

Bryony Simcock

Ovarian cancer

Introduction

- Who am I ?
- What is a Gynaecological Oncologist?

MDT 1- Multi Disciplinary Tumour Board



MDT 2 Multi Disciplinary Team Ward

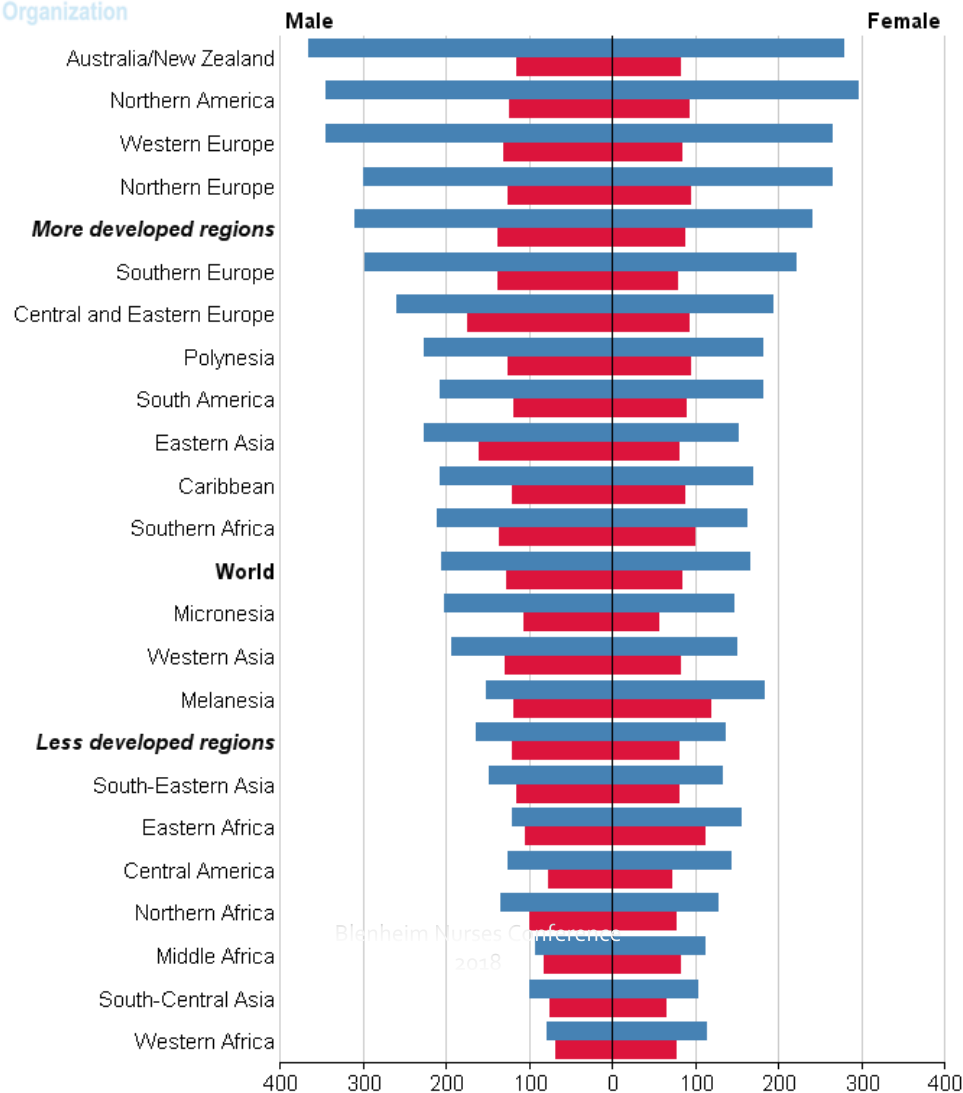


March 2018

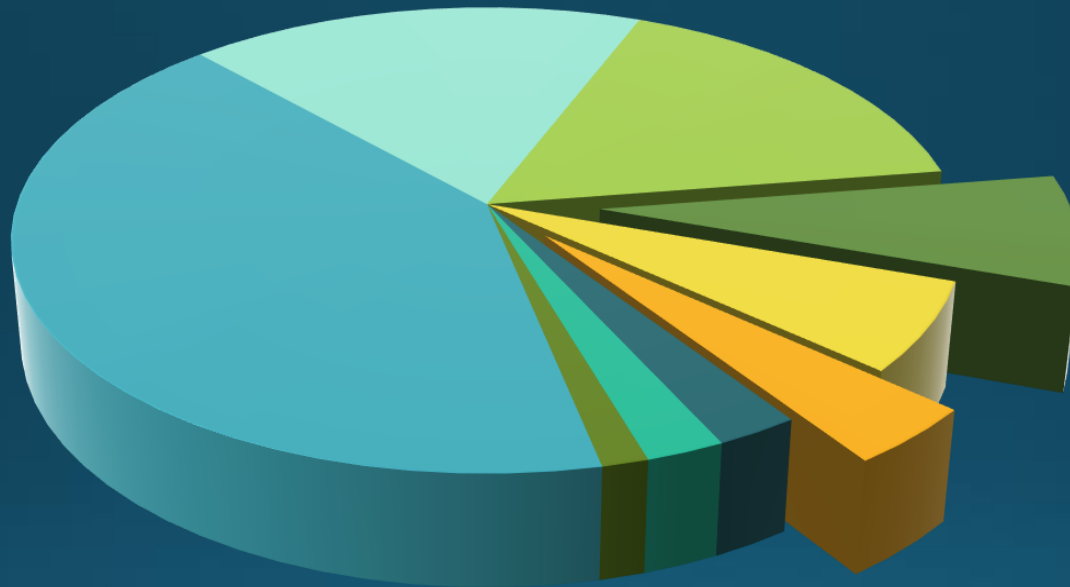
Christchurch Gynaecological
Cancer

The team cont

- Teamwork and Communication
- gynaecology
- colposcopy
- oncology
- community practice
- district
- palliative
- Residential



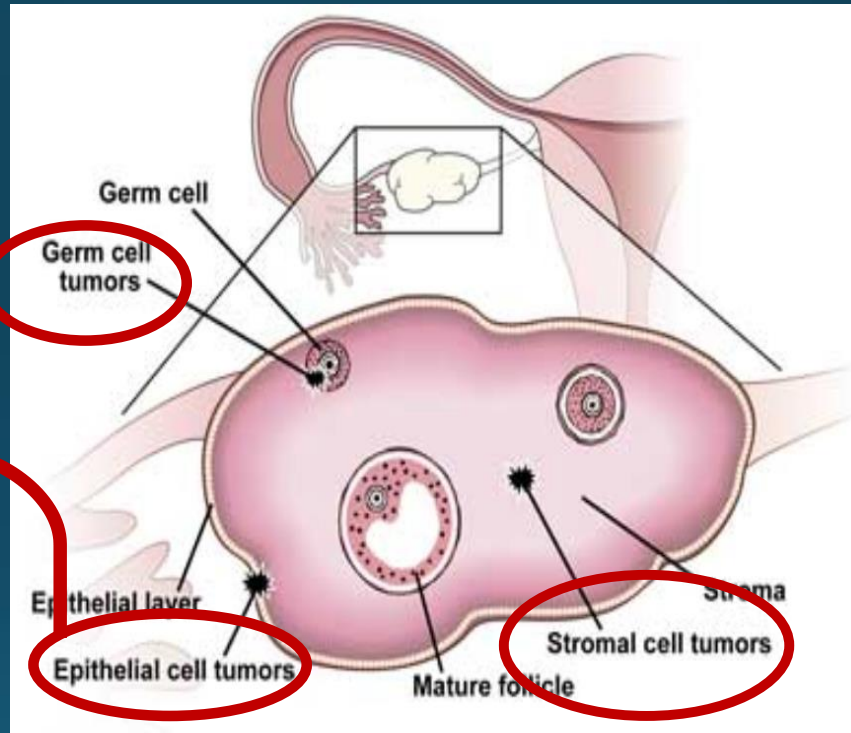
NZ Female cancer 2013



■ Breast ■ Melanoma ■ Lung ■ Uterine ■ Non hodkin ■ Ovary ■ Leukemia ■ Pancreas ■ Thyroid

