

Women's Health Event

June 12th 2013

What to do about gynae cancers

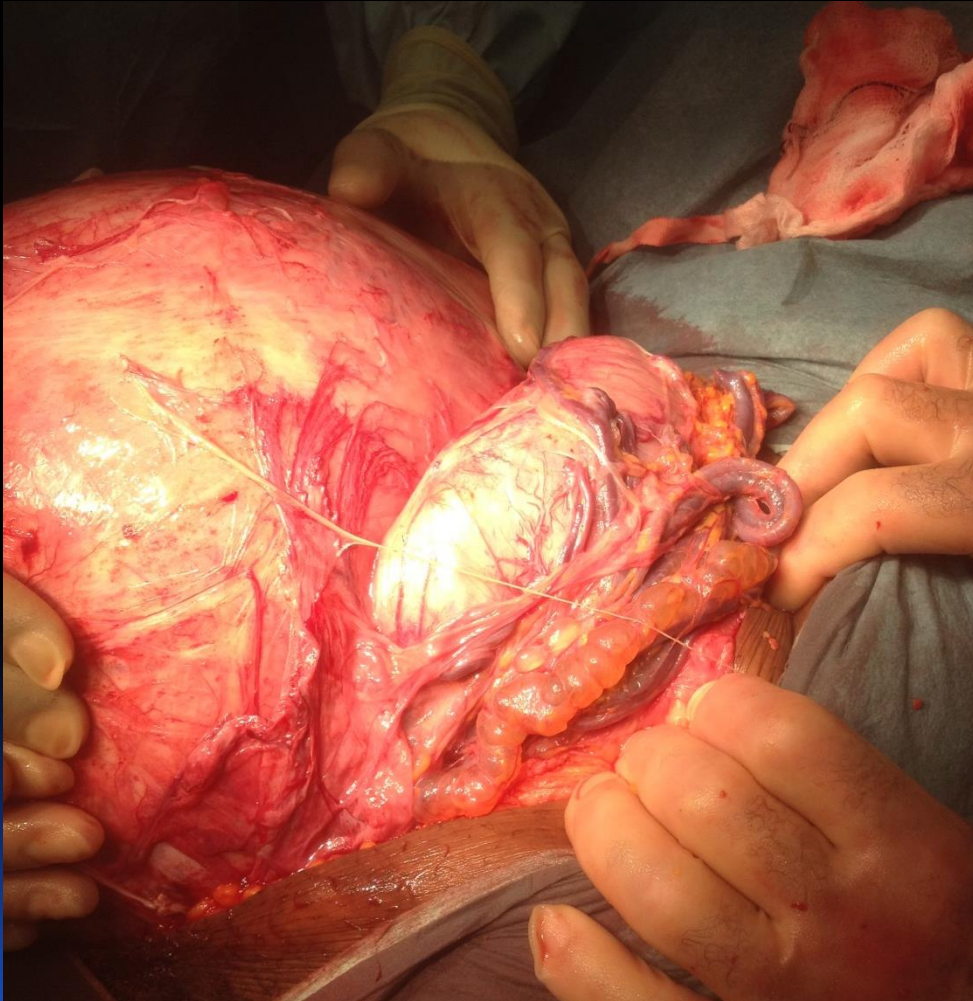
Peter Townsend
jobbing gynaecologist

Here's a pretty big lump



What shall we do with this one?

But not all big lumps are Cancer



Even when they
look pretty nasty

But, of course, some are



**Even when they look
pretty innocent**

And they always are when they
look like this



It's best of all if they
can be avoided
So all women should

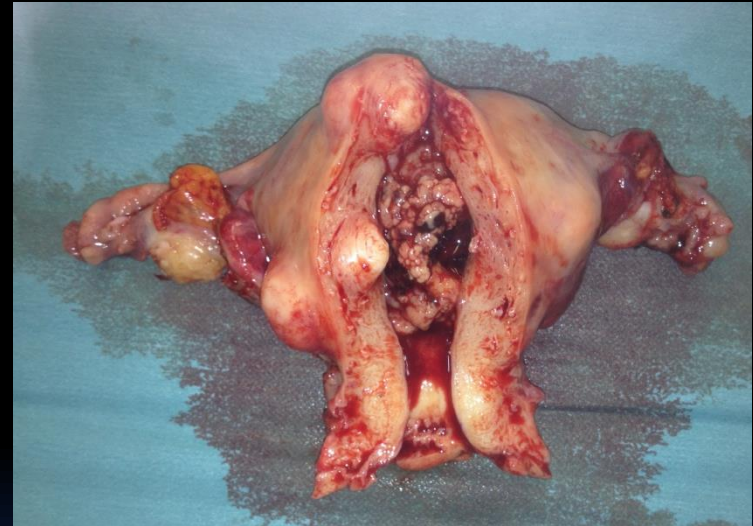
- Stay slender and not get diabetes
- Stay celibate
- But most don't so have an HPV vaccine and take the COC pill between having 3 babies
- Or if a bit too old for that at least have regular smears
- Maybe do away with the "at risk bits"
- And it's always good to not smoke (or is it?)
- Maybe drink coffee
- Be affluent and
- Consider dying young of something quick and easy

Second best, find it early

5 Year Survival Rates, Stage 1

- Stage 1a Cervix Cancer 96% at least
- Stage 1b Cervix Cancer 90%
- Stage 1 Endometrial Cancer 85%
- Stage 1 Ovarian Cancer 92%
- Stage 1 Vulval Cancer 90%

