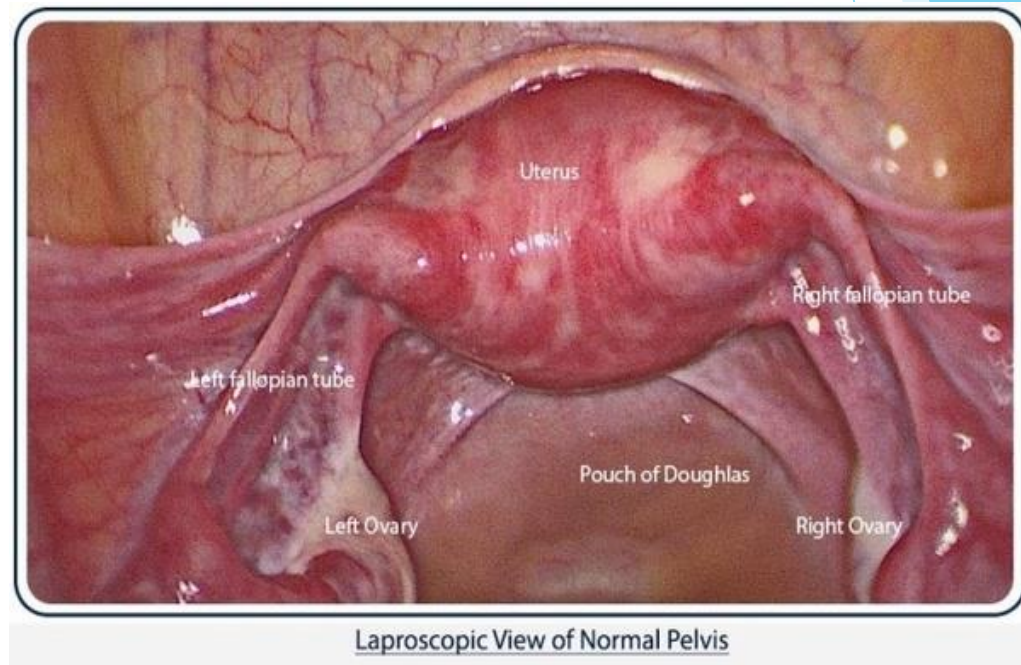


# Management of tubo-ovarian cancer risk in BRCA carriers

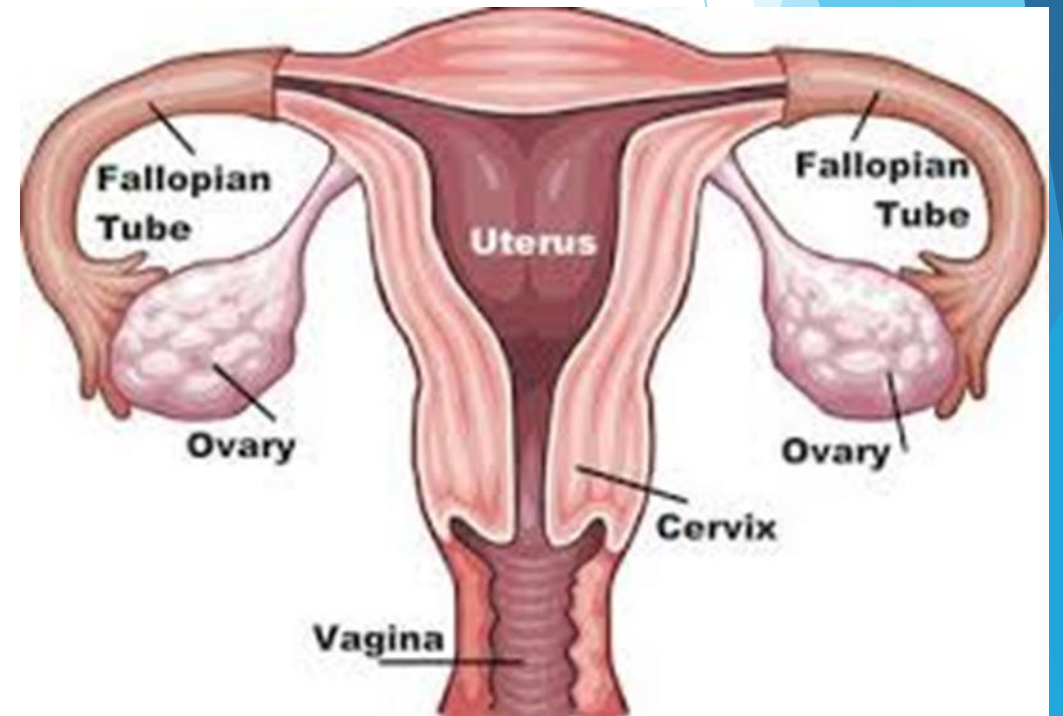
Mr Kevin Hayes FRCOG  
Consultant Gynaecologist  
St George's Hospital

