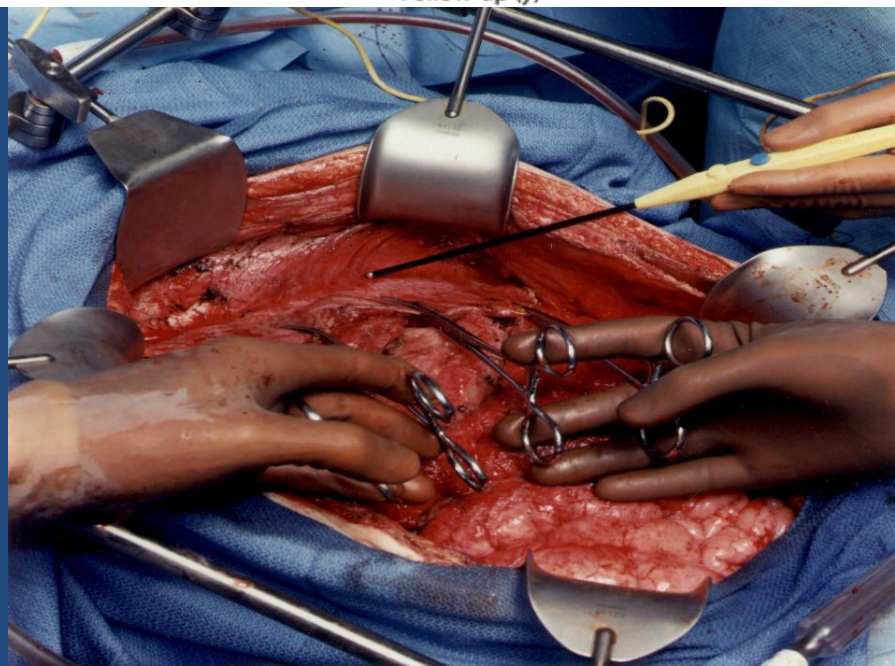



Trimbos 2003 JNCI 95:105

# Surgery for cure staging and Debulking

- Gyn oncology specialty
- Residual disease important indicator of outcome
- Primary vs interval debulking
- (ultra) Radical debulking



Giovanni D. Aletti, obstet gynecol 2006

# Chemotherapy is well tolerated

Quality of life often improves during chemotherapy

- Carboplatin paclitaxel standard therapy
- allopecia
- Some nausea
- Parasthesia constipation

# *It Takes a Team...*

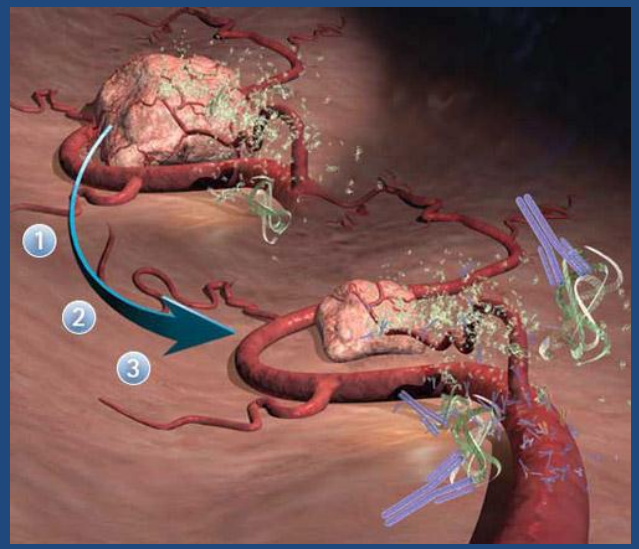
## Report to the Ministry of Health on a proposed national service improvement plan for gynaecological cancer services