Types of Ovarian Cancer

290 cases. 178 deaths annually NZ



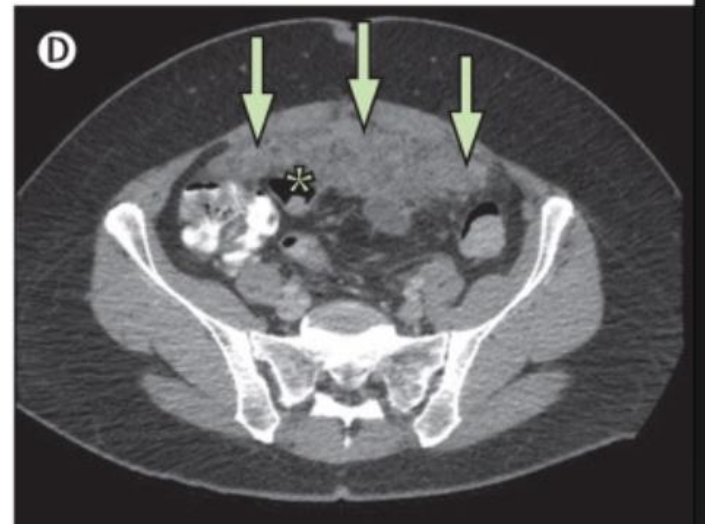
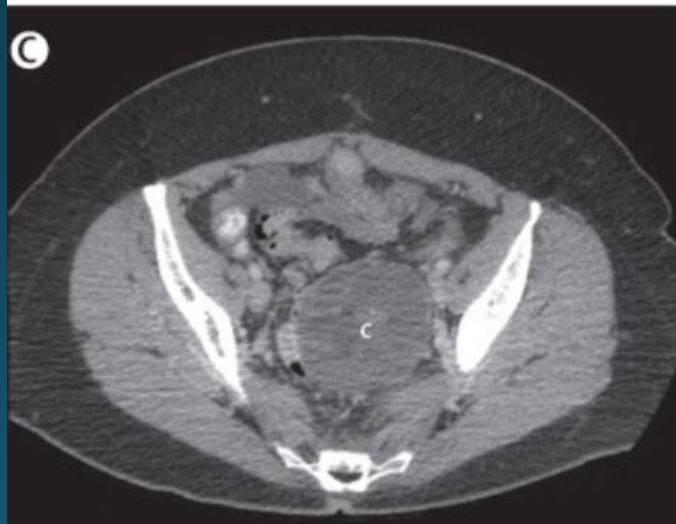
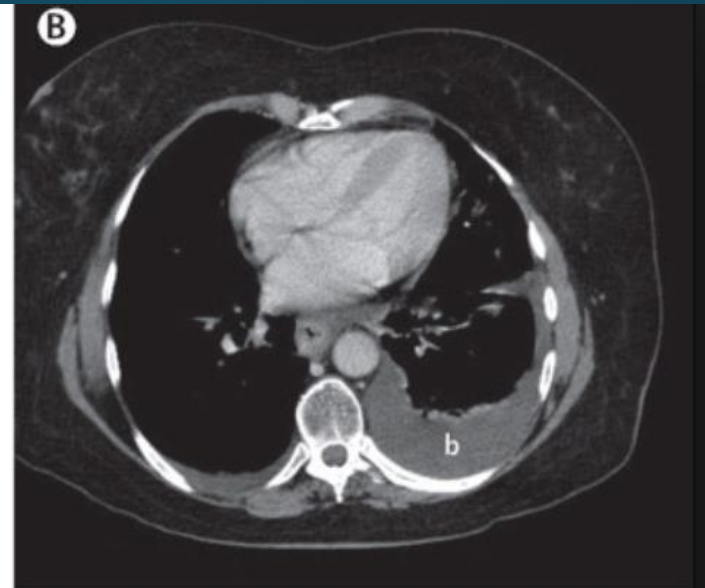
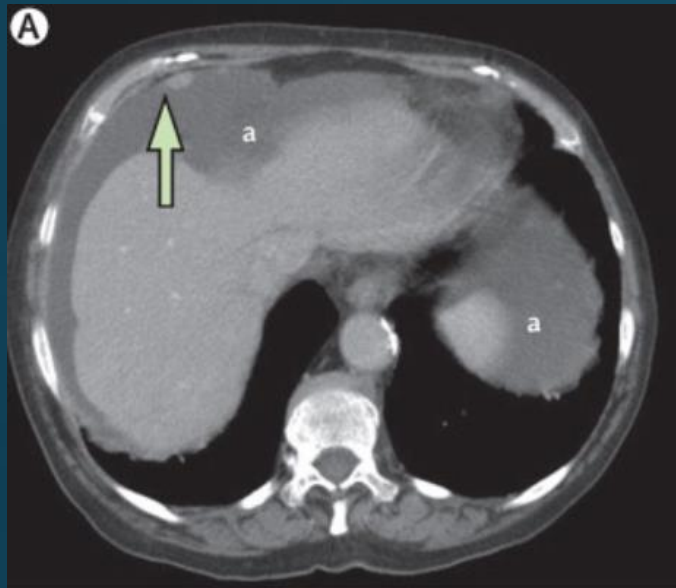
- Epithelial
 - Serous
 - Low grade/
high grade
 - Endometrioid
 - Mucinous
 - Clear cell

A Story



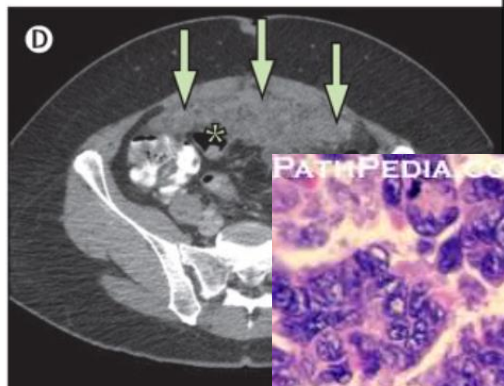
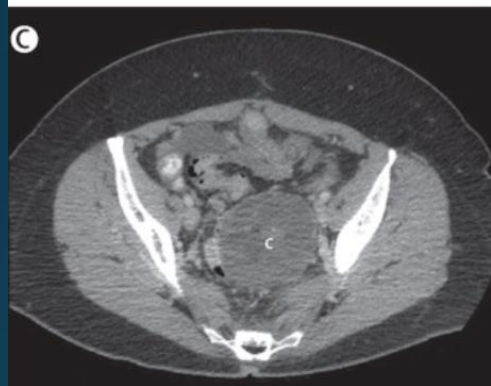
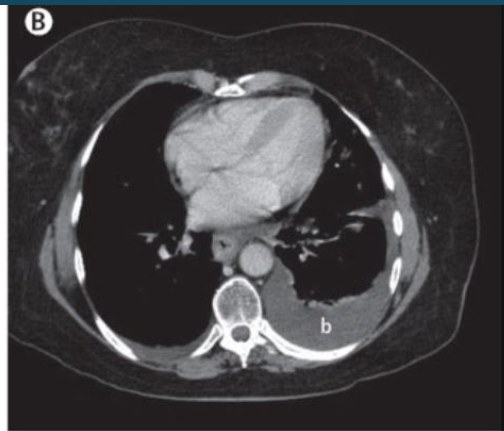
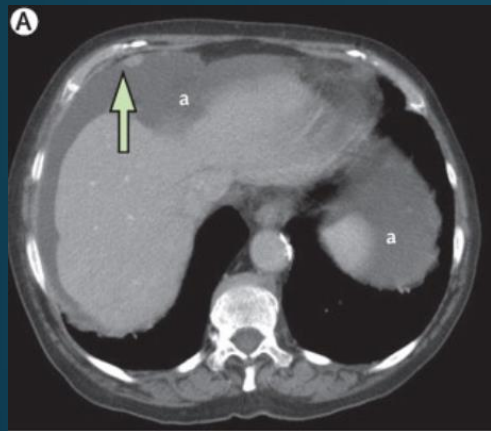
History

