Clear cell carcinoma of the ovary

Ovacome is a national charity providing advice and support to women with ovarian cancer. We give information about symptoms, diagnosis, treatments, research and screening. Ovacome also runs a telephone support line and works to raise awareness and give a voice to all those affected by ovarian cancer.

This fact sheet explains what clear cell carcinoma is and how it is treated. 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 three to five per cent of patients with ovarian cancer in the western world and 20 per cent in the Far East.

It is likely that the cause of clear cell cancer is different from the common variety. The CA 125 tumour marker is not always elevated in clear cell cancers, so it may be less reliable.

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

Clear cell cancer may also arise more commonly in women with a history of endometriosis.

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 removal of the lymph glands in the pelvis and back of the abdomen may also be included.

As well as removing the pelvic organs (ovaries, fallopian tubes, uterus and omentum), fluid will be collected from the abdominal cavity for testing for any cancer cells. A pathologist will examine the tissue and fluid removed to decide how advanced the cancer is.
Some tumours are just in the ovary and so will have a better prognosis; about 20 per cent are stage 1. However, in some cases, tumours will have spread through the outer lining (capsule) of the ovary and to other organs including the uterus (womb), fallopian tubes, the lymph glands and the omentum.

Usually post-operative treatment involves chemotherapy (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.

New research suggests that in some cases of clear cell cancer which is confined to the ovary, chemotherapy may be avoided. For this to be safe more thorough surgery would be required, including the removal of the pelvic and para-aortic lymph glands. These would need to be shown not to contain any cancer cells. If cancer is present, then chemotherapy would be essential.

Recent research from Canada suggests that radiation therapy is effective at protecting against recurrence. This has not been accepted into routine clinical practice, but you could discuss it with your consultant.

What are the side effects of chemotherapy?
You are likely to 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, usually up to five years after your treatment.

Your blood may be checked for a chemical protein called CA125, and you may be asked to have scans.
If you are feeling well and have no problems, after five years it is likely you will not have further follow-up care.

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.
If you would like more information on the sources and references for this fact sheet, please call us on 0800 008 7054. If you would like to discuss anything about ovarian cancer, please phone our support line on Freephone 0800 008 7054 Monday to Friday between 10am and 5pm. You can also visit our website at www.ovacome.org.uk.

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Disclaimer:
Ovacome factsheets are designed to provide information, advice and support about ovarian cancer to health care professionals, patients and the public. Whilst Ovacome makes every attempt to ensure the accuracy and reliability of the information contained in the factsheet, it is not a formal legal document. The information provided is accurate at the time of printing; please take into account the fact that medical research is constantly changing.
The information provided here is not a substitute for professional medical care. If you suspect you have cancer you should consult your doctor as quickly as possible. Ovacome cannot accept liability for any inaccuracy via third party information from sources to which we link.

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