So pretty good if we can find
it when it looks like this



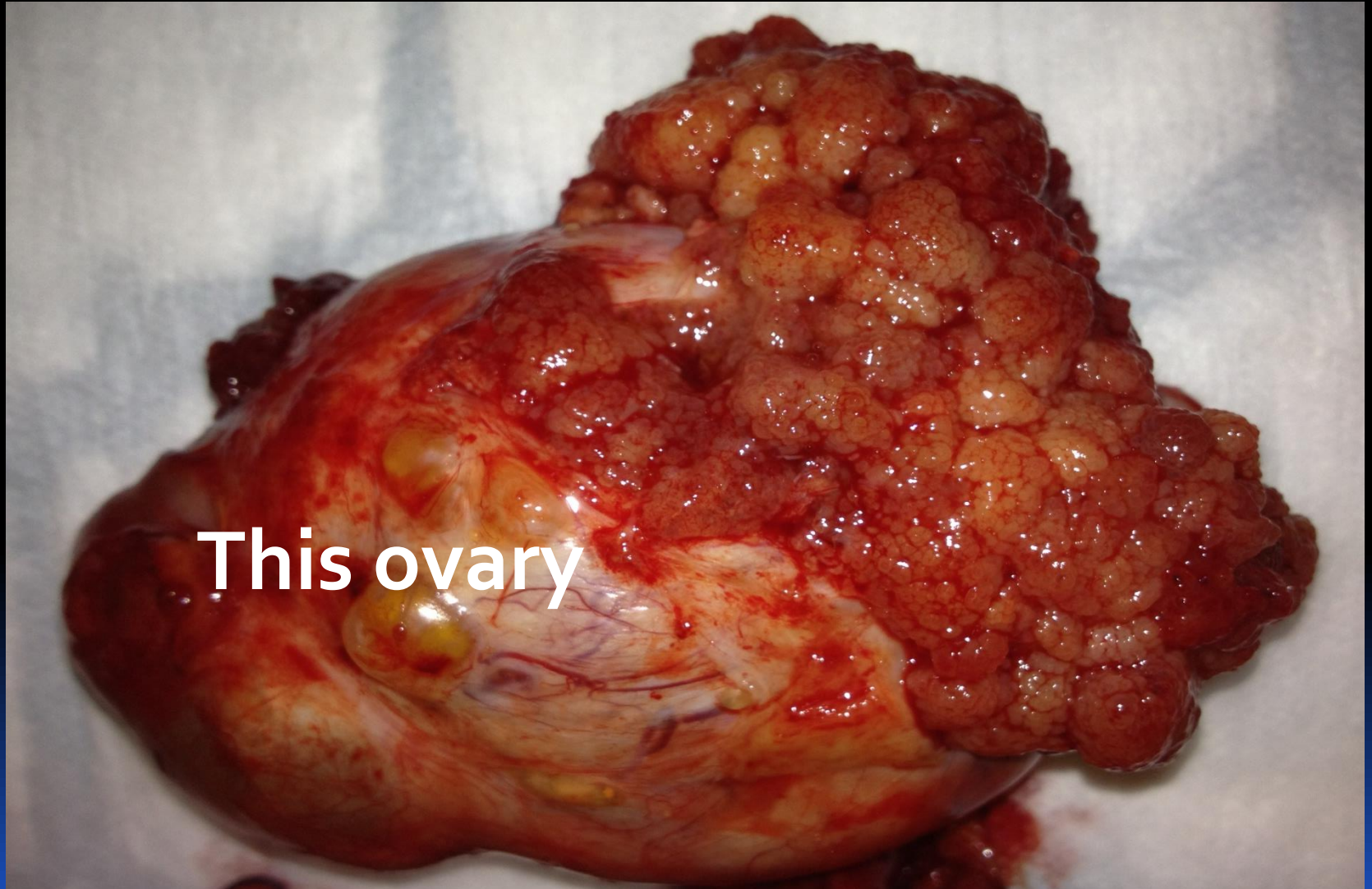
Stage 1 Endometrial Cancer

But if we don't the outlook
is not so good

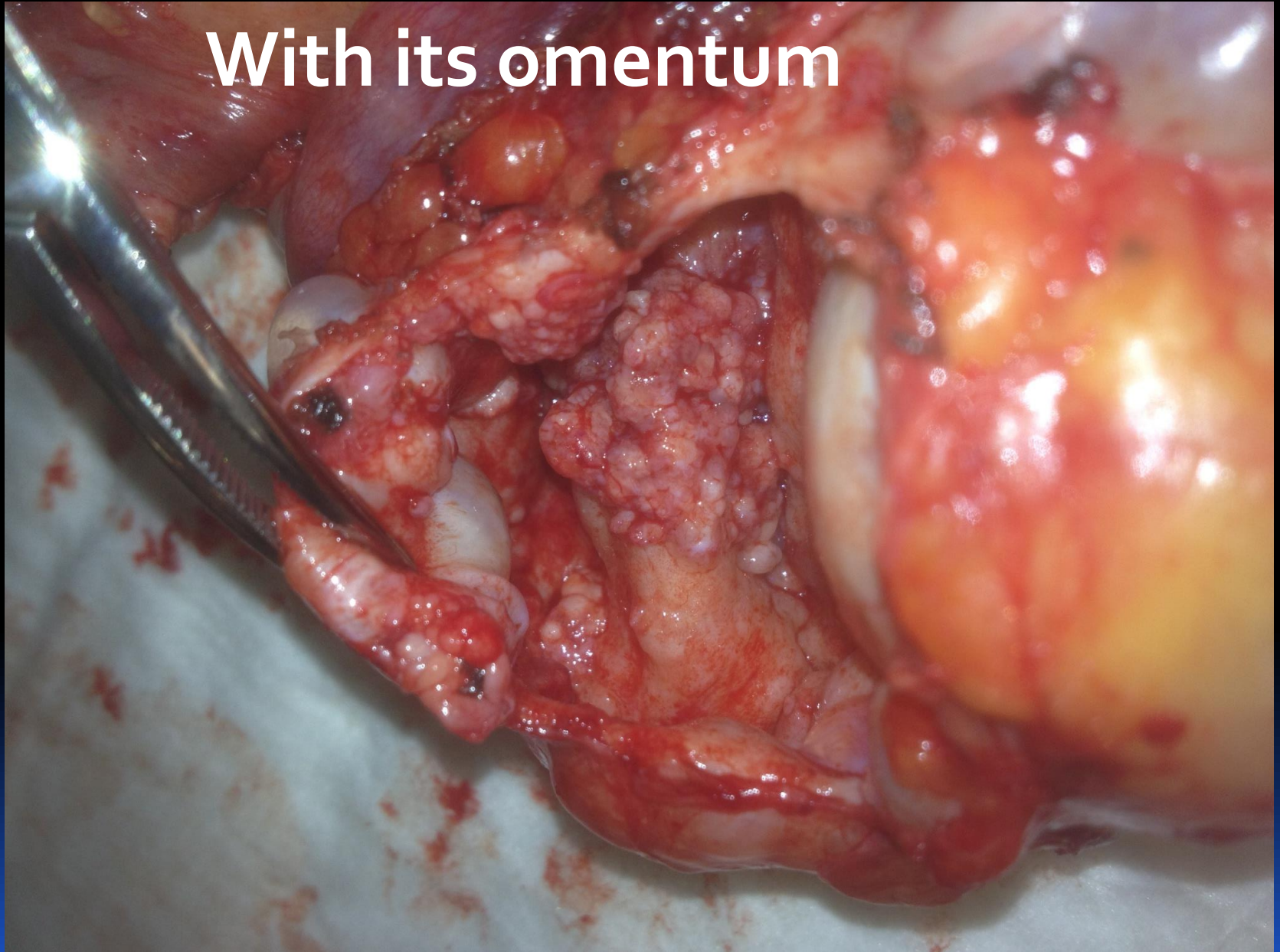
5 Year Survival Rates, Stage 4

- Stage 4 Cervix Cancer 15%
- Stage 4 Endometrial Cancer 25%
- Stage 4 Ovarian Cancer 6%
- Stage 4 Vulval & Vaginal Cancer 30%

