



Chennai Menopause Society

"Changes not Challenges"

NEWSLETTER



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Dr. N Hephzibah Kirubamani

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Dear Members

I would like to start by wishing you all good health.

As per our mission we have conducted Public Awareness Programme for Govt School teachers, along with Rotaract Guindy for their members and for employees of Ruhrpumpen Company.

In the month of June webinar was arranged on International yoga day.

On line Live yoga workshop by Mrs Sai Kripa and Mrs Durga was well appreciated by the delegates. Dr. Maninder Ahuja and Dr. Shobhana Mohandas were Guests of Honour

In the month of July webinar was conducted on International Population day along with Tamil Nadu Women Doctor's Association. Prof.J. A. Jayalal IMA National President was our chief guest. Panel discussion moderated by Dr Nandita Thakkar on "Rights & Choices in Women's Journey" was enjoyable and informative

Chennai Menopause society along with Nellore Obstetrics Gynaec society conducted Webinar on "Way to Live with Menopause"

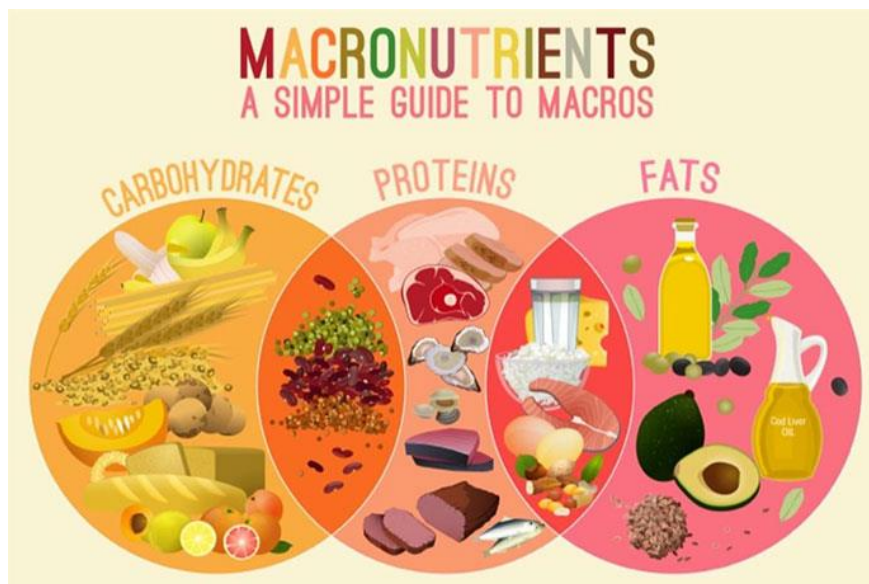
I thank all members for making our events a grand success

Once again warm wishes to one and all and stay safe.

INSULIN: too much of a good thing is bad!

The clinical benefit of insulin is seen mainly from the standpoint of glucose metabolism. But it is an anabolic hormone and the high levels of insulin promotes fat synthesis and obesity. There are other detrimental outcomes of hyperinsulinemia such as endothelial dysfunction, hypertension,, myocardial infarction, and possible deterioration of cognitive function and cancer development. Hyperinsulinemia is caused by diet as well as insulin resistance Low insulin levels should be the primary aim of healthy lifestyle. How do we achieve that? Stay tuned....

(Hubert et al,BMC Medicine, 2020)



Good proteins: fresh produce of lean meat, poultry,/eggs and lentils/ soy. Stay clear of processed meats, low quality protein powder, processed dairy products, protein bars.

Good fats: nuts and seeds, cold-pressed oils, coconut, avacado. Avoid low fat substitutes and all fried food.

Good carbs:unpolished / brown rice, whole wheat bread, sweet/ white potatoes. Beware of white bread, rice pasta, polished rice. Sugary cereals, sodas, pastries and fast foods are to be avoided at all cost

Overview of Exercises

Floor exercises- eg yoga

Cardio LISS- walking, swimming, run, Zumba

HIIT- high intensity interval training

Resisted exercises and weights

All these have their own benefits. Cardio exercises are excellent for stamina and cardiac endurance, they are limited ability to improve strength. So cardio exercises alone are not adequate. They should be combined with resistance exercises with bands and weights. Can old people do weights? Definitely, yes. These exercises prevent muscle and bone loss. The collateral benefit is prevention of falls and fractures



Ovarian cancer – An update



Dr Anbu Subbian

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Ovarian cancer is the second most common gynecological malignancy worldwide, with a high mortality rate. Only 47% of women with ovarian cancer, go on to live past 5 years after their diagnosis. This is in sharp contrast to breast cancer with a 5 year survival of 83%.⁽¹⁾ Cutting edge research and breakthroughs in oncology have enabled improvements in the survival rates of many cancers. However the improvement in ovarian cancer survival is at best modest and the reasons for this are:

- Late diagnosis with majority being diagnosed in advanced stages due to non-specific symptoms.
- Absence of well established screening tests for the general population.
- Social and economic factors affecting treatment access resulting in inconsistent treatments and hence differing outcomes.