- Gynae hx Nulliparous
 - Smears NAD
- Laparoscopic myomectomy 6 months prior
 - U/S 2 months prior – NAD
 - Personal Hx Breast cancer 5 years ago
- Known BRCA 1– Declined BSO – Not offered salpingectomy. Not offered egg storage
 - Desperate to retain her fertility

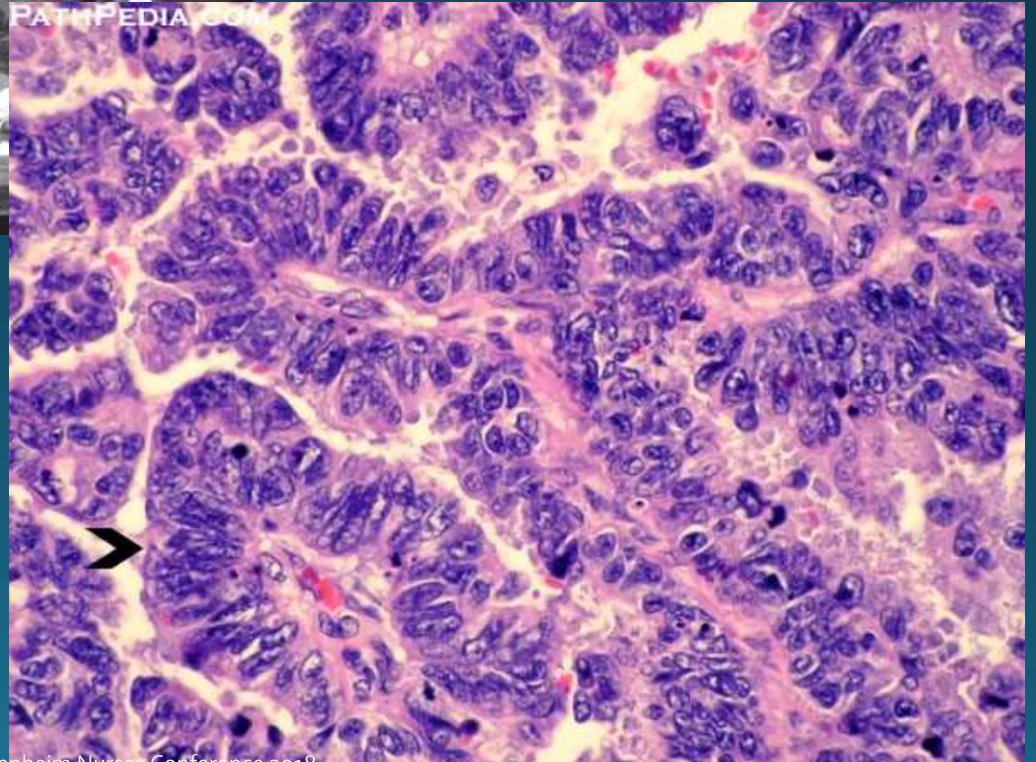


FACTS Epithelial ovarian Cancer

- Average stage at presentation 3c
- Average survival at 5 years appx 30%
- Screening using current methods – doesn't work
- 18-22% BRCA related – even with no family history



