PREVENTION OF OVARIAN CANCER

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ABSTRACT

Ovarian cancer is a gynecological malignancy that in Indonesia still ranks third after cervical cancer and uterine corpus cancer [1.] In the United States, ovarian cancer is the second most common gynecologic cancer and the leading cause of death from gynecological cancer. Clinically, its development is different from cervical cancer. Namely, ovarian cancer does not have apparent initial clinical symptoms, so that it is difficult to detect early. As a result, 65-75% of ovarian cancer are diagnosed at an advanced stage. Symptoms of ovarian cancer are non-specific, easy to miss in the early stages; symptoms are often seen in advanced stages (stage III or stage IV) a combination of a full stomach, bloating, nausea, abdominal distension, early satiety, fatigue, changes in bowel movements, urinary symptoms, back pain, dyspareunia, and weight loss. Preventive and promotive efforts in reducing the incidence of ovarian cancer are identified risk factors for ovarian cancer.

Keywords: Carcinoma, Ovarian, preventive.

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INTRODUCTION

Ovarian cancer is a gynecological malignancy that in Indonesia still ranks third after cervical cancer and uterine corpus cancer [1.] In the United States, ovarian cancer is the second most common gynecologic cancer and the leading cause of death from gynecological cancer. The fifth leading cause of cancer death in women[1]. The American Cancer Society (2015) estimates that there are 21,290 new cases and 14,180 deaths every year. It is estimated that as many as 239,000 new cases and 152,000 die each year due to ovarian cancer[2].

Clinically, its development is different from cervical cancer. Namely, ovarian cancer does not have clear initial clinical symptoms, so that it is difficult to detect early. As a result, 65-75% of ovarian cancer are diagnosed at an advanced stage. The 5-year relative survival of ovarian cancer patients at all stages is 53%, 5-year survival for stage I and II ovarian cancer patients is 95%, while stage In and IV is 31% (Landis et al., 1998). In Indonesia, the 5-year survival of ovarian cancer patients is still not found. The research results conducted at the RSCM have a 5-year survival rate of ovarian cancer patients at all stages of 41.25%. At stage I 76.3%, stage II 66.6%, stage III 24.6%, and stage IV, 8.1%. The results found that the factors that influence the 5-year survival rate for ovarian cancer. The Central for Disease Control (CDC) states that over the past six decades, the survival rate of 5 years or the five-year survival rate of patients with ovarian cancer did not show a significant change compared to several other types of cancer, whereas five-year survival can reach more than 90% if the disease is still limited to the ovaries. Unfortunately, only 25-35% of ovarian cancers can be diagnosed at this stage.[3] The existence of an association between five-year survival and disease stage at diagnosis suggests that early detection improves patient survival. However, early diagnosis of ovarian cancer is difficult because the ovaries are physically difficult to reach, located in the pelvis between visceral organs that cannot be seen directly. Hence, sampling of ovarian tissue is not possible without an invasive procedure.[3]

There are various risk factors associated with ovarian cancer. It mostly affects postmenopausal women, where increasing age is associated with an increased incidence, advanced stage of the disease, and lower reported survival rates. Symptoms of ovarian cancer are non-specific, easy to miss in the early stages, and symptoms are often seen in advanced stages (stage III or stage IV) a combination of a full stomach, bloating, nausea, abdominal distension, early satiety, fatigue, changes in bowel movements, urinary symptoms, back pain, dyspareunia, and weight loss. [4]

Symptoms appear vaguely several months before the diagnosis of ovarian cancer. The risk of ovarian cancer is strongly associated with family history, especially ovarian cancer of epithelial cells accounting for 5% to 10%, including malignant and Smoke. Clinically, combining the results of biomarkers and imaging data, such as MRI and ultrasound examinations, allows gynecologists to predict ovarian cancer before surgery.[5] Combination biomarkers and ultrasound examination also led to an increase in predictive accuracy. The main principle to treatment Primary tumor resection is total

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abdominal hysterectomy, total salpingo-oophorectomy, surgical staging Adjuvant chemotherapy, and radiotherapy be not beneficial, and Unilateral salpingo-oophorectomy is "Conservative" management of premenopausal women who desire ovarian function. Prevention strategies incorporate individual variation in genetic, epigenetic, and non-genetic risk factors (e.g., environmental, hormonal, lifestyle, behavior)[4.] Preventive and promotive efforts in reducing the incidence of ovarian cancer are identified risk factors for ovarian cancer. Low parity and infertility Early menarche and late menopause The risk of ovarian cancer is strongly associated with family history, especially ovarian cancer of epithelial cells accounting for 5% to 10% including malignant. Therefore, screening is needed as early as possible.[6]