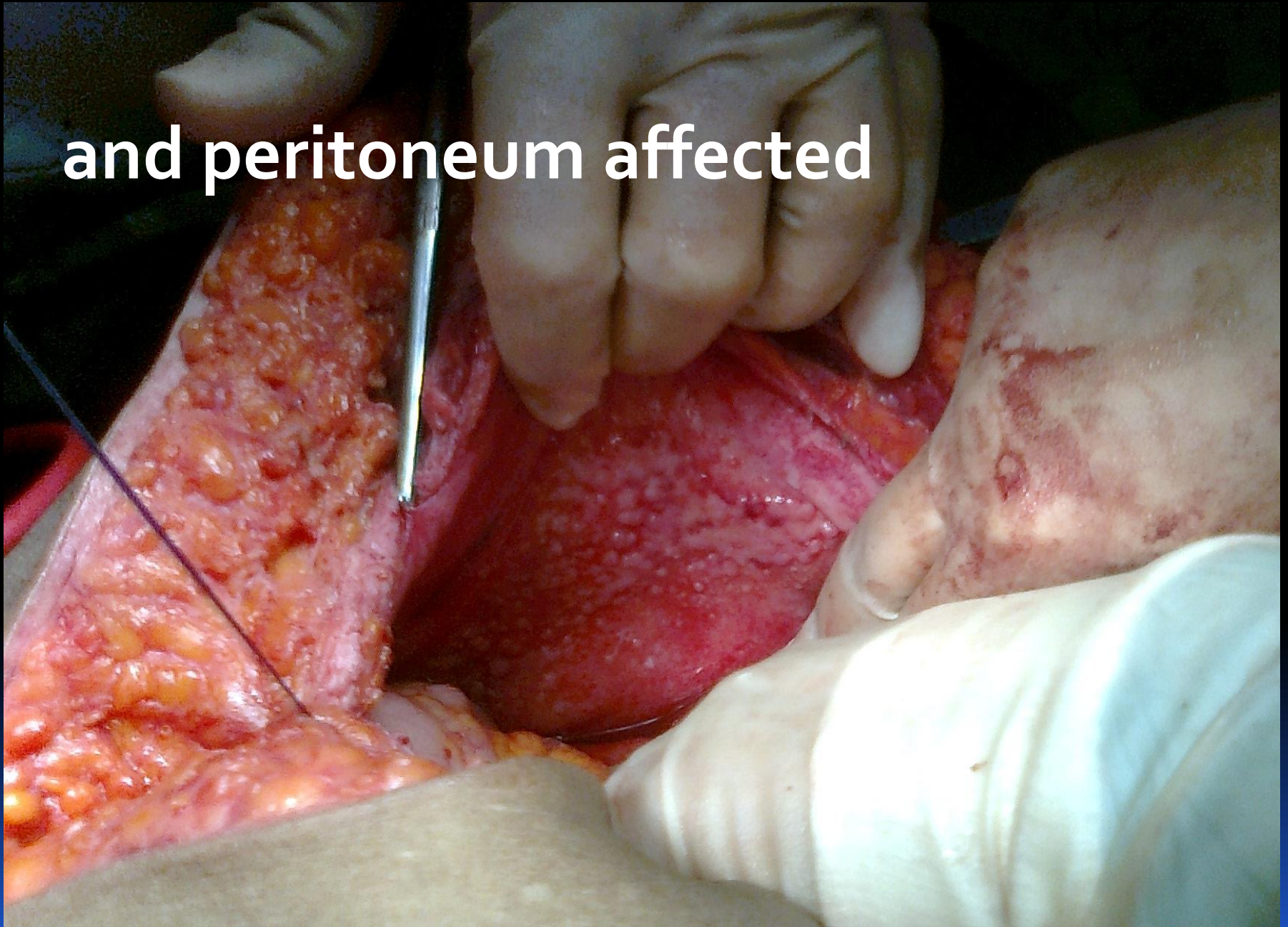
For example



With its omentum



and peritoneum affected



If only we could find them all at
an early stage and for them all
to be low grade

But life's not quiet as
simple as that

So how about screening?

(Just to get it out of the way with one slide)

- Cervix Works well, prevents some and detects some at very early stage
- Ovarian Would be very nice but it doesn't work. Limited place
- Endometrial Not practical but incidental pick up and some high risk exceptions
- Vulva and vagina Only for high risk few

So, when they do come to our attention

What do we actually do about them
& are we getting any better at it?

