

## OVARIAN CANCER

The vast majority of cases of ovarian cancer are diagnosed in post-menopausal women over the age of 60 years. It is more common in developed countries, such as in Europe and the United States of America, than in third world countries.

The onset is usually insidious and most women are asymptomatic for a long period before diagnosis. As the tumour enlarges, it's weight and the space it occupies can cause urinary frequency or urgency, constipation or a sense of heaviness within the pelvis. Later when the tumour has become sufficiently large or when fluid starts collecting in the peritoneal space abdominal distension can occur.

Ovarian cancers can be divided into:

1. epithelial cancers (about 80%-90% of ovarian malignancies),
2. germ cell and
3. stromal cell cancers.

The cancer types differ in the cells from which they originate and in their natural course of progression. Epithelial tumours spread by surface shedding into the abdominal cavity and through lymphatic channels; less commonly, spreading through the blood stream occurs. Germ cell cancers on the other hand tend to spread to other organs via the bloodstream more readily.

To establish a diagnosis and to determine the extent of disease the following investigations are useful:

- Surgical exploration with thorough examination of the abdominal cavity and tumor resection as far as possible
- CT Scan or ultrasound of the abdomen and pelvis
- Chest X-ray
- Blood analysis.

*Your doctor may require further investigations depending on your symptoms at presentation.*

### TREATMENT OPTIONS

*Treatment will depend on the nature and extent of the disease as well as your general state of health.*

Surgery plays an important part in the treatment of this disease, not only in terms of the removal of as much tumour as possible but also in terms of determining the exact extent of the disease and for re-evaluation after chemotherapy treatment if any residual masses exist.

Chemotherapy is added for all but the very early stages of the disease, newer agents have given improved outcomes in patients with ovarian carcinoma and broadened the spectrum of available options in patients who have relapsed after initial treatment.

Radiation is seldom used and if so mostly in a palliative setting. Hormonal therapy has been reported to give temporary responses in a small percentage of patients.

*The foregoing information is quite generalized. The specifics of your disease and treatment should be discussed with your oncologist to establish the optimal treatment plan for you as an individual.*