Despite this, several scientific advancements give us hope that things could potentially change for the better. This review aims to cover the key developments that have occurred in this area starting from cancer origin to diagnosis and management.

Basic principles of management that remain unchanged:

Surgery and chemotherapy remain the mainstay in the treatment of ovarian cancer. Proper surgical staging in apparently early stages and optimal debulking in advanced ovarian cancers are the standard of care in surgical management. One of the key factors that affect outcome is the Surgeon factor. Sequential clinical trials have established the significant impact of surgery undertaken by a qualified gynecologic oncologist with the goal of achieving optimal debulking. This means no visible residual disease(2).

Recent changes and advances in ovarian cancer:

Origin of ovarian cancer– The commonest histological type, the high grade serous ovarian cancer, which accounts for 70% of all cases, is now known to originate not in the ovary as the name suggests, but in the fallopian tube. Precursor lesions known as Serous Tubal Intraepithelial Carcinoma (STIC) have been observed in the fimbrial end and are known to have morphological and genetic similarities to high grade serous tumours of ovary(3)

Clinical impact – There is a strong possibility that risk reducing salpingectomy may offer a protective role in reducing the risk of ovarian cancer. ACOG committee opinion states that opportunistic salpingectomy for cancer prevention may be offered to women undergoing hysterectomy for benign conditions, even when ovaries need to be preserved for hormonal function.(4)

Screening– Screening for ovarian cancer in the general population is not recommended. Where the word 'Screening' has now become common parlance is "Screening for genetic mutations". It is now recommended that all ovarian cancer patients be offered screening for BRCA1/2 mutations. 14-18% of women with ovarian cancer carry germline BRCA mutations compared to 1% in the general population(5)

Clinical impact – Ovarian cancer patients with BRCA mutations are known to benefit from maintenance therapy with PARP inhibitors. Known genetic mutation in a patient will have implications on screening for cancers in other sites as well as implications for family members. Genetic counseling and suitable preventative steps can be put in place to reduce cancer risk.

Surgical management– The main goal of surgical management has been optimal cytoreduction. The current recommendation is removal of all visible disease or R0 resection, by a midline Laparotomy, done by specialists in a high volume center.(3)In recent times, Interval Cytoreduction, which is done after administration of 3 cycles of chemotherapy has become more popular. Studies have shown that Interval Cytoreduction is non-inferior when compared to upfront surgery and is suitable for patients with comorbidities and in whom optimal debulking may not be achieved in the primary setting. Diagnostic Laparoscopy prior to definitive treatment has become the norm in many centres to optimally assess operability and stage the disease.

Clinical impact – Optimal debulking, whether at the primary or the interval setting is the most important factor in improving patient survival and every effort should be made to achieve it.

Chemotherapy - Platinum based Combination chemotherapy is the first line of treatment in the adjuvant and neoadjuvant setting. The new mode of chemotherapy administration that has garnered interest in recent times is HIPEC which stands for Hyperthermic Intra Peritoneal Chemotherapy. Intraperitoneal chemotherapy is based on the scientific basis that ovarian cancer is primarily a peritoneal disease. Bioavailability of drugs is 10-100 times higher when administered by this route. Addition of heat increases the local absorption and the cell lethality. Recent studies have shown that

HIPEC, when administered in optimally debulked patients, can increase survival rates. More studies are coming up in this direction (6)

Clinical impact – HIPEC might have an important role to play in frontline treatment of ovarian cancer. The infrastructure and post-operative intensive care facilities need to be widely available to reap its full benefits.

Targeted therapies – A huge add-on to the treatment options for ovarian cancer are the targeted agents. Several trials have enabled two groups of targeted therapies to be added to the treatment algorithm for ovarian cancer.

1. **Bevacizumab** – this is a monoclonal antibody against a receptor called VEGF (Vascular Endothelial Growth Factor) which plays an important role in angiogenesis - the hallmark of malignancy. The greatest benefit for bevacizumab has been shown in inoperable or suboptimally debulked Stage III/IV Ovarian cancer(7). It is an intravenous drug that is usually given concurrently with conventional chemotherapy as well as as consolidation therapy.
2. **PARP inhibitors**– Poly (ADP- Ribose) Polymerase are enzymes involved in DNA repair. Inhibition of DNA repair in cancer cells can cause accumulation of genetic damage leading to cancer cell death. Trials have established their beneficial effect in BRCA mutated ovarian cancer patients. Several PARP inhibitors - olaparib, niraparib, and rucaparib are now available as treatment options in the primary setting(8).Upcoming studies point to their benefit in patients without these mutations as well.

Clinical impact – Targetted therapies appear to be the next big development in the treatment of ovarian cancer. These drugs are currently considered to be expensive and may not be suitable for economically

challenged patients. With more evidence and affordable drugs, it will become standard of care in the future.

Take home messages -

Surgery which aims for optimal debulking, at the hands of a specialist, remains the corner stone of ovarian cancer management. Combination platinum based therapy is the current standard of care in ovarian cancer chemotherapy. HIPEC and targeted therapies, when affordable, are options that may improve survival rates in these patients. Genetic counselling should be recommended for all ovarian cancer patients as per current recommendations.

