

Ovarian cancer: the silent killer

Because the early stages of this type of cancer may not be symptomatic, this 'silent' disease can be difficult to detect – but there are some early, sudden-onset warning signs.

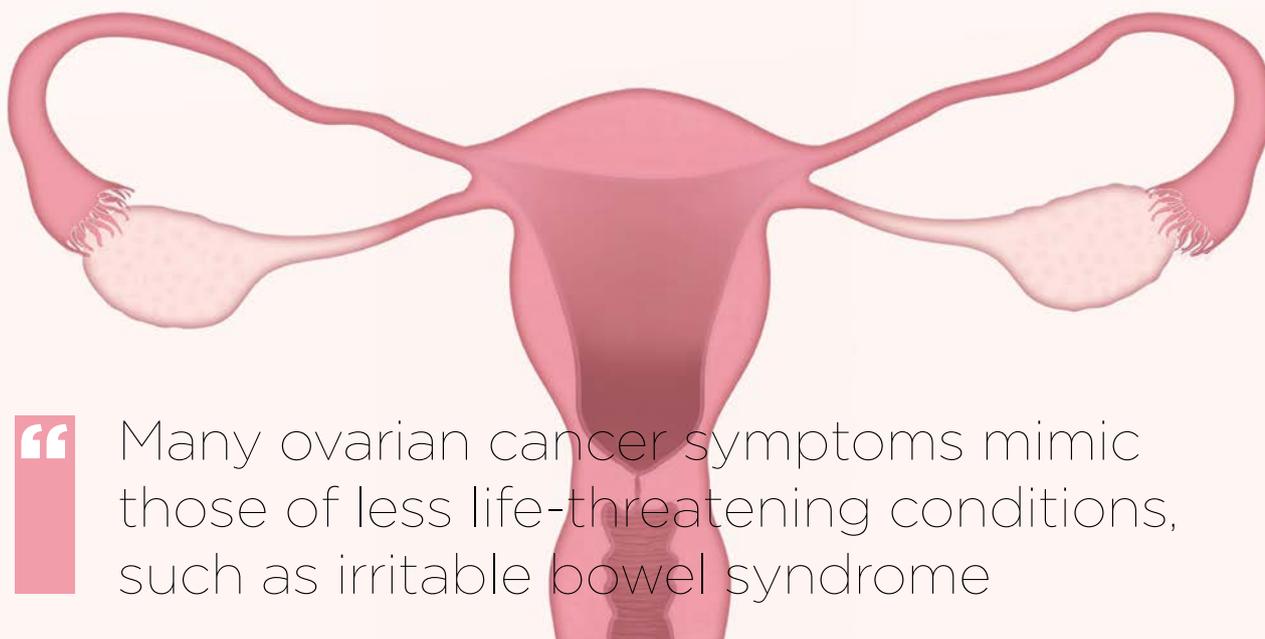
According to the World Cancer Research Fund, ovarian cancer – malignancy of the cells of one or both ovaries – is the eighth most commonly occurring cancer in women and the 18th most commonly occurring cancer overall. Although early detection of it can save women's lives, unfortunately, no reliable screening test exists that can test all women for it (the Pap test screens for cervical cancer).

Ovarian cancer types

The type of cell where the cancer begins determines the type of ovarian cancer that develops, and the kind of ovarian

cancer diagnosed helps determine the prognosis and treatment options. It is estimated that there are more than 30 different types of ovarian cancer. These include:

- cancer that arises in the thin layer of tissue that covers the ovaries. Most ovarian cancers stem from such epithelial tumours.
- cancer that begins in the egg-producing cells. Named germ-cell tumours, these ovarian cancers tend to occur in younger women, and
- cancer that begins in the hormone-producing cells. Known as stromal tumours, they grow in the ovarian tissue that produces the hormones oestrogen, progesterone and testosterone.



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Symptoms

Many ovarian cancer symptoms mimic those of less life-threatening conditions, such as irritable bowel syndrome. These symptoms may include:

- bloating
- pelvic or abdominal pain
- urinary urgency or frequency, and
- difficulty eating, or feeling full quickly.

Further, late-stage symptoms of ovarian cancer include:

- the spread of the cancer to other organs
- loss of organ function
- fluid in the abdomen (ascites), or
- blockage of the intestine.

Diagnosis

For a person showing such symptoms, a doctor may order one or more of the following tests:

Ultrasound – ultrasonography is the use of sound waves to create an image on a video screen. Sound waves are released from a small probe placed in the patient's vagina or on the surface of the abdomen. The sound waves create echoes as they enter the ovaries and other organs. The same probe detects the echoes that bounce back, and a computer translates the pattern of echoes into an image.

A computed tomography (CT) scan is an X-ray procedure that produces detailed cross-sectional images of the body. Instead of taking one picture, like a conventional X-ray, a CT scanner takes many pictures as it rotates around the body. A computer then combines these pictures into an image of a slice of the body. The machine will take pictures of multiple slices of the part of the body that is under examination.

Barium enema X-ray – a test to see whether the cancer has invaded the colon or rectum (it is also used to look for colorectal cancer). Having taken laxatives the day before, the patient then has barium sulphate, a chalky substance, placed by the radiology technician into the rectum and colon. Because barium is impermeable to X-rays, it outlines the colon and rectum on X-rays of the abdomen.

Magnetic resonance imaging – MRI scans make use of radio waves and strong magnets instead of X-rays.

The energy from the radio waves is absorbed and then released in a pattern formed by the type of tissue and by certain diseases. A computer translates the pattern of radio waves given off by the tissues into a very detailed image of parts of the body.

Chest X-ray – this procedure may be done to determine whether ovarian cancer has spread, or metastasised, to the lungs.

Positron emission tomography – during a PET scan, radioactive glucose is administered to the patient to look for the cancer. Because cancer cells use glucose at a higher rate than normal tissues, the radioactivity will tend to concentrate in the malignant cells. A scanner can spot the radioactive deposits.

Treatment

Best managed by a gynaecological oncologist, treatment usually involves a combination of surgery and chemotherapy and, less often, may include radiotherapy. The kind of treatment received depends on the type and stage of the ovarian cancer, and the patient's general health.

Surgery

Nearly all women who have ovarian cancer will require surgery. Sometimes, it's not possible to confirm the stage of the cancer until the surgery.

Chemotherapy

This procedure uses anti-cancer, or cytotoxic, drugs to kill cancer cells. It is often given after surgery for ovarian cancer. In some cases, it can be administered before surgery, as it may help to shrink the tumour and make it easier to remove. This is called neo-adjuvant chemotherapy.

Radiotherapy

High-energy X-rays, like chemotherapy, are used to target rapidly growing cancer cells. Although radiotherapy is not often used to treat ovarian cancer, occasionally the multidisciplinary team may recommend it for ovarian cancer treatment under very specific circumstances, such as treating pain and bleeding from a localised tumour mass. ☺

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