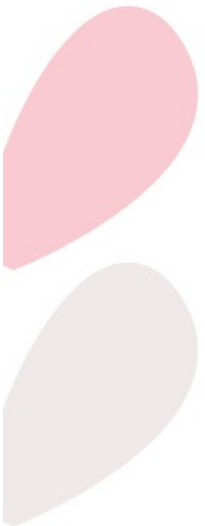
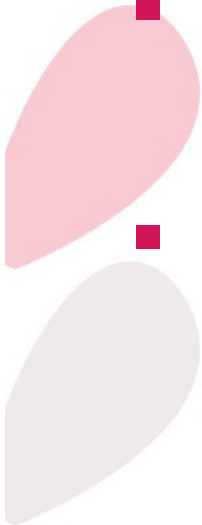


SCREENING THE UNSCREENABLE: GYNAECOLOGICAL CANCERS

DR ARCHNA SARASWAT
FRANZCOG, MD, MBBS

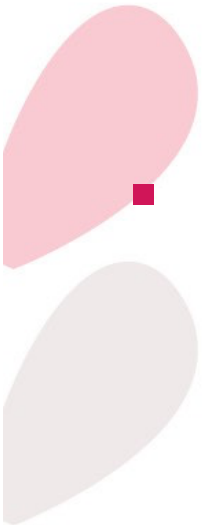


- Ovarian Cancer : 1 in 87 by the age 85
- Fallopian tube cancer: 0.39/100,000
- Peritoneal cancer: 0.65/100,000
- Endometrial cancer: 1 in 44 by the age 85
- Vaginal cancer : rare, 0.07%
- Vulval cancer : 0.57%
- Risk of any gynaecological cancer by age 85: 4.4%

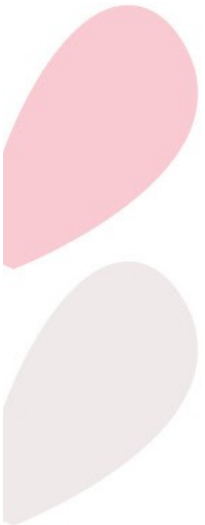


SCREENING TESTS

- Screening tests are applied to asymptomatic and apparently healthy populations
- Due to the relatively low prevalence of any given cancer type, the vast majority of those being screened cannot benefit from the screening
- Potential for harm due to either the screening test itself or to downstream consequences of it.

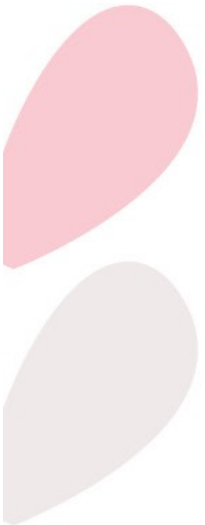


NO SCREENING AVAILABLE..



NO SCREENING AVAILABLE..

NEED TO BE VIGILANT

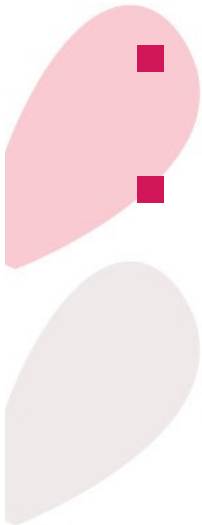


TO AVOID.....



WE WOULD LIKE TO SCREEN FOR

- Ovarian cancer
- Tubal cancer
- Uterine cancer
- Cervical cancer
- Vaginal cancer
- Vulval cancer