Biopsy results

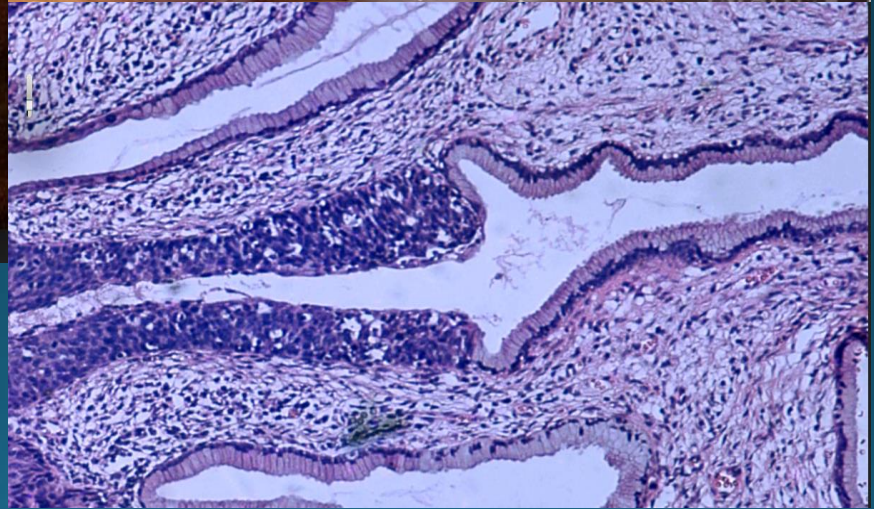
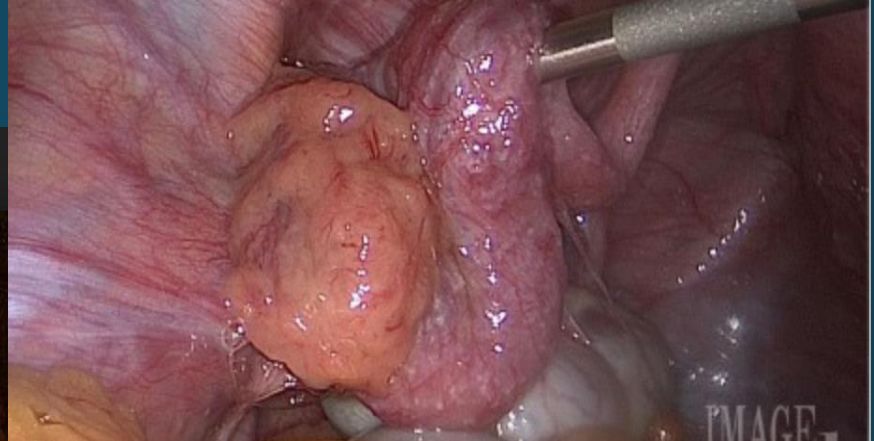


Two types of Epithelial Ovarian Cancer

- Type One – Arises from ovary; clear cell, endometrioid, (? Related to retrograde menstruation)
- Type Two – Arise from Fallopian tube. High grade serous cancer

Origins of High grade serous ovarian cancer

Fallopian tubes...



Genetics of EOC

Basic Gynaecological Genetics

BRCA 1 and 2

- Tumour suppressor genes
- Repair damaged pathways
- Autosomal dominant
- Different variant confer different risks