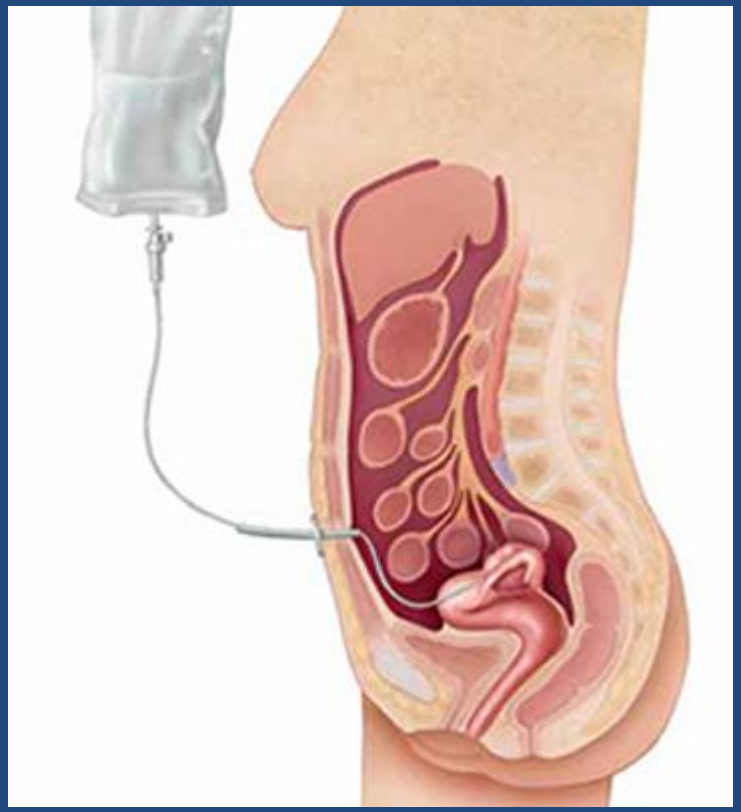
**July 2011**

Martin Hefford, Nieves Ehrenberg

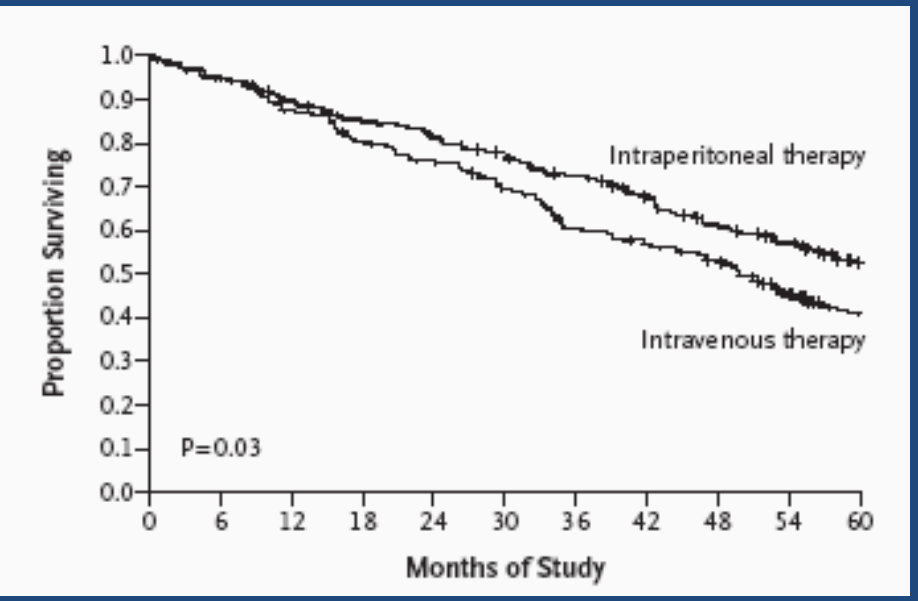
# Newer treatments

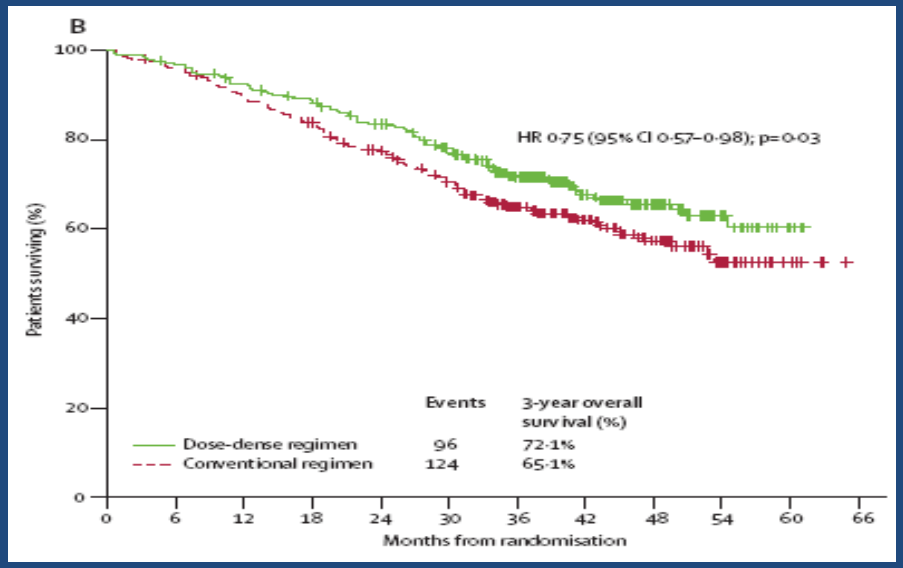
- Intraperitoneal chemotherapy
- Weekly taxol (dose dense)
- PARP inhibitors
- Anti angiogenic agents