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The IOTA description of adnexal masses



Dr Mathangi

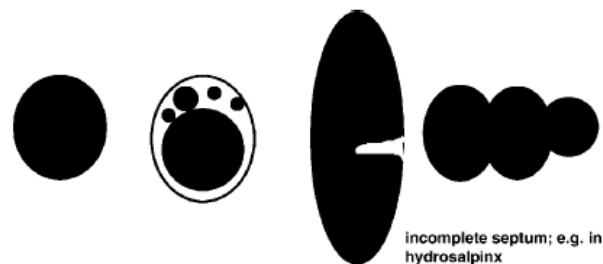
DipNB (OBG)

The International Ovarian Tumor Analysis (IOTA) was founded in 1999 by Dirk Timmerman, Lil Valentin and Tom Bourne. In 2000, IOTA published a consensus statement on terminology, definitions and measurements to describe the ultrasound features of adnexal masses which is the standard that is widely followed now. The following diagrams depict the different standard ways of description. A proper preoperative characterization is necessary for management and appropriate management determines the prognosis.

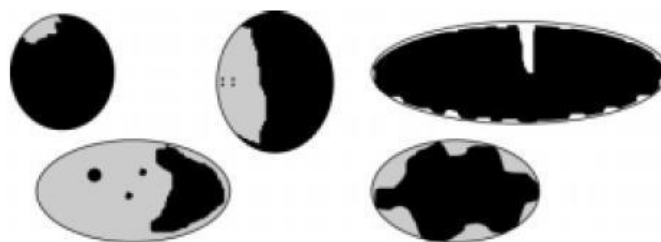
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Timmerman, D. et al, 2000. *Ultrasound ObstetGynecol*

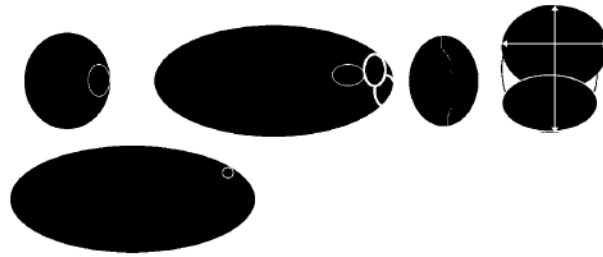
Unilocular cyst



Unilocular solid



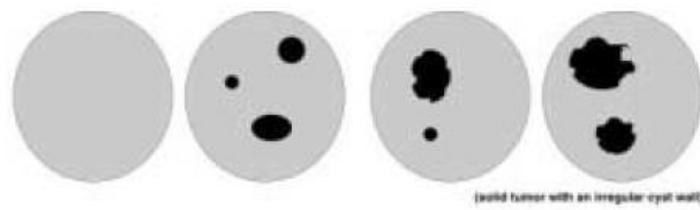
Multilocular cyst



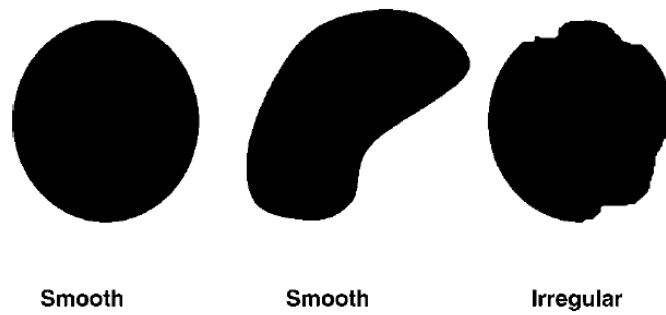
Multilocular solid



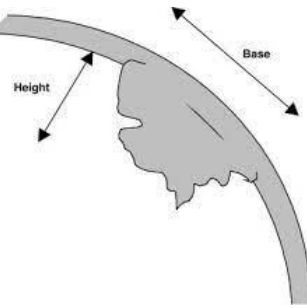
Solid tumor



Internal wall



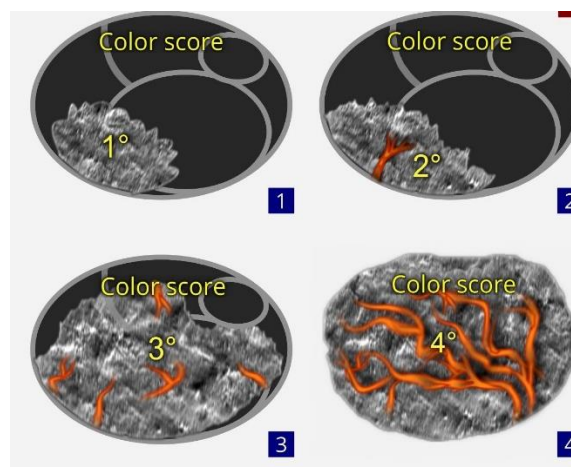
Measuring papillary projections



Cyst contents



Vascularity



Acoustic shadowing