Lynch/ HNPCC

- Autosomal dominant
- Mismatch repair genes
- Abnormality in MLH, MSH loci

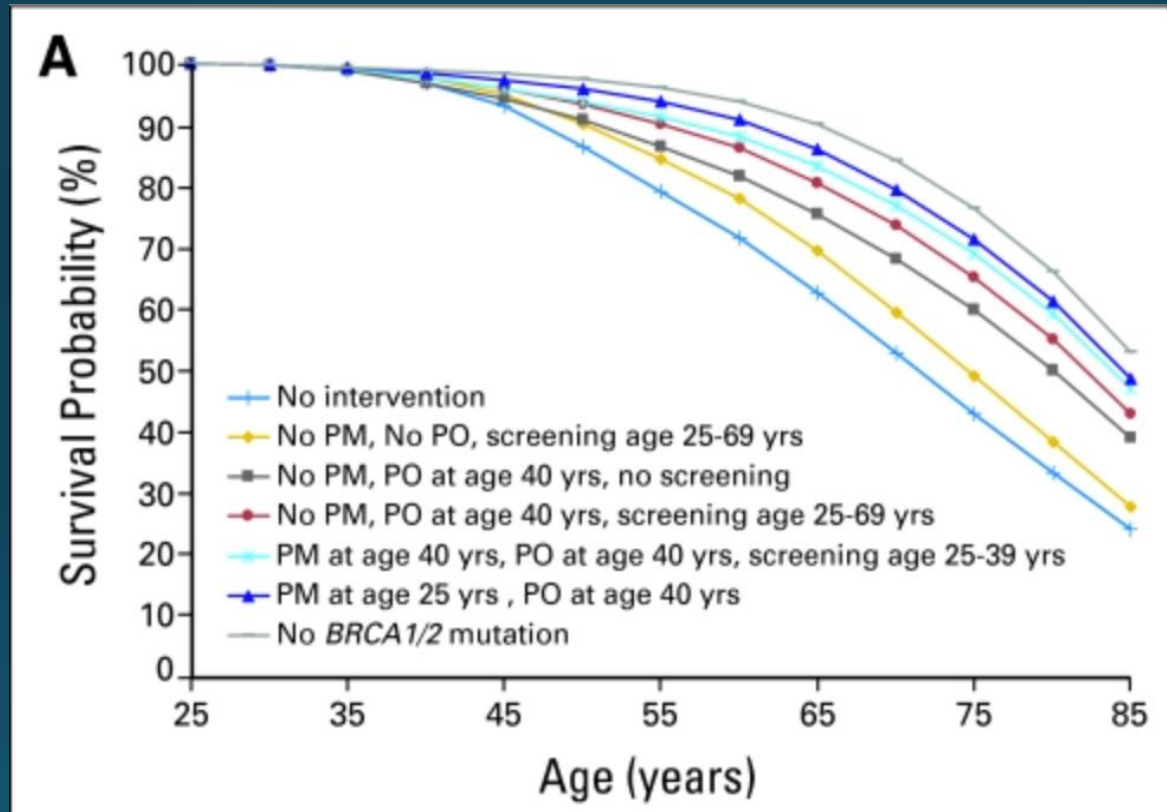
Implications of carrying a BRCA gene

- BRCA 1 risk starts age 40. Affects tubes and ovaries. 40 – 60 % lifetime risk.
- Risk of breast cancer 50 – 65 %. Tumours tend to be HR negative.
- BRCA 2 risk starts age 50. 20 – 40 % lifetime risk.
- Risk of breast cancer 40- 57%. Tumours tend to be HR positive
- No increase endometrial cancer risk
- Small chance primary peritoneal cancer 1- 3 %

Implications of carrying a BRCA gene

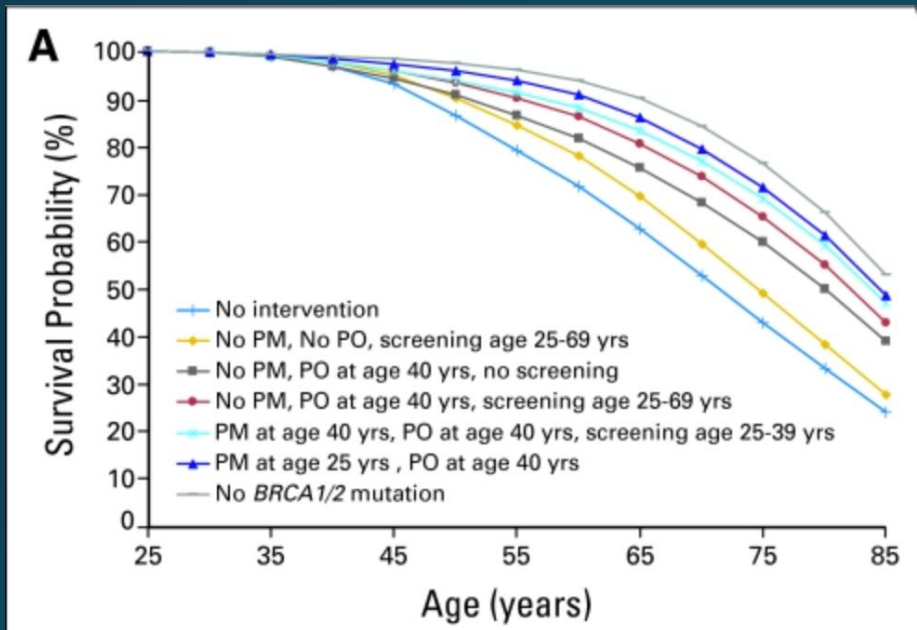
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Probability of survival with BRCA1 and a range of interventions



JCO 2010 Kurian et al

What does this tell us ?



- Knowledge is good
- Intervention can save lives
- Referral to genetics early
- Meet Gynae Oncologist
- Meet breast surgeon
 - Consider OCP
- (TRACEBACK)