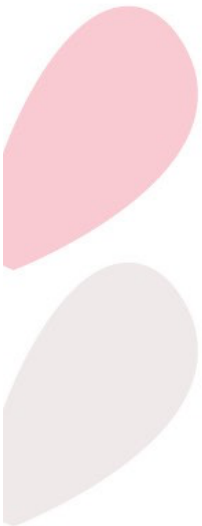
OVARIAN CANCER

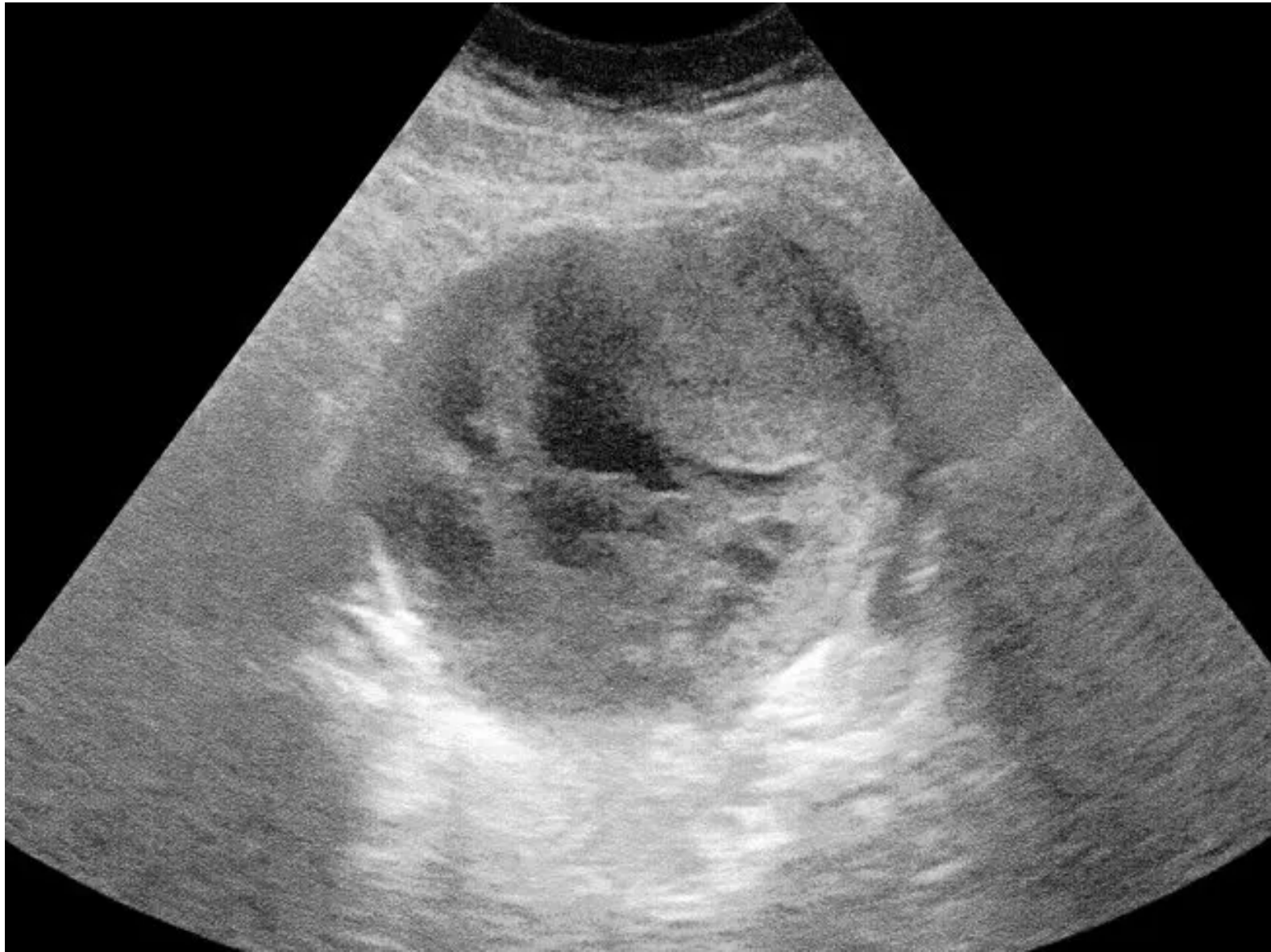
- 3rd most common gynaecological cancer
- Around 1,815 Australians are diagnosed with ovarian cancer each year
- Approximately 1000 lives are lost to ovarian cancer annually in Australia
- 10% of women had localised disease, 15% regional spread and 70% distant metastasis (5% unknown).
- Average five-year survival rate for ovarian cancer patients is 49%, compared with 92% for breast cancer, 84% for uterine cancer, and 74% for cervical cancer
- Estimated overall direct health services cost of ovarian cancer in 2013 was AUD\$99million (4,700 women nationally) = \$131M



