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Staying abreast of your health by speaking up when something is amiss is crucial. For women, it's especially important in discovering gynecologic cancers, which oftentimes present symptoms only after the disease has advanced past those early, usually most treatable, stages. The rates of uterine and ovarian cancers are increasing, and the local medical community is working to change that.

Uterine Cancer: On the Rise

The most commonly diagnosed reproductive cancer in women, uterine cancer is also the fourth overall most often diagnosed cancer in women, according to the U.S. Cancer Statistics Working Group. And rates are rising, says Dr. Deanna G.K. Teoh, gynecologic oncologist at Regions Hospital. In 2006, the American Cancer Society discovered 41,200 new cases of uterine cancer; 10 years later the number has climbed to 60,050.

Why are more women being diagnosed each year? The primary culprit is obesity. “Obesity is associated with increased levels of estrogen, which increases the risk for endometrial (uterine) cancer,” says Dr. Kellie Lease Stecher, Ob-Gyn at OBGYN West. To put the data into perspective: The Centers for Disease Control and Prevention note that 35.3 percent of adult women in 2006 were considered obese, and the percentage increased to 38.3 percent in 2014. There’s evidence that weight loss pays off in decreasing the likelihood and outlook for several diseases, especially uterine cancer.

Uterine cancer can either come from the endometrium (endometrial cancer), which is the inside lining of the uterus and is the most common type of uterine cancer, or from the muscle and connective tissue of the uterus (called uterine sarcoma), which is the least common type of uterine cancer.

Being Proactive is Key

If you need another reason to see your doctor every year, let it include gynecological cancer discussions, especially if you’re in menopause, have a family history of uterine cancer, are obese, or something doesn’t feel right. Women’s intuition can be incredibly beneficial to your health.

Symptoms for many reproductive cancers are abnormal bleeding, bloating, unusual spotting, and pain. “Sometimes it’s difficult to tell the difference between normal peri-menopausal bleeding and abnormal bleeding,” says Stecher. “An ultrasound can be very helpful to differentiate those problems.” Abnormal bleeding doesn’t always mean cancer, but an endometrial biopsy will determine if cancer is suspected.

Right now, there is no screening for uterine cancers. A Pap smear checks for abnormal cells in the cervix, which can sometimes detect abnormal endometrial

cells, but it won't detect those cells if they haven't reached the cervix. These tests are effective in cervical cancer screenings, but not uterine cancer. So arm yourself with your family history before going to your annual wellness exam, talk to your doctor about your risks, be up front about any abnormal bleeding or pain, and ask questions. When cancer of any kind is caught early, there are more treatment options available, such as lower-dose chemotherapy and radiation, surgery (sometimes without chemo or radiation), and medication—and the chance of survival is much higher.

Though there's no screening for uterine cancer, women can be proactive and assess their risk for the disease by getting a genetic test. About 10 to 20 percent of uterine cancers are the result of a genetic syndrome—Lynch Syndrome being the most common, which increases the odds of developing uterine, ovarian, colon, urinary tract, and brain cancers.

“If a first-degree family member (parent, sibling, child) has Lynch Syndrome, I would recommend that woman get tested since she then has a 50 percent chance of having that genetic mutation,” says Teoh. “If she tests positive and is finished having children, I would recommend having a preventative hysterectomy and removing the fallopian tubes and ovaries.”

Genetic testing can also detect BRCA1 and BRCA2 gene mutations, which are associated with an elevated risk for breast and ovarian cancers. Genetic testing can influence when first- and second-degree family members should have mammograms, and if vaginal ultrasounds and other testing are recommended for those with a high risk of developing these cancers.

Treatment Options

The treatment for uterine cancer often involves surgery, and women who are not finished having children should talk to their doctor. “If these women have low-risk cancer, hormonal therapy with close follow-up may be all that's needed,” says Teoh. If the cancer has progressed beyond the low-risk, more treatable stages, the

uterus would be removed but the ovaries may be kept intact to preserve eggs. Research has found that keeping hormone production can be beneficial for younger women. Estrogen helps the heart, brain, and other vital organs in the body function.

But for women who are finished having children and are at or approaching menopause, a full hysterectomy (removal of the uterus and cervix), and removing the fallopian tubes and ovaries, is often recommended to ensure the cancer is eradicated from the area and the surrounding organs. “A majority of women will have early-stage disease, so surgery may be all they need, but for those with high-risk cancers, radiation and/or chemotherapy are also recommended,” says Teoh. Women with high-risk or advanced-stage cancer may require surgery, plus chemotherapy to eradicate cancer cells, and radiation to ensure the body is cleared of cancer.

Ovarian, the Passive Aggressive Cancer

More women die from ovarian cancer than any other reproductive cancer, but it's considered rare and hard to detect. A 2013 study from the Centers for Disease Control and Prevention found that 68 percent of 20,927 women diagnosed with ovarian cancer did not survive. Why is ovarian cancer so aggressive when it's found, but so hard to detect?

Ovarian cancer tends to be aggressive and spread rapidly, so it's difficult to detect in early stages. “Overall, ovarian cancer is a rare cancer, affecting only about 1.4 percent of the female population, which makes it difficult to develop a screening test,” says Teoh.