BRCA status – Gift of Knowledge



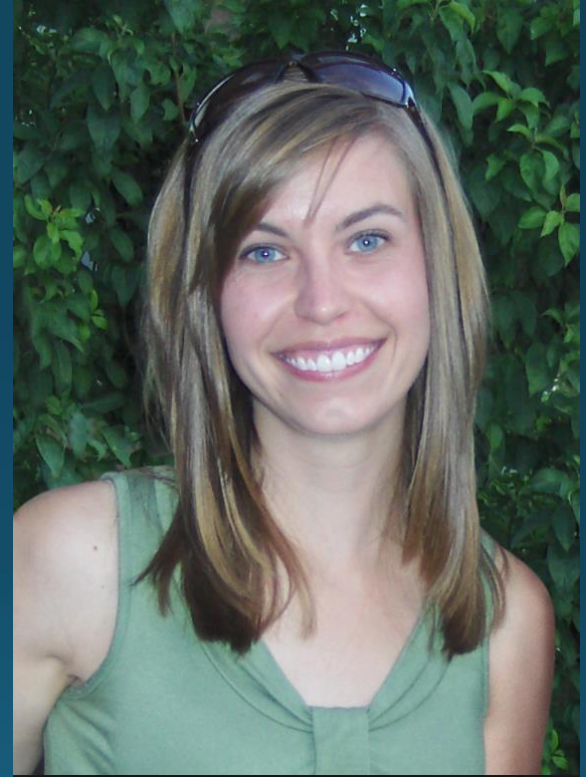
- Family knowledge
 - Prophylactic surgery
 - Improved outcomes
 - Targeted therapeutic agents

PARP Inhibitors



Return to the story

- Should she been diagnosed earlier?
- Normal – “screening scan” 2 months prior
- Vague symptoms 4 weeks



PRESENTATION

Presentation

- Usually when the disease spread
- Symptoms of bloating
- Abdominal distension
- Nausea
- Rarely a mass



Diagnosis

- Symptoms
- Blood tests
Ca125
- Imaging
ultrasound
then CT
- Biopsy



Blenheim Nurses Conference
2018

Management

- The only cancer where role for surgery literally cutting through and removing most of the disease “debulking” improves outcome
- Aim – no macroscopic residual disease
- Massive international debate – op front surgery vs neoadjuvant chemotherapy
- Neo adjuvant chemotherapy shrink tumour first
- Is it as good ???
- Second RCT which we were part of suggests it is ...

