



PRESS RELEASE

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Press statement from Ovacomе on the initial OVO5 results from The Medical Research Council

Embargoed to Tuesday 2 June 00.01

Ovarian cancer charity Ovacomе has welcomed a study which shows that women can choose to delay the start of chemotherapy, if the disease recurs. There has long been a debate about the most effective time to give chemotherapy when ovarian cancer returns after remission. Some doctors believe it should be administered as soon as rising CA125 levels are detected in the blood, even if the woman has no symptoms. Other specialists prefer to wait for other signs of cancer to appear.

Now first findings from a 13-year study by the Medical Research Council on 1,400 patients published yesterday has shown that starting treatment immediately does not help patients to live longer.

Ovacome chief executive Louise Bayne says that this is welcome news for women as it puts them under less pressure allowing them time to plan their lives around treatment. However, she stresses that it is also important that patients are still given the choice to go ahead with chemotherapy at an earlier stage if that is their wish.

“This should not be about taking away choice from women, but the very opposite,” she says. “By having this information, it will empower women to take their time in considering their options. They no longer have to rush; they can contact Ovacome to discuss their choices; get second opinions and they can plan for the next few months knowing that they are not setting back their health by delaying treatment. It will enable them and the medical profession to plan a carefully thought-through treatment programme for when it is convenient to them, rather than feeling that they have to rush into making decisions and having treatment before they may feel ready to do so.

“At the same time, some women may still prefer to take immediate action. For them it could be more important to feel as if they are tackling the cancer as soon as it shows signs of coming back, rather than having a treatment-free period during which they feel much better in themselves.”

Louise can be contacted on her mobile number 07932 063747.

Case studies

Penelope Lang, a 36-year-old school teacher with two young children, who lives in Northamptonshire and is an Ovacome member

“Chemo feels like a safety net”

Penelope, who only finished her course of chemotherapy on April 1 2009, says that she would insist on being treated immediately if her cancer came back, despite the reassurances that having treatment earlier would not improve her prognosis.

Her CA125 rose from 16 to 22 in the fifth week after her treatment, not a worrying level, but one which she is keen to keep an eye on. “The least difficult part of having cancer for me has been going through with the treatment as I felt like I

was doing something positive and was being proactive. I thought that I would be cracking open the champagne when I finished chemo. But actually on the last day I was very emotional and frightened with the feeling that my safety net had been taken away.”

Penelope was fortunate in that she responded well to the chemo treating her stage II ovarian cancer and admits that she might have felt differently if she had suffered a bad reaction. “Cancer has been a mind game for me. Even if I was told that it would categorically make no difference to my mortality, I could not sit there waiting for six months until the symptoms appeared, knowing that the cancer was growing and possibly spreading to other parts of my body. I would need to take control. For me it would be more important to feel that I was doing something to get rid of the cancer rather than opting for a longer treatment free-period.

Kathryn Buchanan, aged 51 from Buckingham, has taken time out from her career to look after her young son. Kathryn is also an Ovacome member.

“Counselling will be needed to persuade women they don’t need chemo straight away”

Kathryn, who was diagnosed with stage I ovarian cancer 11 years ago and was fully discharged from hospital in 2005 after five years of monitoring, says that the medical profession would have to counsel patients effectively to reassure them that it is safe to wait for symptoms to appear. “Some women would find it disconcerting to be told to wait and see when they really want something to be done about the cancer returning immediately. Medical staff would have to be very careful about how they told patients that waiting for symptoms would not harm their chances as it could leave women feeling anxious and helpless.

“Personally I would find it a source of relief and reassurance that I would not have to rush into making any decisions. It would give more time to weigh up what treatment to take and to talk to specialists for a second opinion. In my own experience getting a second opinion was invaluable. It meant that instead of having a full hysterectomy at the age of 40 I was left with an ovary, womb and fallopian tubes and I avoided having to go through the menopause at such a young age.”

Dated: Monday June 1 2009.

Research Lead contacts: via Medical Research Council which is publishing the research. MRC press office on 0207 670 5139 ext 6139

Editor's Notes:

Ovacome is the only ovarian cancer charity with a nurse-led patient helpline.

Ovacome it with us; call: 0845 3710554 for advice and support.

Ends

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