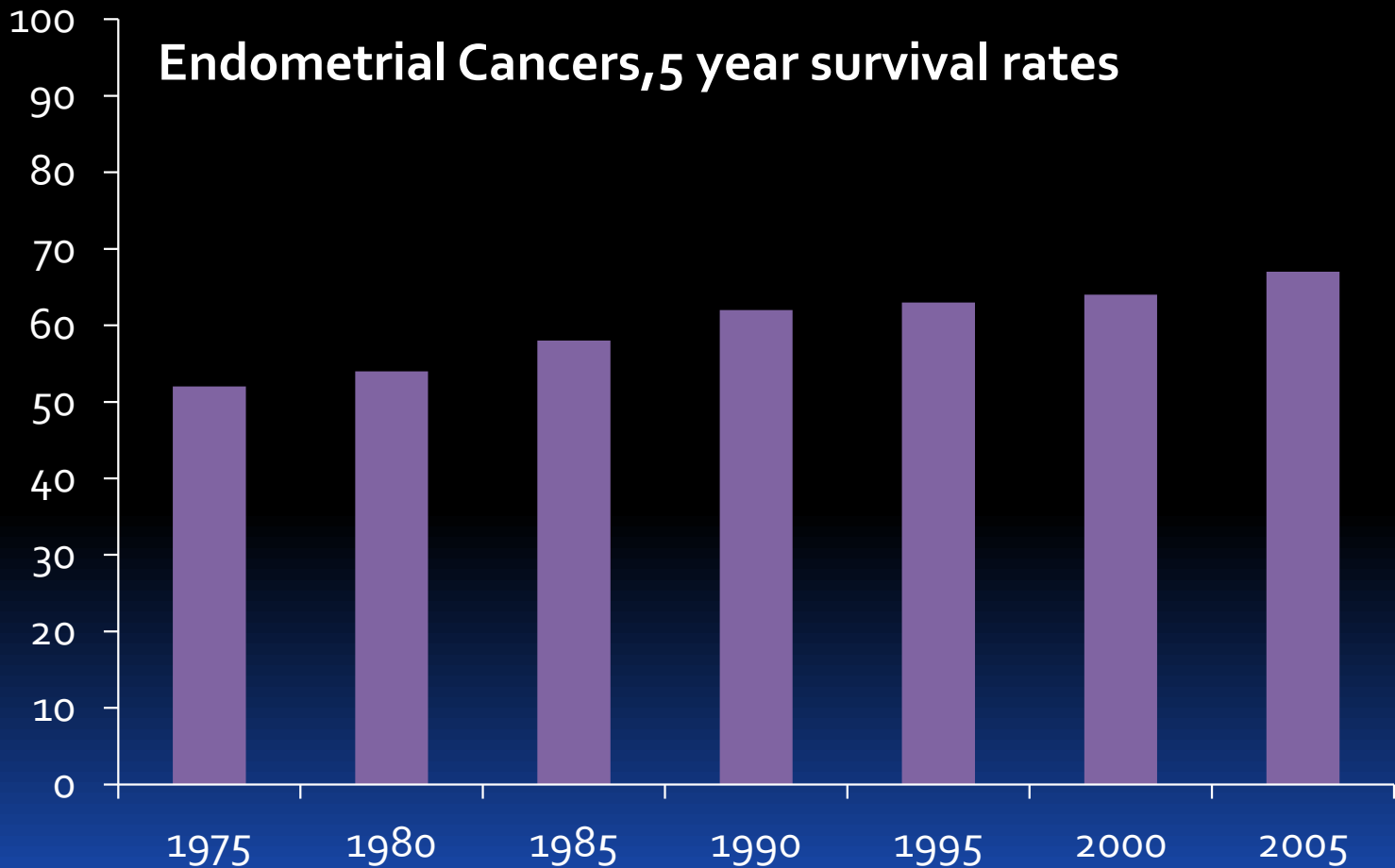
Endometrial Cancers

Most seen in Fast Track Clinic

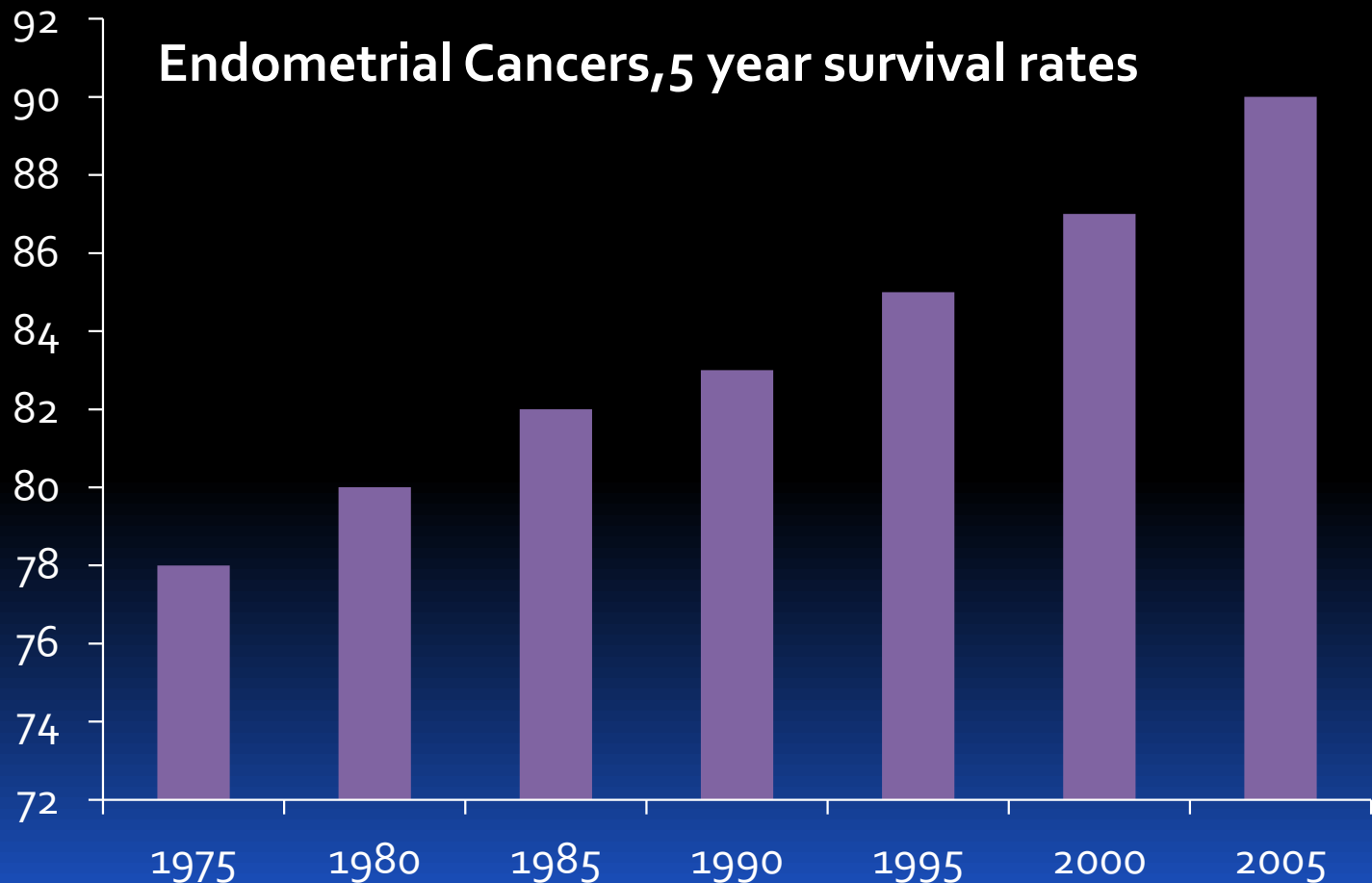
- TVS, endometrial thickness
- Pipelle
- Or Hysteroscopy
- MRI, CXR, CA125
- CT CAP if high grade
- Hysterectomy and BSO usually Lap/vaginal
- Occasionally radical surgery
- Sometimes Brachy/radiotherapy
- Occasionally chemotherapy



Are we getting any better at treating it?