# Welcome to my world!



# BRCA1 and 2 genes

- ▶ The risk is almost ALL TUBAL
- ▶ Tubal and ovarian cancer present the same way
- ▶ **Tubo-ovarian** cancer from now on
- ▶ No significant link with uterine or cervical cancer



# BRCA1 and 2 genes

## Lifetime risks of tubo-ovarian cancer

- ▶ **General population risk** - 1 - 1.5% (one in 70 women)
- ▶ Average age 65
- ▶ **BRCA1** - 40-60% (one in two women)
- ▶ Average age 47
- ▶ **BRCA2** - 20-30% (one in four women)
- ▶ Average age 50-51
- ▶ Risk only starts to rise after **age 35**
- ▶ Tubo-ovarian cancer usually presents at a late stage
- ▶ Treatment is more difficult
- ▶ Outcome is worse the later it presents

# What can we do to manage cancer risk?

## Options:

- ▶ Do nothing and accept the risks.....
- ▶ Lifestyle choices may help (contraception particularly)
- ▶ Go looking for the cancer regularly (**screening to find it at early stage**)
- ▶ Remove the “at-risk” tissue before the cancer happens (**prevention surgery**)

# What can we do to manage cancer risk?

- ▶ **Do nothing**
- ▶ If you are <35 absolutely
- ▶ If your family is incomplete or you are NOT sure

# What can we do to manage cancer risk?

- ▶ Symptom Awareness
- ▶ The “Silent” killer is not silent, just quiet.....

## PERSISTENT

- ▶ Bloating and fullness
- ▶ Discomfort (NOT usually pain)
- ▶ Change of bowel habit
- ▶ Indigestion

# What can we do to manage cancer risk?

## Lifestyle choices (long term)

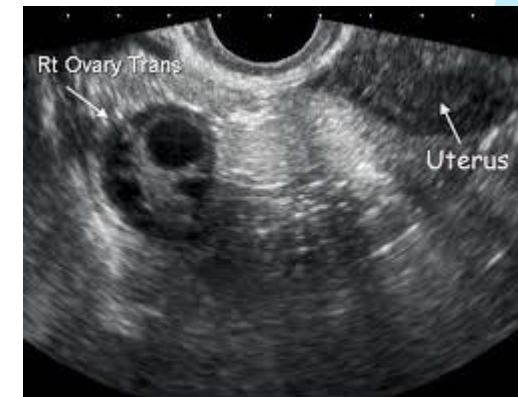
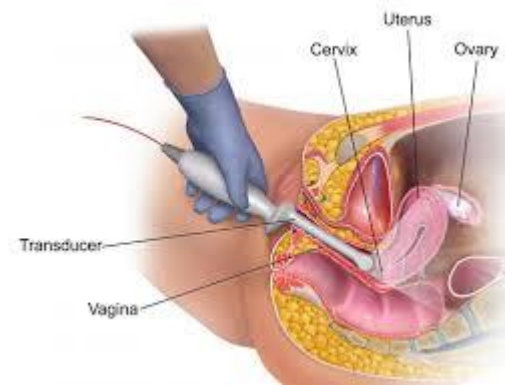
- ▶ All pills (esp. combined) and mini-pill (progesterone only)
- ▶ Mirena / Implants / Depo injections
  