For this reason, preventive management is the primary choice for the community to overcome the development of ovarian cancer, especially in Indonesia.[9]

METHODS

This community service activity is conducted in an online educational seminar through the Zoom conference application on Saturday, 14 August 2021, commemorating the 58th DIES Natalis of the Faculty of Medicine, Sriwijaya University. This activity was also held in collaboration with the Research and Community Service Unit of the Faculty of Medicine, Sriwijaya University, PNPB Faculty of Medicine, Sriwijaya University, Indonesian gynecological oncology association. This online educational seminar participants were all students of obstetric and gynecology residents, general practitioners, nurses, and midwives.

DISCUSSION

The Central for Disease Control (CDC) states that over the past six decades, the survival rate of 5 years or the five-year survival rate of patients with ovarian cancer did not show a significant change compared to several other types of cancer, whereas five-year survival can reach more than 90% if the disease is still limited to the ovaries. Unfortunately, only 25-35% of ovarian cancers can be diagnosed at this stage.[3] The existence of an association between five-year survival and disease stage at diagnosis suggests that early detection improves patient survival. However, early diagnosis of ovarian cancer is difficult because the ovaries are physically difficult to reach, located in the pelvis between visceral organs that cannot be seen directly. Hence, sampling of ovarian tissue is not possible without an invasive procedure.[3]

There are various risk factors associated with ovarian cancer. It mainly affects postmenopausal women, where increasing age is associated with an increased incidence, advanced stage of the disease, and lower reported survival rates. Symptoms of ovarian cancer are non-specific, easy to miss in the early stages, symptoms are often seen in advanced stages (stage III or stage IV) a combination of a full stomach, bloating, nausea, abdominal distension, early satiety, fatigue, changes in bowel movements,

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urinary symptoms, back pain, dyspareunia, and weight loss. [4] Symptoms appear vaguely several months before the diagnosis of ovarian cancer. The risk of ovarian cancer is strongly associated with family history, especially ovarian cancer of epithelial cells. The main principle to treatment Primary tumor resection is total abdominal hysterectomy, total salpingo-oophorectomy, surgical staging Adjuvant chemotherapy, and radiotherapy be not beneficial. Unilateral salpingo-oophorectomy is "Conservative" management of premenopausal women who desire ovarian function. Prevention strategies that incorporate individual variation in genetic, epigenetic, and non-genetic risk factors (eg, environmental, hormonal, lifestyle, behavior)[4.] Preventive and promotive efforts in reducing the incidence of ovarian cancer are identified risk factors for ovarian cancer.

CONCLUSION

Preventive measures are currently the primary choice in connection with the absence of definite management of the COVID-19 area. The risk of ovarian cancer is strongly associated with family history, especially ovarian cancer of epithelial cells accounting for 5% to 10%, including malignant. Therefore, screening is needed as early as possible.

REFERENCES

1. Tung, K.H., Wilkens, L.R., Wu, A.H. *et al.* 2005. "Effect of Unovulation Factors on Pre and Postmenopausal Ovarian Cancer Risk: Revisiting the Incessant Ovulation Hypothesis". *Am. J. Epidemiol., 161:321-9.*
2. Wenham, R.M., Lancaster, 1.M., and Berchuck, A. 2002. "Molecular Aspects of Ovarian Cancer: Best Practice and Research". *Obstet. Gynaecol., 16:483-497.*
3. Whiteman, D.C., Murphy, M.F., Cook, L.S., *et al.* 2000. "Multiple Births and Risk of Epithelial Ovarian Cancer". *J Natl. Cancer Inst.,* 92:1172.
4. Yurkovetsky, Z., Skates, S., Lomakin, A. *et al.* 2010. "Development of A Multimarker Assay for Early Detection of Ovarian Cancer". *J. Clin. Oncol., 28:2159.*
5. Padubidri VG, et al. 2015. Shaw's Textbook of Gynecology. Edisi ke-16. India: Elsevier.
6. Torre LA, et al. Ovarian Cancer Statistics, 2018. CA Cancer J Clin. 2018; 68(4): 284-296.
7. Berek JS, et al. FIGO Cancer Report 2018: Cancer of the ovary, fallopian tube, and peritoneum. Int J Gynecol Obstet. 2018; 143(2): 59-78.
8. Hoffman BL, et al. 2016. *Williams Gynecology.* Edisi 3. McGraw Hill Education: Amerika Serikat.
9. Padubidri VG, et al. 2015. Shaw's Textbook of Gynecology. Edisi ke-16. India: Elsevier.