It looks even better if you
use financial media tricks



Ovarian Cancer

The one that they all worry about

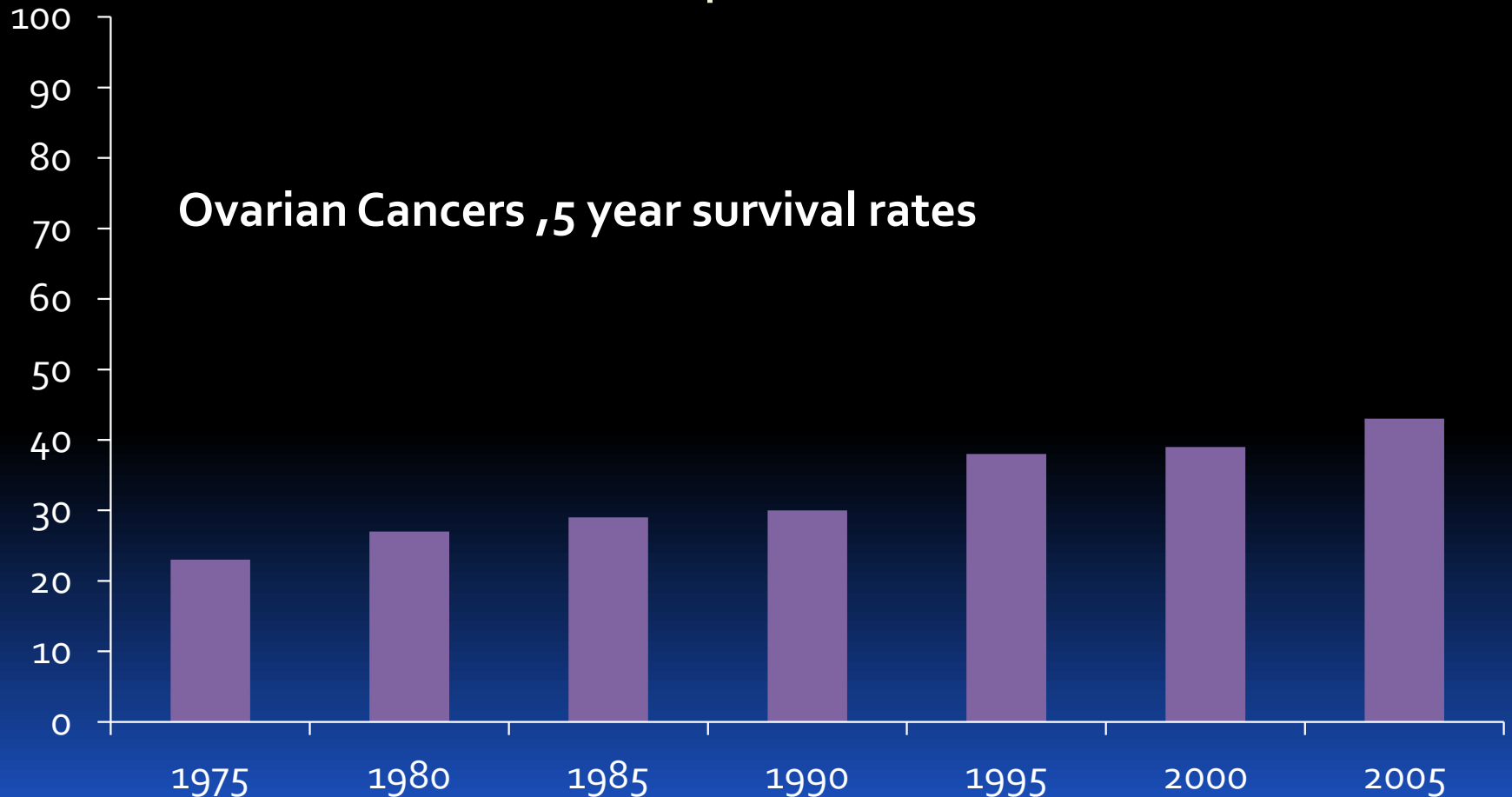
Most do not come via our Fast Track Clinic

- Try to get them before anyone else does
- Or failing that “reclaim” them
- Try to decide whether its cancer
- Ultrasound scan
- Blood tests
- CT chest abdomen & pelvis
- MRI occasionally
- MDT discussion
- Mostly Radical surgery and chemotherapy but individual plans for each patient
- Occasionally palliative care from the start
- Sometimes too late to do anything much at all



Things have improved here a bit too

Is it the surgery, the chemotherapy or something else that has helped with the results?



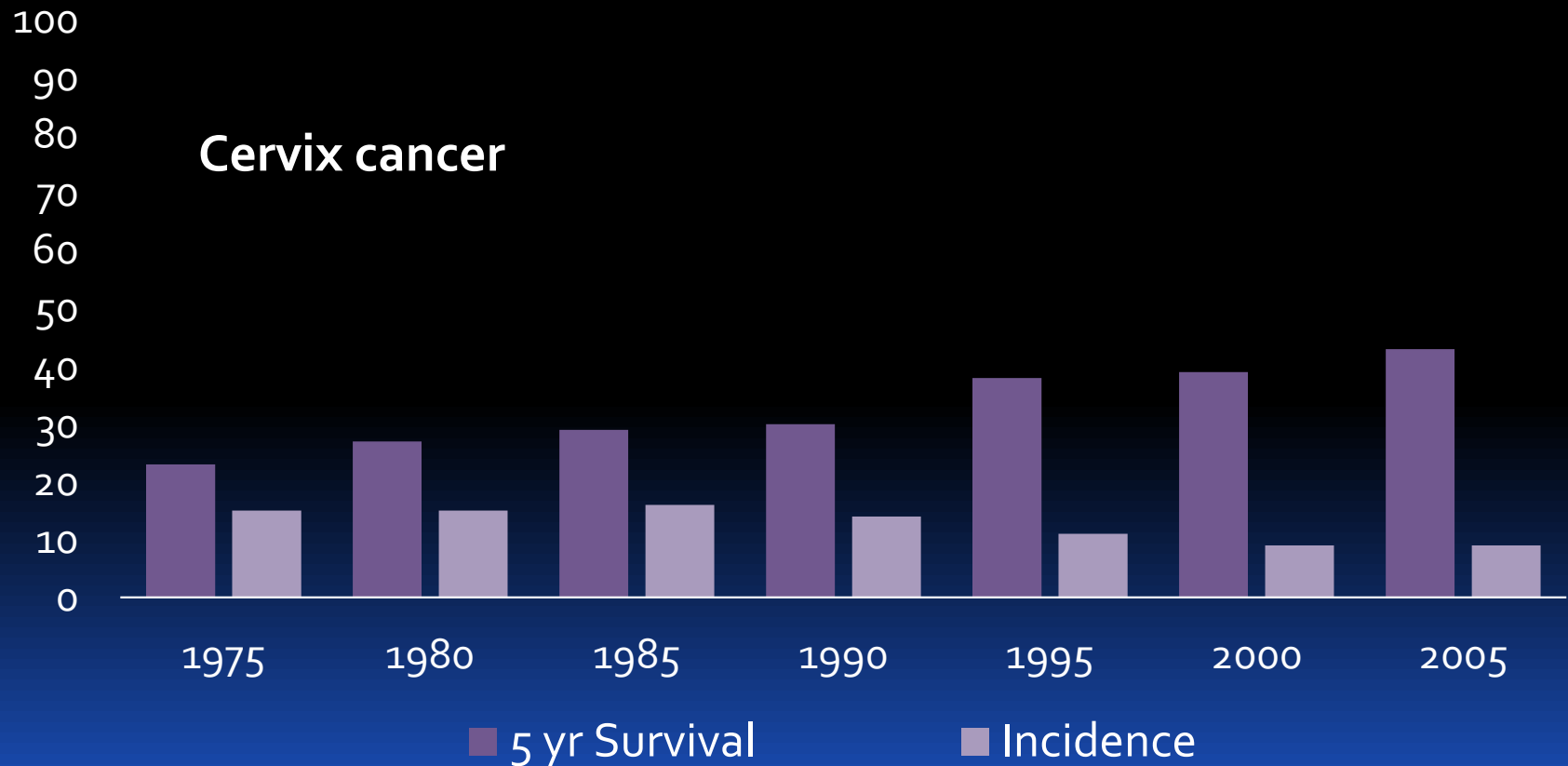
Cervix cancer

Some via colposcopy, some FTC others A&E

- Investigations and treatment varies greatly depending mostly on stage, MDT approach
- May already have been treated adequately by LLETZ in colposcopy clinic
- EUA, biopsy, cystoscopy, sigmoidoscopy
- MRI pelvis
- CT/PET Chest Abdomen & Pelvis
- Radical surgery, sometimes staged, often laparoscopic
- Or Chemo-Radiation
- Occasionally both, neither or less