- ▶ Reduce your risk of gynaecological cancer - so it helps
- ▶ However, significant risk will still exist
- ▶ If you use them, keep using them for as long as you need them!!
- ▶ None of them increase the risk breast cancer any further



# What can we do to manage cancer risk?

Go looking for the cancer regularly (screening to find it at **early stage**)

- ▶ Ultrasound scans
- ▶ Blood tests (e.g. CA-125)
- ▶ Currently little evidence of any benefit to BRCA carriers



# What can we do to manage cancer risk?

## Screening

- ▶ Not good at finding EARLY disease
- ▶ When you start looking inside people.....
- ▶ We find lots of other things - Fibroids / Benign ovarian cysts
- ▶ Unnecessary surgery / intervention
- ▶ Increased anxiety
- ▶ Research is ongoing - if get screening it should be as part of a research study

# What can we do to manage cancer risk?

## Risk Reducing surgery - currently recommended management

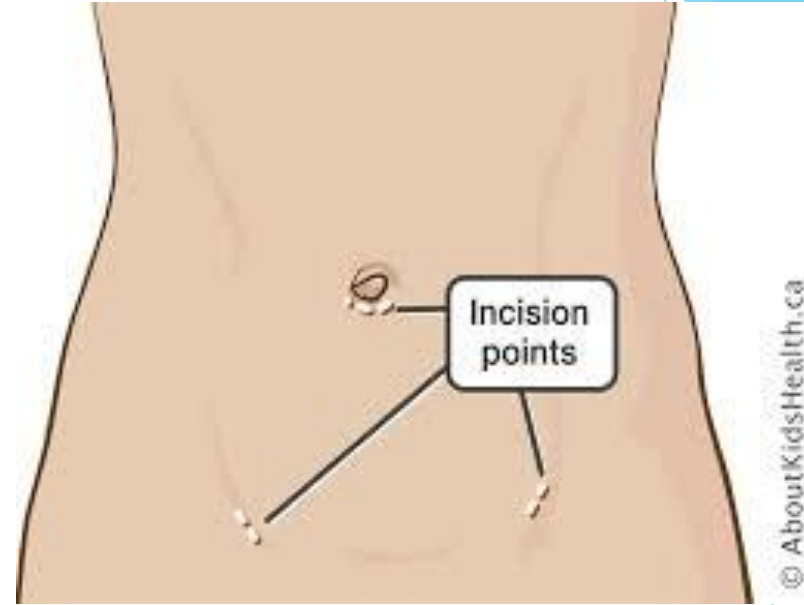
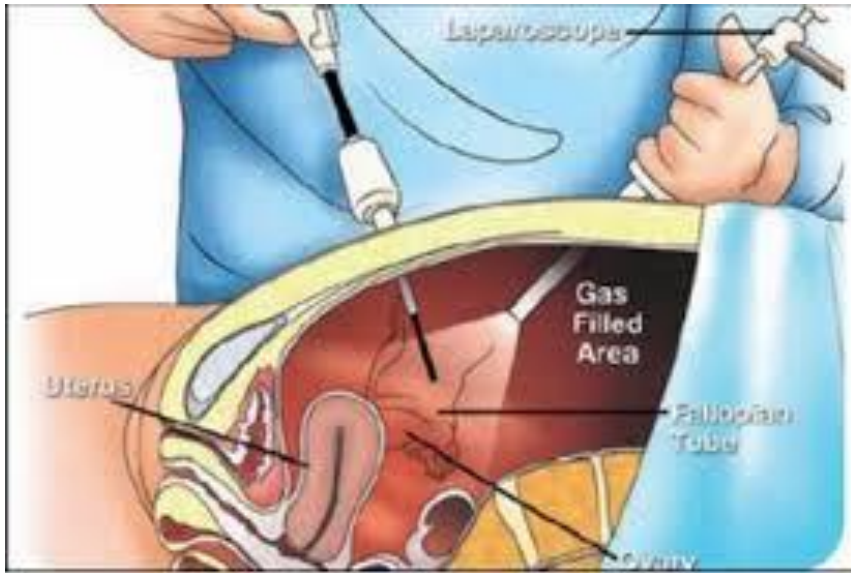
- ▶ Question is WHEN is right for you??
- ▶ Usually > 40
- ▶ Certain family is complete
- ▶ Realise what the procedure involves
- ▶ Recognise it will be an immediate menopause (if not already) and what will happen afterwards

