

2018 QCGC Research Patient Symposium

Question and Answer Session

Has there been an increase in early detection of ovarian cancer?

The problem with early detection of ovarian cancer, is that there is no test available as yet to diagnose ovarian cancer. The symptom check list that the government has put together will hopefully make a difference but there is no blood test available or good enough to be rolled out to the general population base as yet.

Isn't that concerning, if the symptoms aren't known then women won't know they've got ovarian cancer or it's being misdiagnosed?

My knowledge of the data suggests that symptoms indicate late stage disease. The symptoms aren't going to lead us to the light.

What will lead us to the light?

We know there have been at least two very large screening trials that have been completed. One in the US and one in the UK – both suggested that screening including regular ultrasound and regular blood tests don't cut it. It leads to a lot of unnecessary surgery and only leads to an ovarian cancer diagnosis in a very very small percentage of patients. We can forget about that.

This data is now used to ask another research question – if we take whole population and focus on a very small minority of that population eg. women who have family history of ovarian cancer or personal history of breast cancer (the warning flags) would screening work for them? The data seems to suggest that screening won't even work for them. Because screening really means we identify cancers when very small (stage 1) and they grow and become fatter and they grow into stage 2 and 3. But ovarian cancer doesn't work like that. With ovarian cancer you can have a stage 3 cancer that is very tiny in the ovary but has already spread into other areas like the omentum and abdomen. How can you possibly pick that up on any imaging?; you are not going to pick that up.

It seems that the only way we can make a difference is to do a lot more prophylactic surgery. There is a Canadian concept to remove fallopian tubes in women that don't need their fallopian tubes anymore and who may be high risk. What we're doing at the moment is educating gynaecologists in Australia that if women have a hysterectomy for benign reasons we're going to take fallopian tubes out. If women have a sterilisation eg. after delivery, we don't tie the tubes but remove the fallopian tubes because we know that in about 60/70% of all ovarian cancers, it may in fact arise from the fallopian tubes.

The way forward though would hopefully be that we could identify something like a superior blood test to identify ovarian cancer at a much earlier stage and that's where there is work being done. But we haven't got a reliable test yet that says that's early ovarian cancer and if it's negative then there's no cancer - we're not there yet.

How can a patient find out about a clinical trial that she may be able to join?

Not a straight forward thing. There's lots of websites and apps being put together that list clinical trials in Australia. Individual research sites have their own lists on their websites. They're not perfect websites because they may not be updated.

In Queensland there is an app on apple store or equivalent on android called Clinical Trials Queensland. That's fairly up to date all drug trials for all tumour types. So if you're looking for gynaecologic cancer types, you have to drill down and look for who's running and how to contact.

Re immunotherapy – if you have a tumour that originated from uterus but that was found on the ovary, which study do you refer that to - the endometrium or the ovary?

We always think of the cancer at the site of origin. So if we say cancer starts in the endometrium and spreads to another organ we would always label it as endometrium so those studies and percentages relate to the study of the organ of origin.

Should we be confident that our oncologist knows about the existence of relevant trials?

Trials are usually complex and run in a big centre eg. in Brisbane trials are run in Royal Brisbane and Women's Hospital, PA Hospital, Mater. Smaller centres may not have resources to run these trials. So for gynaecological cancer (small group compared to breast cancer) those trials are usually only found in number of small sites in Brisbane.

How can we educate GPs about better diagnosing of gynaecological cancer?

There's a program Survivors Teaching Students which is an initiative to try and address this issue. We agree that there needs to be awareness raising activities for doctors, nurses and others in allied health that help explain and provide greater understanding of symptoms that might suggest ovarian cancer or other cancers. So having programs whereby real patients talking to would be doctors to say this is what happened to me, hopefully they can learn from that.

Prof Beale, you spoke about dendritic vaccine treatments – is this available as treatment in Australia?

It's not available. You can't go to an oncologist and they will say here is this vaccine treatment for you. It was on trial many years ago, in fact I did a trial in Sydney about 20 years ago (which was an early version) where we took blood, processed the tumour cells we then put them into the lab and then we injected them back in to the patient. It was not successful at that particular time. It is not considered to be standard of care. But these are some of the questions that are really important. There are some signals that there is merit in some of these ideas. But they haven't quite got to the level we need them to be as there's not quite enough data or detail that they could be

Prof Janda could you please clarify – did I see on one of your slides that green tea had liver toxicity next to it?

It is important for patients to consider all pathways that different herbs and so on take. One of the things that you need to consider is that if you drink excessive amounts of green tea it will strain your liver as liver is the organ that processes it. I am not saying don't drink green tea as there are beneficial effects of green tea but consider the amount that you drink.

There are a couple of trials on green tea that have shown survival benefits for patients who had green tea and these patients 3 cups of green tea per day (certainly not 18). However, I cannot attest to how robust these trials were. There is some lab evidence that green tea seems to be beneficial if consumed in normal doses. It wouldn't be harmful I would have thought.

What role can exercise play in recovery after gynaecological cancer and for those that end up with lymphoedema is exercise a way to help with the treatment with that and keep things on an even keel?

There's currently one trial ongoing and QCGC Research is actively recruiting ovarian cancer patients into that trial which is looking at the profession of exercise and the benefit it might have. Approx 160 patients already recruited, mostly from Queensland. It will be a few years until the trial actually finishes as it is quite ambitious and has survival as the main outcome.

I know as a matter of fact that some patients in this room are part of this trial and I put it to virtually everyone who is suitable. But for every clinical trial it is important to note there is inclusion criteria they is very strict. So for this particular ECHO trial patients need to be diagnosed with ovarian cancer and have first line chemotherapy and then basically half of patients get an exercise prescription and other half don't receive exercise prescription; that's how science works. So if you're sitting in the audience and had chemo recently or a year ago that may not be the trial for you.

Just on the previous point about Survivors teaching Students program, one of my patients Kristen is doing that on behalf of ANZGOG and travelling around the country talking to medical students and nursing students about ovarian cancer and doing a great job.

Survivors teaching Students is about sharing your survival story. It's about getting medical students thinking about ovarian cancer, putting a face to ovarian cancer and emphasising that it's not just about what you learn in a text book; it affects real people and everyone has a story to share. If you're interested in volunteering then please contact ANZGOG.