

Northwest Gynecological Oncology

Deborah Dotters, M.D.

Audrey Garrett, M.D. M.P.H.

3355 RiverBend Drive Suite 210.

Springfield Oregon, 97477

Toll Free: (888) 703-8413

Phone: (541) 465-3300

Fax: (541) 686-8330

PREVENTION AND EARLY DIAGNOSIS OF GYNECOLOGIC CANCERS

Endometrial Carcinoma 38,000 women / year; 6,600 deaths / year (17%)

Risk Factors:	Age. Obesity. Nulliparity. Hx Breast cancer. (estrogen made in fat cells), long history of not ovulating, diabetes. Never used birth control pills. +BrCa gene.
Screening:	None. Report irregular bleeding to MD.
Symptoms:	Vaginal bleeding after menopause, irregular peri-menopausal bleeding.
Diagnosis:	Office-visit biopsy of the uterine lining.
Stage:	Usually I or II
Treatment:	Hysterectomy, removal of ovaries, +/- removal of pelvic and aortic lymph nodes, +/- radiation after surgery.
Survival:	>90% if early. 30-70% if metastatic spread.
Risk Reduce:	Ideal BMI<25. Prolonged use (> 10 yr.) of OCP's. Cyclic progesterones in menopause, progesterone IUD.

Ovarian Carcinoma 23,000 women / year; 14,000 deaths / year (60%)

Risk Factors:	Age. Obesity. Nulliparity. Hx Breast cancer. Never used oral contraceptives, family History of ovarian or breast cancer. +BrCa1,2. Urban, long use of fertility drugs without conception.
Screening:	None, but do have yearly pelvic exam. Transvaginal sono may become useful screening (already excellent testing for Sx), Ca125 useful if menopausal or symptomatic with mass, not a screen for younger.
Symptoms:	Vague change in GI or urinary function, pelvic pressure or pain, abdominal swelling or mass.
Diagnosis:	Suggested by pelvic exam, confirmed by Doppler ultrasound; surgery.
Stage:	Usually III

Treatment: Surgical removal of all visible cancer, removal of ovaries, uterus, and lymph nodes, appendix, omentum; chemotherapy, followed by Ca125's.

Survival: 0% overall. 90% if early. 10-40% if advanced.

Risk Reduce: Oral contraceptives 5-10 years, tubal ligation, large number of children. Remove ovaries and uterus when indicated. Test high-risk families. 2

Cervical Carcinoma 13,000 women / year; 4,400 deaths / year (34%)

Risk Factors: Smoking, sexual activity as teen, sex with many male partners, previous genital warts or abnormal Pap smear, male partners with many other female partners, Immunosuppression from chemo, prednisone or HIV.

Screening: Pap smear, biopsy any lesion.

Symptoms: None early on. Irregular vaginal bleeding, new vaginal odor, discharge.

Diagnosis: Pelvic exam, colposcopy (magnification exam of cervix) with biopsy.

Stage: All stages

Treatment: Early stage, young patient—radical hysterectomy +lymphadenectomy. Advanced stage or older patient—radiation therapy, +/- chemotherapy.

Survival: Early >80%. Advanced 10-50%.

Risk Reduce: Use condoms until you are “settled.” Do not smoke. Regular pap smears.

Vulvar Carcinoma 3,600 women / year; 800 deaths / year (22%)

Risk Factors: Smoking, age over 60, genital warts or skin disorders, immunosuppression.

Screening: None, but do self-exam, report any abnormal new change.

Symptoms: Lump, itch, ulcer, enlarging freckle, burning area or sore on vulvar skin. Bleeding or staining.

Diagnosis: Pelvic exam and office biopsy

Stage: Usually I or II

Treatment: Removal of the lesion with an inch of normal tissue around it; removal of groin lymph nodes, radiation +/- chemotherapy if metastatic or advanced.

Survival: Early 90%. More advanced 30-70%.

Risk Reduce: Don't smoke. Periodic self-exam; see physician if any lumps, bumps, or sores.

