

CHARACTERISTICS OF HEREDITARY OVARIAN CANCER

M. Stawicka, B. Rurańska, D. Godlewski

Department of Cancer Prevention and Epidemiology at the Wielkopolska Oncological Center

Ovarian cancer is the fifth major cause of cancer-related mortality among women. In Wielkopolska, higher incidence and mortality rates are observed compared to other regions of Poland. Ovarian cancer affects mainly women in their sixties and seventies. The etiology of this disease has not been fully understood yet. The factors contributing to increased risk of ovarian cancer occurrence include infertility, breast cancer diagnosed before the age of 45 and family history of ovarian cancer while childbearing and oral contraceptives are considered to be protective factors.

Simultaneous genetic and epidemiological studies based on analyzing pedigrees of families with multiple cases of ovarian cancer and indicate a role of the genetic factor in ovarian cancer etiology. Familial forms of ovarian cancer which represent approximately 5-10% of all cases are associated with certain syndromes, including: familial breast and ovarian cancer syndrome related to mutations in BRCA1, familial breast cancer syndrome related to mutations in BRCA2 which can be accompanied by ovarian cancer, Lynch II syndrome characterized by the occurrence of ovarian cancer, colon cancer and endometrial cancer in the family as well as the syndrome of

hereditary non-polypous colon cancer (HNPCC). Genetic ovarian cancer is most often diagnosed before the age of fifty.

Identification of individuals with a high risk of genetic predisposition to developing ovarian cancer should be based on precise information collected during interviews with family members complemented by the data on personal risk factors. Women identified as members of high-risk groups can be offered genetic testing aimed at detecting asymptomatic carriers of mutations in genes predisposing to ovarian cancer.

On the one hand, genetic tests represent a new, extremely powerful instrument for identifying individuals genetically predisposed to ovarian cancer, on the other hand, however, they create numerous problems. The two basic controversies which need clarifying are: who should be offered genetic testing and what preventive measures can be taken to help women carrying gene mutations increasing the risk of developing cancer, including ovarian cancer. Most issues related to genetic types of cancer (including ovarian) require further investigation and studies and currently proposed protocols are still widely discussed.

CONTROVERSY OVER RADIOTHERAPY IN 1 STAGE SEMINOMAS

D. Fundowicz, G. Stryczyńska

Radiotherapy, Greatpoland Cancer Centre, Garbary 15, 61-866 Poznań, Poland

In the past years efforts have been made to find the least eradicating methods of complementary therapy in the treatment of 1 st stage seminomas.

In the Polish centers, as in the majority of centers of the world, complementary irradiation of the lymphatic system is applied. The efficiency of this procedure (almost 100% of cured cases) causes that few centers decide to change the treatment.

Objective: comparison of the treatment of 1 st stage seminomas preceded by orchidectomy

- a) selective irradiation
- b) withdrawal from irradiation - observation.

Group A - 75 patients treated between 1977 and 1986 were irradiated.

Group B - 31 patients treated between 1987 and 1991 were under constant observation.

The percentage of cases with a 5-year survival is convergent and independent of the applied method. Considering the fact that mainly young men are affected (18 - 35 years) treatment should be optimized during the most active part of their lives; after performing orchidectomy and detailed examinations (histopathology, CT, ultrasonography, markers) **that is after excluding high risk factors - the patients should remain under observation.!!**