SCREENING

- Pelvic USS
- Tumor markers



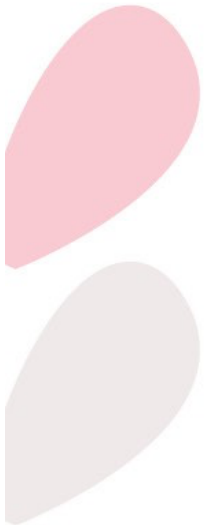


USS FOR SCREENING TEST ?

- UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS): 50,623 women who had annual TVS
- Median of 16.3 years of follow-up
- Similar percent of cancers diagnosed at an earlier stage in the TVS compared with the no-screening arm (stage I/II, 30 vs 28%; stage III/IV, 69 vs 71%)
- No ovarian cancer mortality reduction associated with TVUS screening



Studies do not suggest that screening with TVUS
reduces ovarian cancer mortality ..



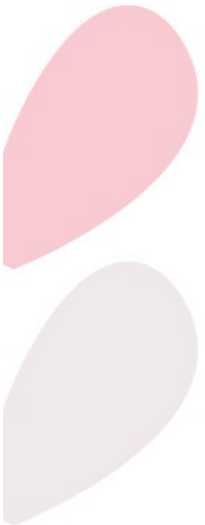
TUMOR MARKERS- CA125

- No reduction in mortality due to ovarian cancer when studied as a possible screening test
- Limited specificity and very low positive predictive value
- 74% of the CA 125-detected ovarian cancers were at an advanced stage (stage IIIC or IV) : PLCO cancer screening trial
- Variety of benign and malignant gynecologic and non-gynecologic conditions elevate CA 125
- Fluctuates during the menstrual cycle, increases with age, and varies with ethnicity and smoking status



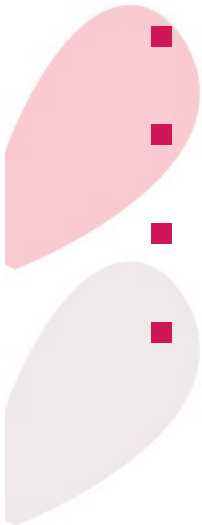
USE BOTH ?

- Both CA 125 and TVS at annual intervals did not reduce mortality in the general population
- Concurrent testing with CA 125 and TVUS in high-risk patients found that most detected cancers (70-80%) are stage III or IV



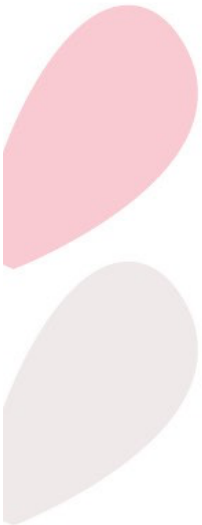
RISK FACTORS

- Age
- Family history
- Genetic: BRCA 1- 39-65%, BRCA2 11-37%, Lynch syndrome 3-33 %
- Nulliparity
- Endometriosis
- Asbestos
- Pelvic radiation
- Smoking- (mucinous ovarian cancer)
- Obesity