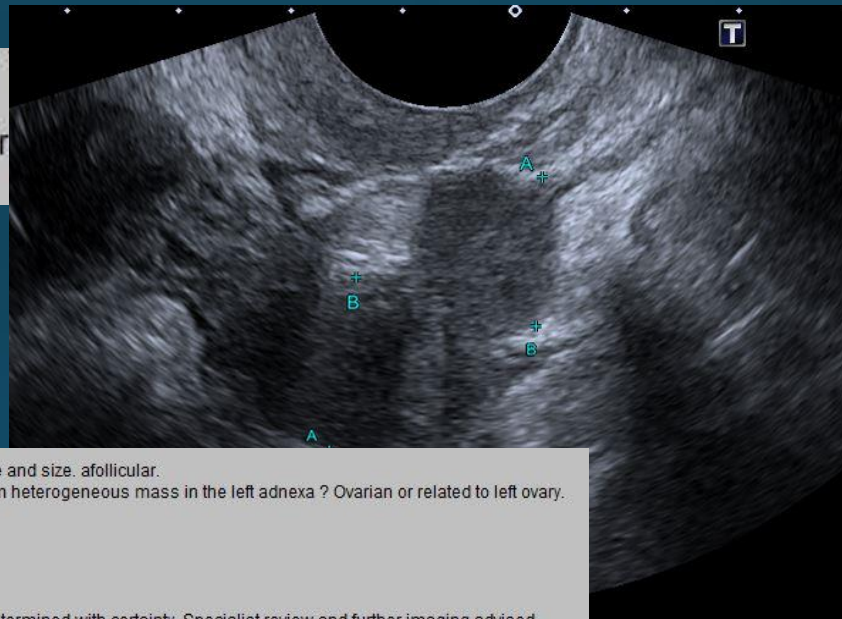
Outcome

- 80 % present stage 3 or 4
- 75% respond to chemotherapy initially
- Majority relapse
- Stage 1 disease 80-90 % survival
- Stage 3 or 4 disease 30% 5 year survival

The silent killer

Lady pre holiday scan

Dictation date: 2017-09-14
Clinical Indications:
Asymptomatic, requests scan



Right ovary: 6 x 12 x 25mm, volume 1cc. Normal appearance and size. Afollicular.
Left ovary: Size: 13 x 20 x 22mm, volume 3cc. 31 x 17 x 25mm heterogeneous mass in the left adnexa ? Ovarian or related to left ovary.
Vascularity noted within.

No free fluid visualised.

Conclusion:

Left adnexal mass. Relationship to the ovary could not be determined with certainty. Specialist review and further imaging advised

Diagnosis:

- 1) Uterus, tubes and ovaries including sigmoid colon: High grade serous carcinoma of presumed left fallopian tube origin, FIGO Stage 3
- 2) Left pelvic nodes: Metastatic carcinoma, 1/1
- 3) Left para-aortic node: Metastatic carcinoma, 3/3
- 4) Omentum: No evidence of malignancy
- 5) Peritoneal left pelvic side: No evidence of malignancy