We are getting better at
this one too
and it's becoming rarer



Vulva and Vagina

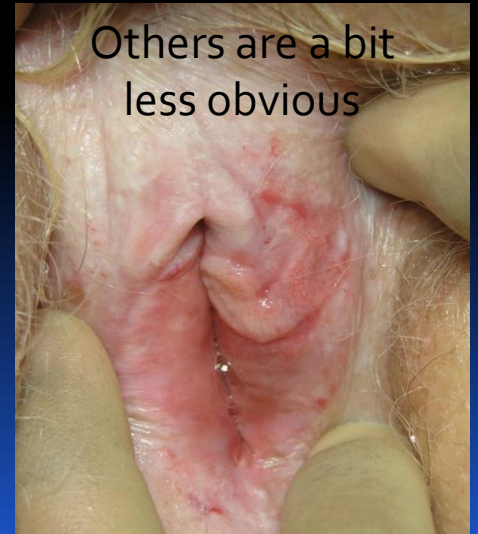
Most seen in FTC, a few in A&E

- Biopsy and histology
- CT CAP
- Vulva mostly surgery, individually planned, with or without lymphadenectomy
- Vagina mostly Chemotherapy plus Radiotherapy

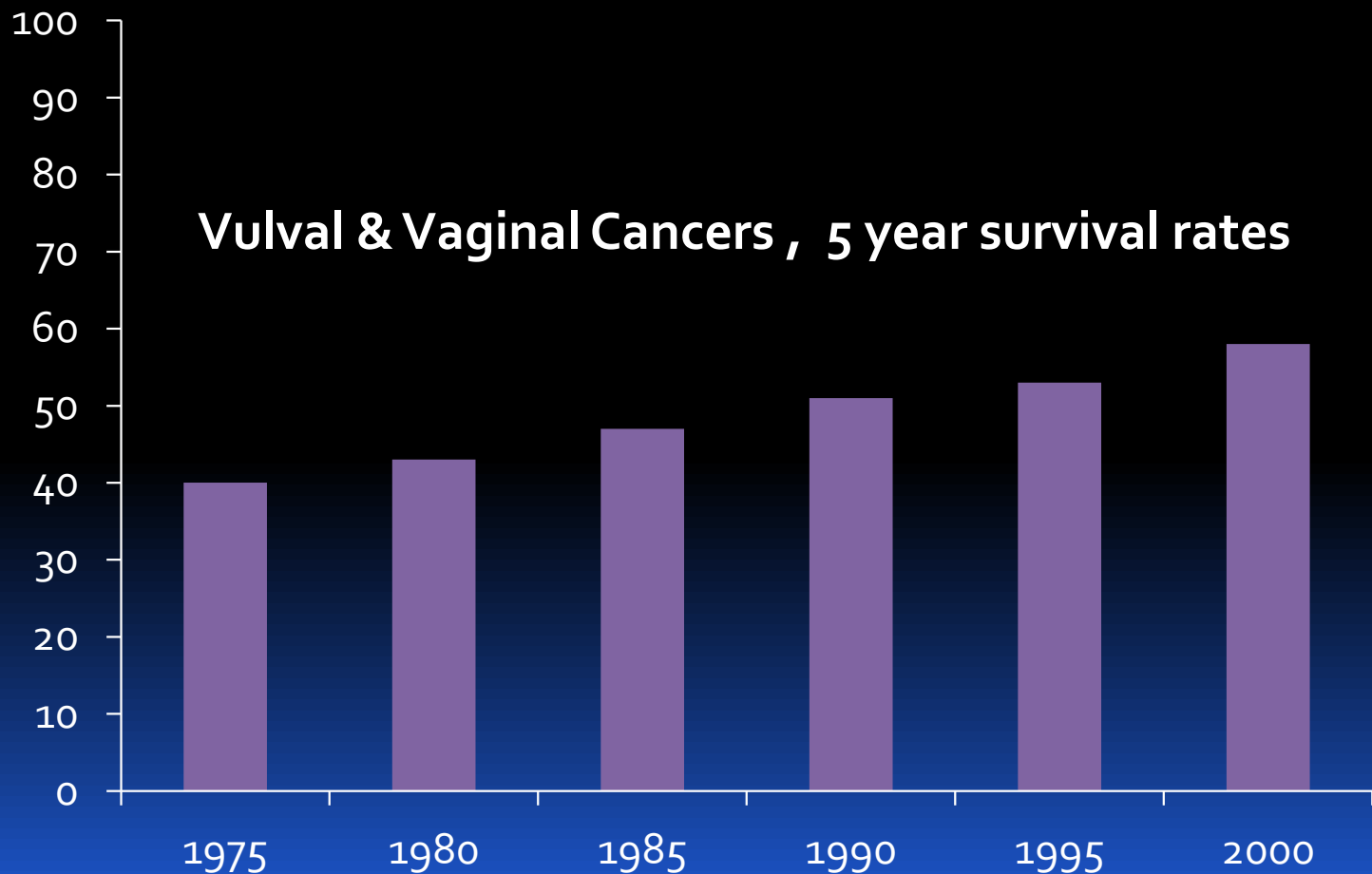
Some are easy to spot



Others are a bit less obvious



We don't see many but we are
getting steadily better
and should soon do better on morbidity



But it's not all about
statistics and big egos
(although there are plenty of both)

It's more about....

- Treating patients as individual people, not diagnoses
- Listening to what they say, ask and want
- Being honest and realistic
- Gaining trust
- Working as a team, getting help from wherever we can
- Realising that we are each only bit part players in their cancer journeys
- Keeping cheery

Now,
I was told that there
would be 15 minutes for
Questions and Answers

So, here is a little quiz

Questions and Answers where I ask you the
Questions and you tell me the Answers

An interesting and unusual case

- For you to help me to sort out please
- Or to tell me what to do
- Politely

Here is the story

- Miss ST
- Aged 15 years
- Discomfort in her lower abdomen two weeks ago and noticed a lump
- Some loss of bladder sensation

*What else
shall we ask
her?*

What else shall we ask her?

Q Any other symptoms?

A No, but lump seems too have grown quickly

Q LMP?

A Not yet had one, but my younger sister has

Q Other aspects of puberty?