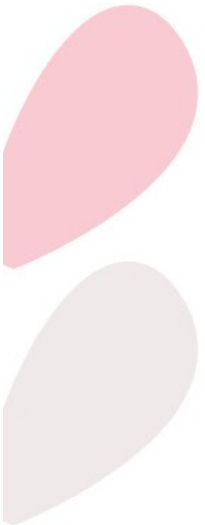


RMI & ROMA

- RMI cut off of 200: Sensitivity 78% and specificity 87%
- ROMA- sensitivity of 89% and a specificity of 75%



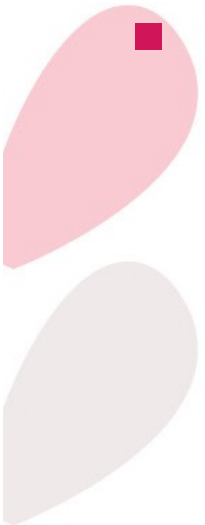
NO RECOMMENDED SCREENING !!





NICE GUIDELINES

- Asking questions- bloating, distension, pain, loss of appetite
- CA125
- If elevated – USS
- Use of RMI- <200 low risk



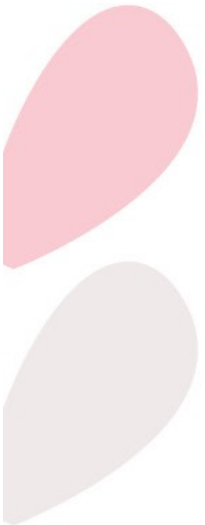
PROTECTIVE FACTORS

- Bilateral salpingectomy: up to 50% reduction
- B/L salpingo-oophorectomy
- Use of OCP : >50%reduction with ≥ 10 years of use
- Tubal ligation
- Hysterectomy- 20% reduction
- Breastfeeding-30% reduction
- Parity



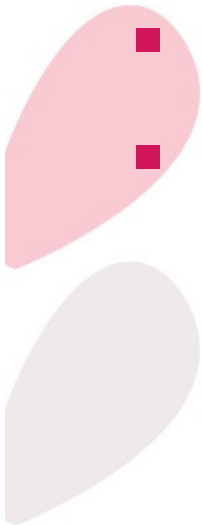
FALLOPIAN TUBE CANCER

- Uncommon
- No separate screening/ risk factors



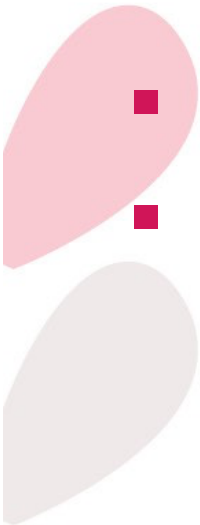
ENDOMETRIAL CANCER

- Most common gynecological malignancy: 3%
- 75-90% of patients with endometrial carcinoma are symptomatic
- General screening not recommended
- Lynch Syndrome: 13-71% lifetime risk
- Cowden Syndrome: 13-28% lifetime risk



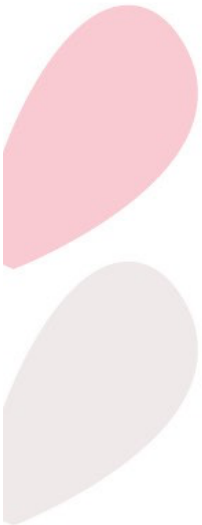
RISK FACTORS

- Age
- Unopposed estrogen therapy
- Tamoxifen therapy
- Late menopause
- Nulliparity
- PCOS
- Obesity



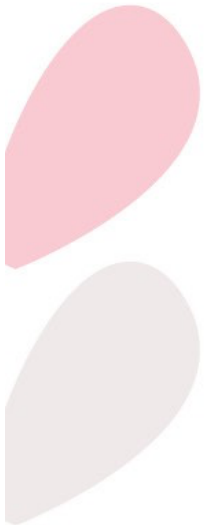
WHAT TO LOOK FOR ?

