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A Brief Note on Gynecologic Oncology

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Opinion Article

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INTRODUCTION

Gynecologic Oncology is a subspecialty of medicine that focuses on cancers of the female reproductive system, such as ovarian, uterine, vaginal, cervical, and vulvar cancer. They have significant training in the diagnosis and treatment of various cancers as specialists. Every year, 82,000 women in the United States are diagnosed with gynecologic cancer. In 2013, an estimated 91,730 people were diagnosed with cancer. The Society of Gynecologic Oncology and the European Society of Gynecologic Oncology are professional organisations for gynecologic oncologists, while the Gynecologic Oncology Group is a professional organisation for gynecologic oncologists and other medical professionals who deal with gynecologic cancers.

Women with gynaecological cancer who receive therapy from specialised centres live longer than those who receive normal care, according to low-quality research. Women with ovarian cancer may live longer at specialist gynaecological cancer treatment centres than in general or community hospitals, according to a meta-analysis of three trials involving over 9000 women. Furthermore, a meta-analysis of three other studies involving over 50,000 women indicated that women treated in teaching centres or specialist cancer centres lived longer than those treated in community or general hospitals.

SIGNS AND SYMPTOMS

Abnormal vaginal bleeding, vaginal discharge, pelvic pain, and urine difficulties are the most prevalent symptoms across all gynaecological malignancies. Swelling in the stomach or bloating, urination on a regular basis is a problem for some people, back or pelvic ache, loss of appetite/increased satiety, constipation problems, pain in the abdomen, vaginal discharge with a foul odour, back discomfort and/or pelvic pain, staining of blood, bleeding after menopause.

TREATMENT

The vast majority of cases are discovered beyond the stage of metastasis, implying a higher risk of morbidity and the requirement for aggressive combination therapy. Typically, surgery and cytotoxic agents are required. Because epithelial histology is so common, treatments will pertain to this subtype of disease. Almost all cases of ovarian cancer with a well-differentiated stage-1 tumour can be treated successfully with surgery. Adjuvant treatment, such as platinum-based chemotherapy, may be beneficial for higher-grade tumours.

When cancer has spread to the point that it is macroscopically advanced, optimal debulking is used. By removing considerable amounts of the afflicted reproductive organs, the goal of this treatment is to leave no tumour larger than 1 cm. Abdominal hysterectomy, bilateral salpingo-oophorectomy, omentectomy, lymph node sampling, and peritoneal biopsies are some of the procedures that can be performed to achieve optimal debulking. Because there are few randomized controlled trials comparing the outcomes of chemotherapy and optimum debulking, the current standard of treatment is to administer both in order, starting with surgical operations.

If the tumour is still larger than 1 cm in diameter after initial surgery, interval debulking surgery may be used halfway through chemotherapy. This has been demonstrated to improve chemosensitive patients' median survival by up to 6 months. Taking another look although laparotomy is used to monitor tumour status in clinical trials, it is not a standard of care due to a lack of evidence linking it to better outcomes. Taking another look although laparotomy is used to monitor tumour status in clinical trials, it is not a standard of care due to a lack of evidence linking it to better outcomes. Fertility preservation surgery requires a careful differential diagnosis to rule out germ cell cancer or abdominal lymphoma, both of which present with symptoms similar to advanced ovarian cancer but can be treated with less invasive techniques. Fertility preservation surgery is one of the few instances in which a second look laparotomy is advised for safety.

EPIDEMIOLOGY

One in every 70 women will develop ovarian cancer at some point in their lives. Scandinavian countries have a prevalence that is 6.5 times higher than that of Japan. This is attributable to a variety of factors, including hereditary and environmental factors. Cervical cancer accounts for the majority of gynaecological cancers. Women in poor nations have more advanced cases than men.