# IP v Dose dense



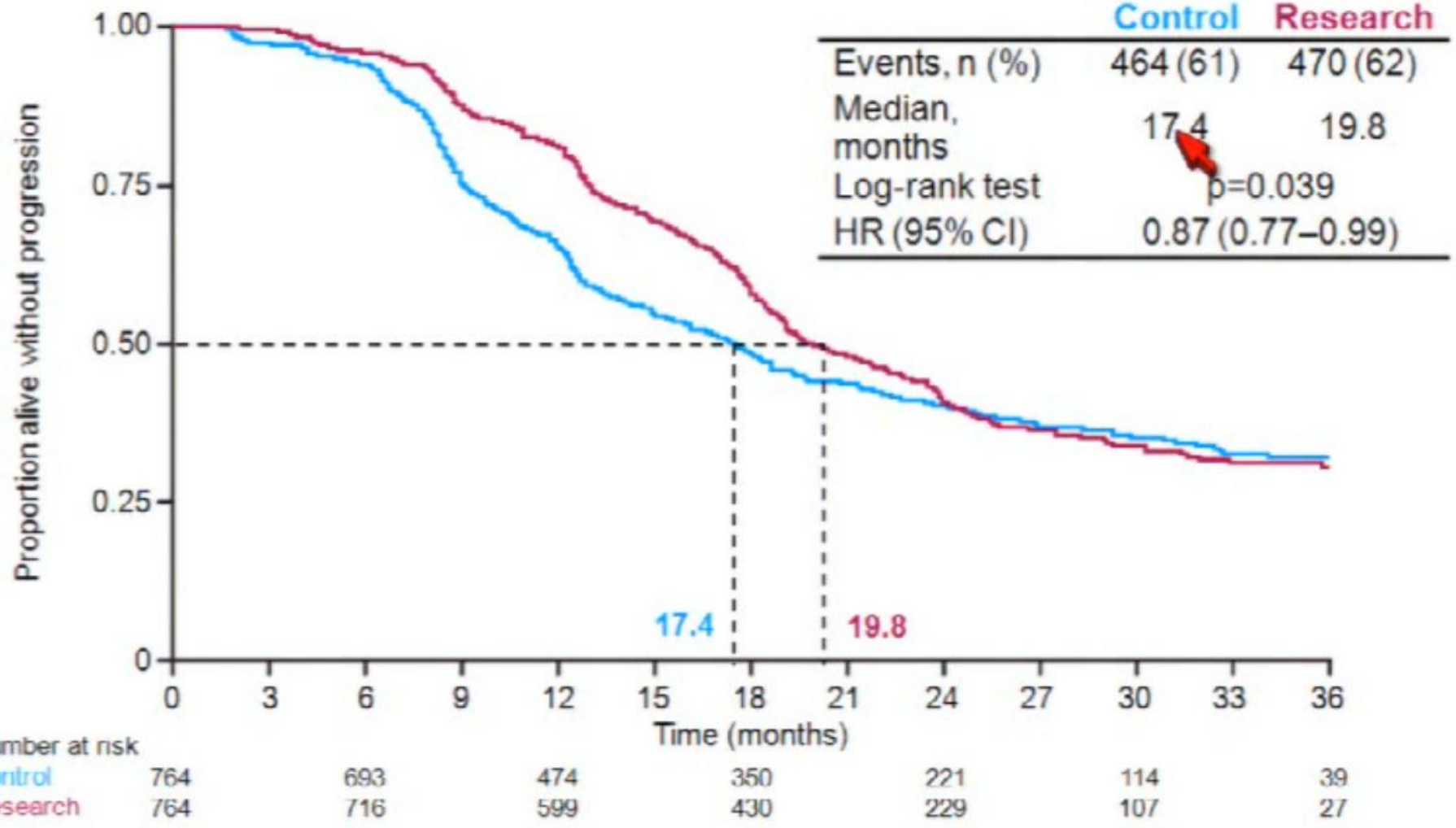

Opt debulk 100%
PFS advantage = 6m
3yr survival ~ 72%
TOXIC

Opt debulk 50%
PFS advantage =11m
3yr survival ~ 72%
VERY TOLERABLE

ICON7
Bevacizumab in Ovarian Cancer

# Updated PFS

MRC Clinical Trials Unit




MRC | Medical Research Council

# Surveillance and Survivorship

- Improving quality of life for women with a diagnosis of ovarian cancer
- Ongoing psychosocial support
- Lifestyle advice

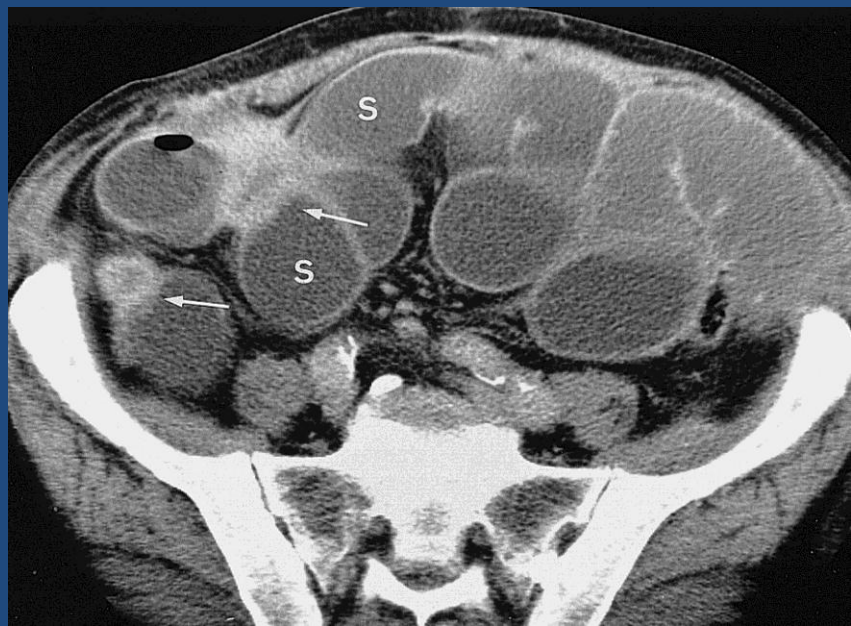
- Medical follow up
- Management of side effects
- Ca125 monitoring
- Delayed treatment of recurrence

New Zealand Gynaecological Cancer Foundation

Cancer Society

# Active palliation

- Psyco social support
- Ongoing involvement of general practice
- Recognition and treatment of depression
- Comunity palliative care services
- Management of obstruction



# Familial ovarian cancer can be prevented

- BRCA 1 and 2 20-40%
- HNPCC
- Median age 54 BRCA1
- Consider referral if greater than 1 first degree relative
- 3 generational family tree
- Risk reducing salpingo oophorectomy
- Menopause QOL