- Abnormal bleeding
- Abnormal glandular cells on CST
- Regular screening for Lynch syndrome, 1-2 yearly with endometrial biopsy



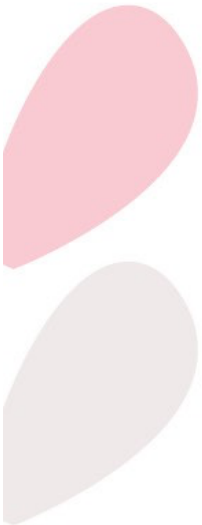
PREVENTION

- Hysterectomy with +/- BSO after family complete in Lynch syndrome



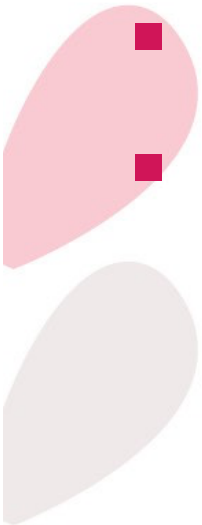
VAGINAL CANCER

- Uncommon
- More common than vulval cancer
- Most mediated by HPV
- NO SCREENING..



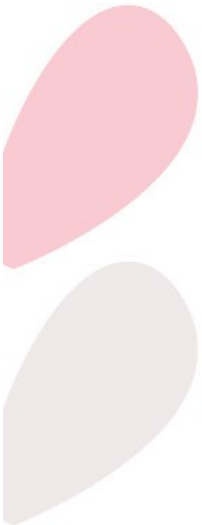
WHAT TO LOOK FOR ?

- MOST COMMON SYMPTOM: abnormal bleeding
- Vaginal cytology
- Vaginal colposcopy
- Vaginal biopsy



VULVAL CANCER

- UNCOMMON
- Lifetime risk : 0.3%
- NO SCREENING

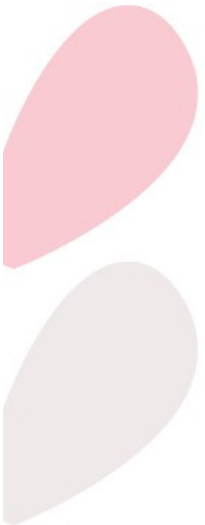


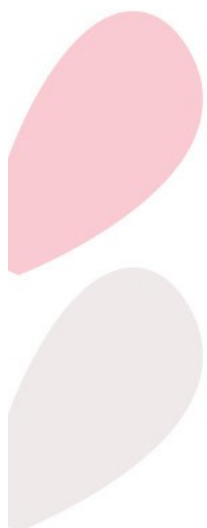
RISK FACTORS

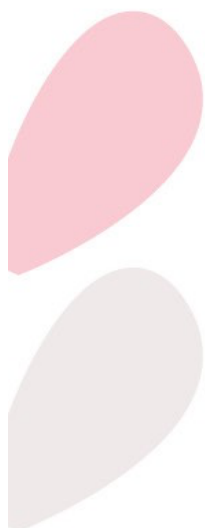
- Cervical cancer
- Cigarette smoking
- Vulvar Lichen Sclerosus
- High Grade VIN
- Immunodeficiency syndromes
- Northern European ancestry
- Most are **asymptomatic** or have vulval pruritis or bleeding





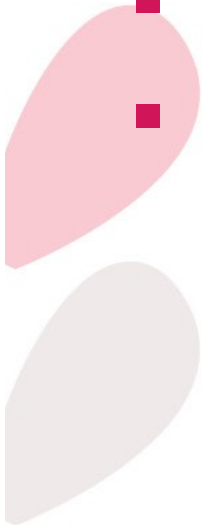






WHAT TO DO ??

- Be vigilant
- ASK questions
- Listen
- Investigate appropriately
- TIMELY REFERRAL





"OKAY, SO IT MAY NOT BE THE SPECTACULAR
MEDICAL BREAKTHROUGH THAT WE HAD BEEN
HOPING FOR, BUT WE HAVE DISCOVERED
A FABULOUS NEW GLUE."