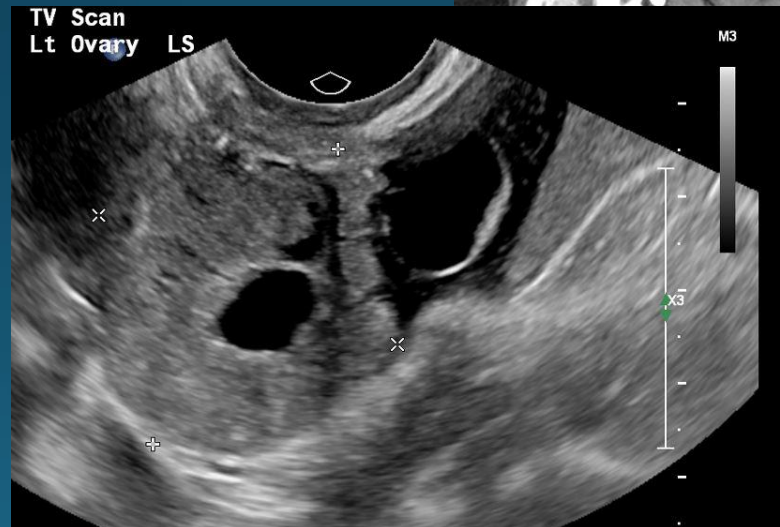
Mrs H

Fit and well

Nurse

MVA

Whiplash
injury



Mrs H

Fit and well retired nurse

MVA

Whiplash injury

CT

Ca125

Surgery



Chemotherapy

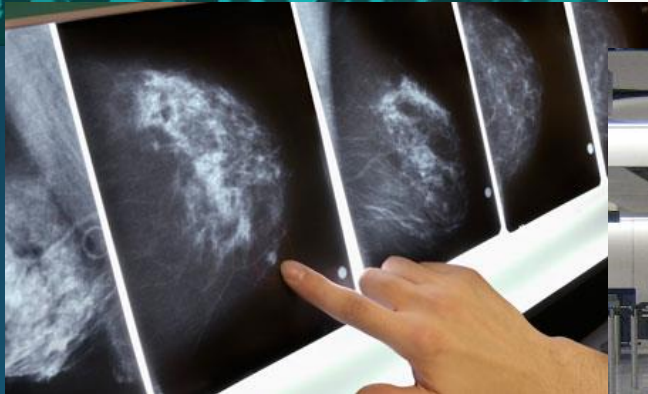
Screening and diagnosis of ovarian cancer

Screening Programmes



A strategy used in a population to identify a disease with no symptoms or signs

Screening Programmes



Ovarian Cancer - should we screen ?

1. The condition being screened for should be an important health problem **YES**
2. Treatment at an early stage is of more benefit than at a later stage **YES**
3. There should be a detectable early stage **NO**
4. **Natural history of the condition is be well understood**
5. A suitable test needed to detect the early stage **Good Idea**
6. The test should be acceptable
7. Intervals for repeating the test should be determined
8. Adequate health service provision should be made for the extra workload
9. The risks, both physical and psychological, are less than the benefits
10. The costs should be balanced against the benefits

Screening for ovarian cancer doesn't work – ask Ian Jacobs UK CTOCS



- Control- NO Screening
- USS Screening Group-
annual TV USS
- Multimodal Screening
Group- Ca 125 +/- USS
- 50,000 women in each
arm

Conclusion

- no reduction in mortality after the initial years of screening
- No evidence to support screening low-risk women for ovarian cancer
- Estimated that 641 women would need to be screened annually for 14 years to prevent one death from ovarian cancer.



Leaky home health cost put at \$26m

By David Wilson

THE 100,000 of the nation's ageing population are expected to cost the health system \$26m a year by 2014, according to a new report.

The report, published by the Health Research Council, says that the cost of home health care will rise from \$1.5m in 2009 to \$26m in 2014.

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Wonky winning words



Donkey's Donkey is a new book by the author of the first book, Donkey's Donkey, which was a runaway success.



Honky-tonky kind of tale a runaway success

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Parents watch boy writhe in pain as doctor botches circumcision

Parents watch boy writhe in pain as doctor botches circumcision

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THE PRESS

EARTHQUAKE

CHRISTCHURCH, NEW ZEALAND 22 FEBRUARY 2011

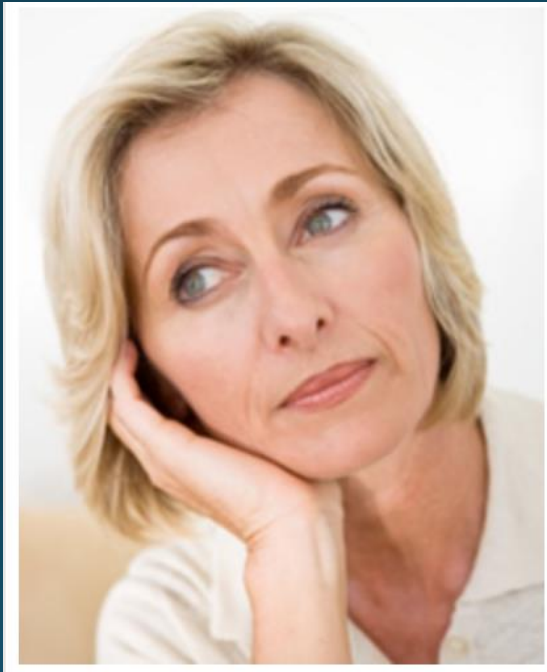


Plus DVD with
Quake footage
including the
Memorial Service
documentary



Proceeds of this book go to Earthquake Recovery

54 year old- well routine smear



- Abnormal cells on smear
- Normal colposcopy
- Normal US
- Ca 125 12 (Normal)



- Hysterectomy and appendicectomy
- Stage 3 disease

Controversies

- Many !
- Screening
- Neo adjuvant chemo or up front OT
- IP chemotherapy/ Heated IP?
- BRCA testing on all ovarian cancers
- Recurrent disease operate or more chemotherapy

Finally

- Many HGSOC start in the fallopian tubes
- Genetic testing and timely referral can save lives
- Ovarian cancer screening doesn't work
- Research is fundamental to progressing our knowledge
- Thank you to all the amazing women I help to look after,



10,257 colourful stripes which represent the four nucleotides of the BRCA2 gene.

In the end ..

- Primary Surgery including TAH.
- IP chemotherapy
- 4 1/2 years later still well

