Overview of Gynaecologic Cancer

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Cervical Cancer
Cervical Cancer

- Risk
  - HPV
  - Smoking
  - OCP
Cervical Cancer

• Symptoms
  – Bleeding PCB/IMB/PMB
  – Discharge

• Signs
  – Pap smear
  – Firm enlarged Cervix
  – Colposcopy
Cervical Cancer

• Staging is Clinical
  – Most treated XRT
  – Most disease 3rd world
  – Comparison
Cervical Cancer - Staging

- EUA
- Hysteroscopy
- Cystoscopy
- Proctosigmoidoscopy
- IVP
- CXR

MRI PET Scan – not staging but used to tailor therapy
Cervical Cancer - Staging

1 – Confined to cervix
   1a – Microscopic <7mm Depth <5mm (94%)
   1b – Visible confined to cervix (80%)

2 – beyond cervix upper vagina, not to sidewall
   2a - no parametrial spread (76%)
   2b - parametrial spread (73%)

3 – sidewall lower vagina
   3a – lower 1/3 vagina (50%)
   3b – sidewall (46%)

4 – Metastatic
   4a – adjacent (29%)
   4b – distant (22%)
Cervical Cancer - Treatment

1a1 – Cone, Hysterectomy
1a2 – Hysterectomy & Nodes

1b1 – Rad. Hyst & Nodes
- equal cure rate chemo radiation
- not as good outside GO centre
- remove primary tailor adjuvant RX

1b2 – Controversial RH vs. Chemorads

Stage 2 - Chemo radiation
Cervical Cancer

Surgery in advanced disease
avoid giving two radical treatments
resect bulky nodes
remove primary
recurrence – central only
Who to refer

• Invasion or ? Invasion on smear
• Tissue diagnosis of Ca cx
• High grade dysplasia/ACIS etc to colposcopy
Endometrial Cancer
Endometrial Cancer

• Risk Factors
  – HRT
  – Obesity
  – Anovulation
  – Oestrogen
  – Genetic – HNPCC
  – tamoxifen
Endometrial Cancer

- Symptoms
  - IMB/DUB
  - PMB (20% Ca)
  - All premenopausal with pyometra
  - Post menopausal with endometrial cell on pap
Endometrial Cancer

• Investigations
  – Hysteroscopy D&C
  – USS (miss 4%, 50% False Pos)
  – Pipelle
Endometrial Cancer - Staging

Surgically staged disease

1 – Confined to uterus (90%)
   -a- <50% myometrium
   -b- >50% myometrium

2 – Cervical involvement (80%)

3 – Pelvic Spread
   -a- washings/serosa/adnexae (60%)
   -b- vagina
   -c- pelvic Para aortic nodes (50%)

4 – Metastatic
   –a- bladder/bowel
   –b- distant (20-30%)
Frozen Section

- Depth of invasion
- Cell type
- Grade of tumour
- ? Cervix
- Concurrent primary (i.e. ovary)
When to do nodes

Provide accurate prognostic information and tailor further treatment

• High Grade tumours
• Outer ½ myometrium
• Large tumours
• Bulky nodes in advanced disease

Selecting patients for lymphadenectomy will reduce risk associated with more extensive surgery
Stage 1

a) No further treatment

b) No further treatment

c) Vault brachytherapy – radiotherapy

( Radiotherapy if grade 3)
Stage 2

Cervical involvement

Vault Brachytherapy or small central pelvic radiotherapy
Stage 3

Chemotherapy vs Radiotherapy
Who to refer

• Post menopausal bleeding to Gen Gynae – urgent referral

• Tissue diagnosis to Gyn Oncology
Ovarian Cancer
Ovarian Cancer

Risk

• Low parity, infertility
• Early menarche late menopause
• BRCA 5-10%
  – BRCA 1 50%
  – BRCA 2 27%
• OCP protective
Ovarian Cancer

Symptoms

- Vague and non specific
- Discomfort
- Bloating
- Bladder/bowel symptoms

As a result patients present late with advanced disease
Ovarian Cancer - Staging

1 – Limited to ovaries (80-90%)
   1a – one ovary, no surface disease, wash -ve
   1b – both ovaries, no surface disease, wash –ve
   1c – 1a or 1b surface involvement +ve washings

2 – pelvic extension (60-70%)
   2a – uterus/tubes
   2b – other pelvic
   2c – 2a or 2b surface involvement +ve washings

3 – Abdominal disease (20-40%)
   3a – gross disease in pelvis – microscopic outside
   3b – macroscopic disease abdomen <2cm
   3c – abdominal implants >2cm, +ve nodes

4 – distant mets, +ve effusion, parenchymal liver mets (11%)
Ovarian Cancer - Cytoreduction

- Tumour mass excision and physiological benefits
- Improved perfusion and increased growth fraction
- Improved immunological competence

Best response to chemo with minimal residual disease
Figure 11.6 Survival of patients with stage IIIC epithelial ovarian cancer based on the maximum size of the residual tumor after exploratory laparotomy and tumor resection. (From Heintz APM, Odicino F, Maisonneuve P, Beller U, Benedet JL, Creasman W, et al. Carcinoma of the ovary. 25th annual report on the results of treatment in gynecologic cancer. Int J Gynecol Obstet 2003;83:135–166.)
Ovarian Cancer - staging

Fully stage early disease – if stage 1a, 1b can avoid chemotherapy
Maximal debulking advanced disease
Choice of surgeon
 Gyn Onc > O&G > Gen Surg
5yr survival halved if surgery not by Gynaecologic Oncologist
Who to refer

- High RMI (USS x Menop. x Ca125 >200)
- Ascites
- Nodular fixed suspicious mass
- Non Gyane cancer & mass
- Strong FHx and mass