

Fact Sheet 11

Clear cell carcinoma of the ovary

Ovacome is a national advice and support organisation that works to connect patients, their family and friends; provide information on treatments, screening and research; raise awareness and support and give a voice to all those affected by ovarian cancer.

There is a glossary with this fact sheet, to explain words you may not be familiar with.

What is clear cell carcinoma of the ovary?

Clear cell cancer of the ovary is an uncommon type of epithelial ovarian cancer. It accounts for 3 to 5% of patients with ovarian cancer in the western world and 20% in the Far East. It is likely that the cause of clear cell cancer is different from the common variety. There are different blood tests, which may help to distinguish it from other types of ovarian cancer.

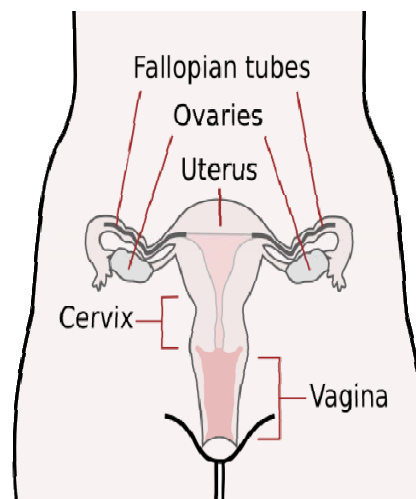
The prognosis for women with clear cell cancer is greatly influenced by the stage of the disease.

How is it treated?

The first treatment is the same as for the common form of epithelial ovarian cancer – a total abdominal hysterectomy and bilateral salpingo-

oophorectomy and omentectomy. In some circumstances lymphadenectomy may also be included.

Post-operative treatment, however, may vary.



A diagram of the female reproductive system.

As well as removing the pelvic organs (ovaries, fallopian tubes, uterus and omentum), fluid will be collected from the tummy cavity for testing.

Sometimes the lymph glands in the pelvis and back of the tummy are also removed. A pathologist will examine the tissue removed to try and decide how advanced the cancer is.

Many tumours are just in the ovary and so will have a better prognosis. Only 20% are stage 1. However, in some cases, tumours will have spread to other organs including the uterus

(womb), the lymph glands and the omentum.

Usually post-operative treatment involves chemotherapy or drug therapy. The standard chemotherapy for ovarian cancer is to use two drugs called carboplatin and paclitaxel.

There is research being carried out into whether other drugs may be as or more effective in treating clear cell cancers. There is emerging evidence in optimally staged cases with stage 1 disease that chemotherapy may be avoided.

What about clinical trials?

Sometimes UK specialists are involved in clinical trials, comparing different types of chemotherapy. You may be invited to take part in a trial and your specialist will give you detailed information about this. Clinical trials are voluntary, so you only take part if you want to.

What are the side effects of chemotherapy?

It is likely that you will be recommended to receive the two chemotherapy drugs carboplatin and paclitaxel. These will be given as an intravenous infusion (through a drip) once every three weeks for up to six months.

You may experience side effects from the chemotherapy treatment. These might include feeling tired, nausea (feeling sick), hair loss and tingling in your fingertips and toes.

Occasionally, you might get pain in your muscles and joints. You will normally take three to six weeks to recover from this.

What happens after treatment finishes?

After your treatment, you will need to be carefully followed up by your specialist either in the gynaecology clinic or in the oncology clinic, or sometimes in a joint clinic where both your gynaecologist and your oncologist will be present.

You will normally be seen every three months during the first year, every four months during the second year if all is well, and every six months after that up to 5 years usually.

Your blood may be checked for a chemical protein called CA125, and you may at times be asked to have scans.

If you are feeling well and have no problems, after 5 years, it is likely you will not have further follow-up care.

If you would like more information or if you would like to discuss anything about ovarian cancer, please phone our support line on 0845 371 0554 Monday to Friday between 10.00 hrs and 17.00hrs. Alternatively, please visit our website at www.ovacome.org.uk

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Disclaimer:

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Glossary

Bilateral salpingo-oophorectomy	Removal of ovaries and fallopian tubes.
CA125	A protein found in the blood. The amount of CA125 will be higher in women with ovarian cancer.
Chemotherapy	Treating cancer with medication, such as cytotoxic drugs (drugs that kill cancer cells).
Epithelial ovarian cancer	Ovarian cancer developing from cells covering or lining the ovaries. The most common type of ovarian cancer.
Intravenous infusion	How medication is given into the vein over a period of time using a drip.
Lymph glands	Small pearl-like glands connected to the lymph system. They act as filters to bacteria and cancer cells.
Omentum	A sheet of fat in the abdomen which protects the intestines.
Pathologist	A specialist who examines parts of the body affected by disease.
Post-operative treatment	Treatment after surgery. This is usually chemotherapy or drug therapy.
Prognosis	An assessment of how the disease is expected to behave.
Stage	Classification given to a cancer depending on how far it has spread. This can be done using x-rays, scans, blood tests or surgery.
Total abdominal hysterectomy	Surgically removing the uterus and cervix.