A Some breast development and sparse pubic hair growth

Q Had sex yet?

A No

*What does she Look
Like?*

What does she Look Like?

Q Is she abnormally short, tall, fat or thin?

A No

Q Does she look normal?

A Yes

*What do we find on
examination?*

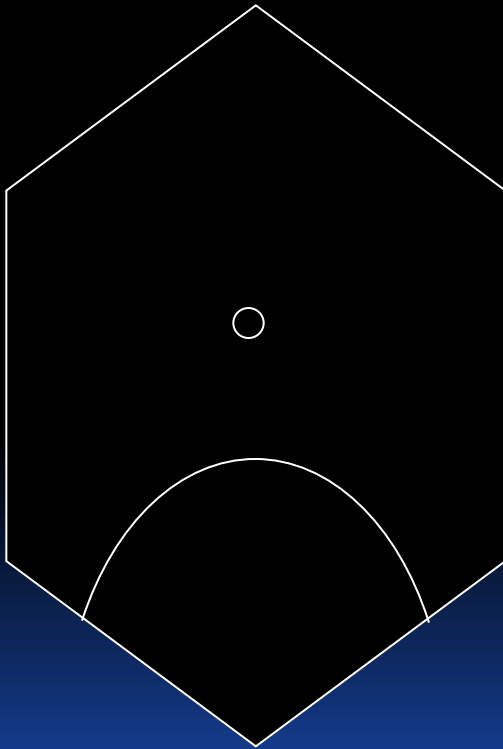
What do we find on examination?

No Ascites

No lymphadenopathy

No hepatomegaly

Just a large, smooth,
firm, mobile mass



*What Tests
shall we do?*

What tests shall we do?

A Abdominal ultrasound scan

Report:

Centrally within the pelvis there is a 12cm complex mass, with increased vascularity

Not typical of a “dermoid”

Normal uterus

No free fluid

And the Blood tests, tumour markers & hormones

❖ CA125	46	❖ LH	21
✓ CEA	<1	❖ FSH	77
✓ CA19-9	5	✓ TSH	2.47
❖ β hCG	112	✓ Prolactin	316
✓ AFP	1	• Estradiol	212
❖ LDH	2200	• Testosterone	0.5

*So what's the
diagnosis?*

So what's the diagnosis?

- Well yes of course we don't know for sure...
- But we can have an educated guess
- An ovarian mass...
- Well yes of course, but what sort?
- A germ-cell tumour.....
- Well yes of course, but what sort?
- A dysgerminoma....(or is it disgerminoma?)
- Well yes of course, but why? And what else?
- Not telling yet, all will be revealed later
- Life's not always as simple as that

Germ-Cell Tumours

Classification

Benign

Mature cystic teratomas
aka dermoid cysts

.....

Malignant tumours arising from components of a Dermoid

Just about anything but
SCC commonest & most >40y

Malignant germ cell tumours

Mostly young, peak early 20s

Dysgerminoma (≡ Seminoma)
Yolk sac (endodermal sinus) tumour
Embryonal carcinoma
Polyembrioma
Non-gestational choriocarcinoma
Immature teratomas
Mixed primitive germ cell tumours

Malignant germ-cell tumours

Clues from tumour markers

Histology	AFP	hCG	LDH	Clue
Dysgerminoma	-	+/-	+	D
Yolk sac tumour	+	-		Think Pregnancy
Embryonal carcinoma	+/-	+		
Polyembryoma	+/-	+		
Choriocarcinoma	-	+		Think Placenta
Immature teratoma	+/-	-		
Mixed germ-cell	+/-	+/-		

*So we've made the diagnosis.
What shall we do next?*

What shall we do next?

CT scan of chest, abdomen and pelvis:

Result: Largely solid ovarian mass

No ascites or pleural effusion

No lymphadenopathy

No lung or liver metastases

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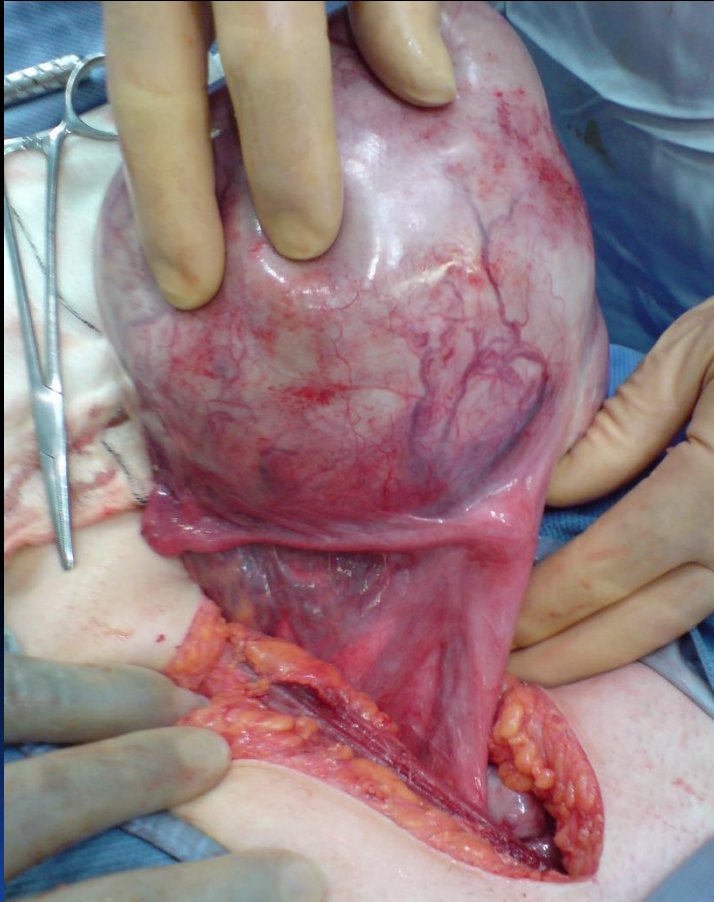
Then What?

Then What?