Colon Cancer

70,000 women / year; 29,000 deaths / year (42%)

Risk Factors:	Obesity, smoking, alcohol(>1 glass/day), high fat intake, low fiber diet, family history of colon cancer or melanoma.
Screening:	Yearly rectal exam with test for blood in stool yearly, Starting at age 50: colonoscopy every 10 years, every 5 years with a positive family history.
Symptoms:	Change in bowel habits, Pelvic, rectal or low back pain, blockage of bowels, bleeding from the rectum, black tarry stools, anemia (low blood), and weakness.
Diagnosis:	Scope with biopsy
Treatment:	Surgery to remove bowel section +/- chemotherapy or radiotherapy
Survival:	60% overall. 90% if diagnosed early.
Risk reduction:	Low-fat diet, reduce alcohol intake. Increase fiber and complex carbohydrates. Exercise. Optimal BMI. One aspirin or NSAID daily (by 40%). Folic Acid. Stop smoking. Metamucil. Garlic, Folic Acid, antioxidants.

Breast Cancer

192,000 women / year; 40,000 deaths / year (21%)

Risk Factors:	Age, obesity, smoking, sedentary lifestyle, high alcohol intake, High-fat low-fiber diet, Menopausal HRT for > 5 years, no or few children.
Screening:	Self-exam, clinical exam, and mammogram
Symptoms:	Lump or discharge in breast, lump in armpit.
Diagnosis:	Biopsy surgically or by needle aspiration
Treatment:	Surgical resection, +/- chemotherapy, radiotherapy or Tamoxifen, usually a combination of 2 or 3 modalities
Survival:	80% overall. 90% if early. 20% if late.
Risk reduction:	Not smoking, high-fiber diet, weight loss, Beta-carotene, Tamoxifen, exercise. Use menopausal hormones only as much as needed.

Lung Cancer

79,000 women / year; 67,000 deaths / year (85%)

Risk Factors:	Smoking.
Screening:	None
Symptoms:	Cough.
Diagnosis:	Chest x-ray
Treatment:	Surgical resection, +/- chemotherapy, radiotherapy.

Survival: 10% overall, 60% if early, 0% if late.

Risk reduction: Don't smoke or inhale anyone else's smoke. Just don't.

Heart Disease

371,000 deaths among women/year

Risk Factors: Family history, Smoking, high-fat, low fiber diet, no exercise, high blood pressure, diabetes, especially poorly controlled, average to poor cholesterol, low fiber diet.

Screening: Fasting cholesterol every 5 years, blood pressure testing every doctor visit, fasting glucose.

Symptoms: Chest pain, sweatiness, breathlessness, dizziness, pain in left arm or jaw, swollen ankles, fluttering heartbeats, stomach upset, chest heaviness.

Diagnosis: Emergency room visit with EKG and blood tests.

Treatment: Immediately take aspirin and call 911.

Survival: Depends.

Risk reduction: Low-fat, high-fiber diet, exercise, quit smoking, control the blood pressure, blood sugar and cholesterol by lifestyle and by medication, if needed. Increase fiber and complex carbohydrates. Exercise 30 minutes x 3/week minimum. Get to your optimum body mass index of <25. One aspirin daily. Folic Acid. Vitamin C and E. It's okay to have a drink.

Osteoporosis

1,200,000 fractures in women/year

Risk Factors: Family history, use of steroid medications, sedentary lifestyle, low calcium intake, smoking, alcohol > 1 glass/day,

Screening: Dual energy X-ray absorptiometry

Symptoms: Loss of height of >1 inch. Usually none until fracture.

Diagnosis: Dual energy X-ray absorptiometry

Treatment: Exercise, Calcium 1500mg daily, Vit D 800 mg daily, no smoking, maximum of 1 drink daily, Alendronate, Raloxifene, or Tamoxifen, use menopausal hormone replacement therapy > 5 years only when necessary to maintain quality of life, to reduce a high cardiac risk, and to halt unavoidable or established progression to osteoporosis.

Survival: Painful fractures.

Risk reduction: Weight bearing exercise. Do not smoke. Take Calcium 1500mg daily from diet or from supplement Ca Carbonate or Citrate. If needed, take Alendronate, Raloxifene, or Tamoxifen. Use menopausal hormone replacement therapy > 5 years only when necessary to maintain quality of life, or to halt unavoidable or established progression to osteoporosis.