The symptoms of ovarian cancer are often subtle and similar to monthly period symptoms and menopause: pain or discomfort in the abdomen, back, or pelvis; bloating; and nausea. But abnormal bleeding for two to three weeks, or feeling full faster or losing an appetite altogether are reasons to see a doctor. An ultrasound is the first step to answering any unexplained questions. However, if a

tumor is present or symptoms suggest something outside the pelvis, doctors will refer patients to a radiologist for an MRI, CT, or PET scan.

“MRI is a very powerful way to image a tumor in the cervix, ovary, uterus, and other areas of the pelvis because it provides exquisite detail about the nature of a tumor and can determine whether the tumor affects adjacent structures such as the rectum, vagina, fallopian tubes, or bladder,” says Dr. Paul Carolan, radiologist at St. Paul Radiology. Imaging tests investigate reproductive cancer because they can reveal what blood and physical exams can’t.

If a woman has a genetic predisposition to ovarian or breast cancer, like a BRCA gene mutation, then she should have consistent checkups with her doctor, which may include enhanced screening and discussion of ways to reduce her risk of ovarian and other cancers. A blood test for a tumor marker called CA 125 may also be performed, however, it’s also not always reliable.

“Unfortunately, the CA 125 test isn’t effective alone as a screening test,” says Dr. Britt Erickson, gynecologic oncologist, Division of Gynecologic Oncology at the University of Minnesota. “Our preliminary studies suggest using a set of 12 proteins can increase the sensitivity of the current CA 125 blood test—which could eventually lead to a blood test for early detection.” The solution to this global problem may be closer than expected.

Under the Microscope at the U

The question is: What’s being done to detect ovarian cancer sooner and treat it before it’s too late? And the answer is being researched and tested right here at the University of Minnesota’s OBGYN Department and its Ovarian Cancer Early Detection Program.

In the OBGYN Department, Erickson reveals that doctors and researchers are pairing up to develop innovative ways to detect ovarian cancer at early stages. “We are evaluating various proteins collected through a standard Pap smear

technique,” she says. “Pap smears are typically used for cervical cancer screening, but we’re looking for clues that may signal ovarian cancer.”

Along with the department’s Pap smear testing, the Ovarian Cancer Early Detection Program, with a mission “to develop, within five years, a clinical test to screen women for early markers of ovarian cancer,” is looking at different proteins in blood tests in hopes of early ovarian cancer screening for the general population.

The department is also working on a few drug therapies, including PARP inhibitors, a new class of oral drugs being designed as a safer, effective, less toxic option for women who’ve had ovarian cancer recurrence. Another therapy in the works, ALT-803, uses the body’s own immune system to fight ovarian cancer by targeting specific immune cells to activate and attack ovarian cancer cells.

With digital health monitoring on the rise, it’s no surprise there is an app related to ovarian cancer. “We have developed and are studying a smartphone app to help ovarian cancer patients understand the importance of genetic testing,” says Erickson. The app, mAGIC, teaches women about ovarian cancer and genetic counseling benefits over the course of a week, along with videos, and offers information about making an appointment with a genetic counselor.

So researchers and physicians are optimistic. “I am hopeful we will see progress in the next five years,” Erickson adds. In the meantime, what you can do to protect yourself is talk to your doctor about your risk and options.

Cervical Cancer: On the Decline

One reproductive cancer that’s benefitted from years of research and testing is cervical cancer. About 40 years ago, cervical cancer was the leading cause of cancer death in women in the United States.

When Pap smears were introduced to patients in the 1950s, cervical cancer rates began to decline. And they’ve since plummeted—from 1955 to 1992, cervical

cancer death rates declined by more than 60 percent. According to SEER Cancer Stat Facts, cervical cancer now only represents a sliver, .8 percent, of all new cancer cases in the United States.

Since the 1950s, cervical cancer death rates have declined by more than 60 percent. These numbers dropped as a result of the development of a preventative screening test, Pap smear, and the vaccine Gardasil, which protects against strains of HPV that are linked to an increased chance of developing cervical cancer.

Pap smears, which are recommended for women starting at age 21, are performed every three years until age 30, unless results are abnormal. Women ages 30 to 65 should get Pap smears every three to five years. Doctors automatically perform human papillomavirus (HPV) co-testing during this time as well. The primary cause of cervical cancer is HPV, which is a sexually transmitted disease affecting nearly half of sexually active people in their lifetime. Since research has determined the link between HPV and cervical cancer, a vaccine has been developed.

In 2006, Gardasil, a vaccine developed to prevent strains of HPV, was approved and recommended for women aged 9 through 26, ideally before they were exposed to HPV through sexual activity. Today, Gardasil 9 is recommended for men and women, aged 9 through 26.

Cervical cancer is one of the few cancers in which a preventative vaccine and screening tests are available. “While we work on preventative strategies for uterine and ovarian cancers, [women should] take advantage of the gynecologic cancer prevention we *do* have,” says Teoh.

Uterine and ovarian cancers claim lives and are either hard to detect early if at all, or are aggressive when symptoms are present. Staying on top of annual

wellness exams, asking questions, and paying attention to your body are the best defenses until better screening, testing, and treatments are available.



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