- A long chat with patient and parents
- Explain most likely diagnosis and treatment
- Plan fertility sparing surgery, ASAP

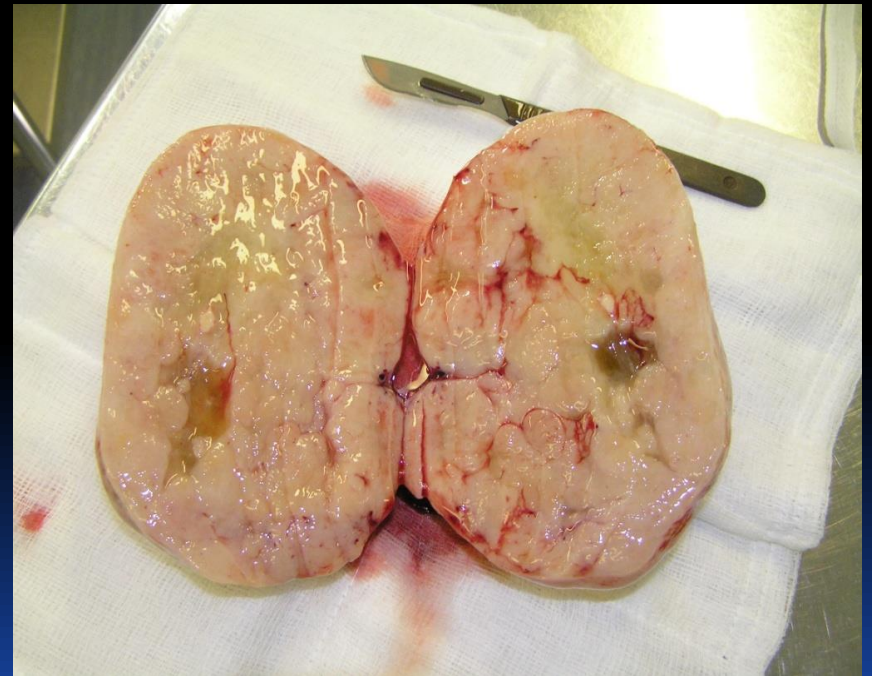
*What did I find at
Laparotomy?*

What did I Find?

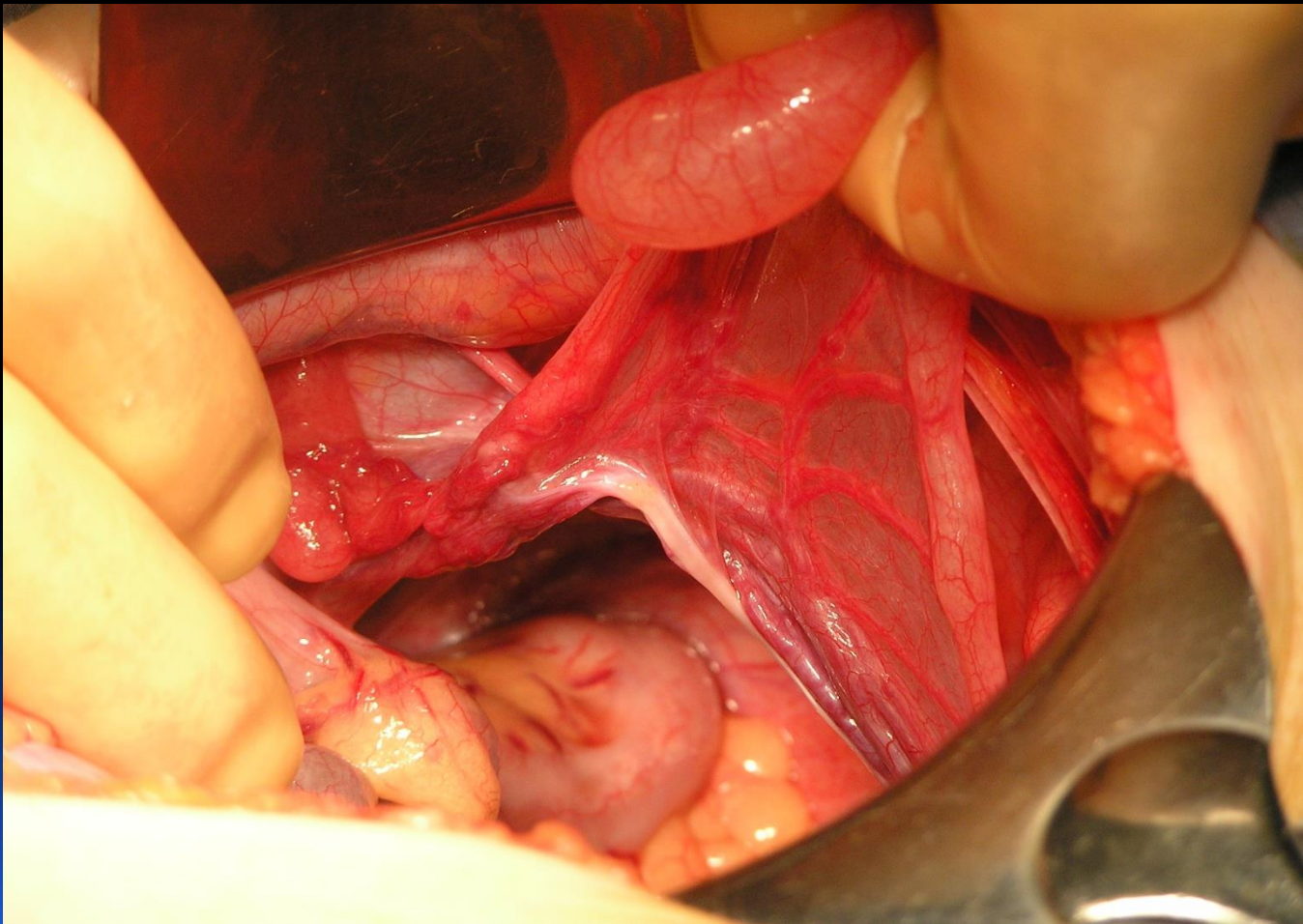


**Her right ovary, fallopian tube
and uterus**

*So we took out the right ovary
& tube,
and it looked like this*



*But this is what the
Left side Looked Like?*



*So what do we do
now?*

So what do we do now?

- Have a cup of tea while waiting for the frozen section.
- Answer dysgerminoma so...
- Omentectomy pelvic and para-aortic node sampling
- Send blood for karyotype
- Monitor her tumour markers
- Phone Michael Seckl or Philip Savage at Charing Cross Hospital

What happened to her tumour markers?

	β hCG	LDH	CA125
Pre op	112	2200	46
D2 post op	5.9	816	34
D14 post op	5.0 ↑	normal	normal

What else happened?

Karyotype result:

46XY in 280 of 280 cells

Swyer's Syndrome (46XY gonadal dysgenesis)

CT scan 3 weeks post op

Small volume pulmonary metastases

4 weeks post op. starts chemotherapy with Bleomycin, Etoposide & Cisplatin (BEP)

19 weeks post op. laparoscopic "LSO"

26 weeks post op. sits GCSEs

Now well and at University studying politics

Swyer's Syndrome, Complete 46,XY Gonadal Dysgenesis

- Several causes, usually a new mutation on X or Y chromosome, if Y usually the SRY region. Some mosaicism
- Failure of gonad to progress beyond the indifferent stage, so it makes no testosterone
- Embryo develops to the default position
- Healthy girl, normal stature, delayed puberty
- Elevated FSH & LH, low E₂
- USS, small uterus & can't find the ovaries (unless there is a big one)

Other things to talk about

- Hormone replacement
estrogen & progestogen +/- testosterone
- Sexual / body image considerations
- Genetic counselling, DNA tests
- Having babies

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*We probably shall not get
here unless we overrun
Thanks*