# Risk Reducing Surgery

## Options:

- Removal tubes and ovaries (bilateral salpingo-oophorectomies - BSO)
- **Highly effective** - reduces cancer risk to **minimal!!**
- Risk **NOT** zero - nearer 1-2% in lifetime
  
- Removal tubes (bilateral salpingectomies) only **PLUS** removal ovaries at a later date (2 procedures)
- No menopause
  
- Keyhole surgery - LAPAROSCOPY
- Day case
- General Anaesthetic
- Generally very straightforward and uneventful

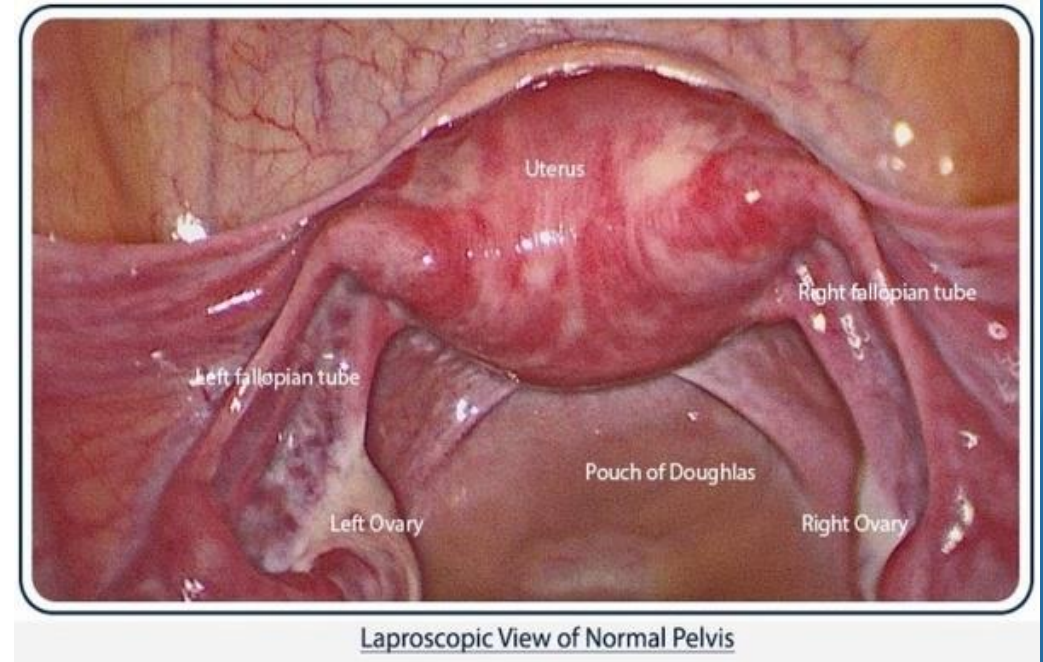
# Laparoscopy



# Laparoscopy

## Risks of surgery

- ▶ Bleeding
- ▶ Infection
- ▶ Small risk (approx. 1:1000 operations) of injury to surrounding structures
- ▶ Bowel
- ▶ Bladder
- ▶ Ureters
  
- ▶ One week minimum off work
- ▶ Two weeks “easy”



# The menopause

## Short term:

- ▶ No more periods!
- ▶ Hot flushes and sweats WILL happen - 24 hours!!

## Options

- ▶ HRT recommended if NOT had breast cancer
- ▶ HRT does NOT increase risk of cancer any higher <50
- ▶ Other options for this if you cannot have or do not want HRT



# Overall.....

- ▶ Everyone's situation is different - so are their choices and timings
- ▶ Ultimately the only current way to stop gynaecological cancer is risk reducing surgery
  
- ▶ Don't rush any decisions!
- ▶ No regrets - this should be a positive thing to reduce your risk
  
- ▶ Any questions please??

