WHAT IS OVARIAN ABLATION?

A woman produces hormones throughout her reproductive years. Some breast cancers can be stimulated to grow by the hormone oestrogen. These are called oestrogen receptor positive tumours. If a woman develops breast cancer, it may be beneficial to reduce the level of hormones in her bloodstream. This can be achieved by shutting down ovarian function. Shutting down ovarian function is known as ovarian ablation.

HOW IS OVARIAN ABLATION ACHIEVED?

Ovarian ablation can be achieved in three ways:
- hormone manipulation
- surgery
- radiotherapy

You will need to discuss with your specialist team the advantages and disadvantages of each of these options so that together you can decide which one is best for you.

Hormone manipulation
This involves 'switching off' the production of oestrogen from the ovaries by interfering with other hormones coming from
the brain that control ovarian function. The drug most commonly used at present is Zoladex (goserelin). It is given as an injection subcutaneously (under the skin) into the abdomen once every 28 days or every 3 months. The first injection of Zoladex will usually be given to you as an outpatient at the hospital. After this your GP can give the injections, either in the surgery or at your home, or your breast care nurse can show you how to do this yourself.

While surgery will stop oestrogen production immediately, it usually takes up to three weeks to reduce oestrogen production using Zoladex. This effect will continue for as long as the treatment goes on. At the moment Zoladex is commonly given for two or five years.

The advantage of using drug treatment to switch off oestrogen production is that the effects can be reversible. Once therapy is stopped, the ovaries should start working again within five to six months for most women.

For more information, see Action Breast Cancer’s factsheet on Zoladex.

Surgery
The medical term for an operation to remove the ovaries is oophorectomy. If possible, it is done with an instrument called a laparoscope, which leaves one or two small scars near the belly button. This operation is usually done under a general anaesthetic and you can expect to be in hospital for one or two days. In some cases it may not be possible for the ovaries to be removed in this way, for instance if you have had previous abdominal surgery. In this situation the ovaries are removed through a short incision made below the bikini line, which might mean a longer stay in hospital. The operation shuts down ovarian function immediately, which means that your periods will stop straight away. This operation is not reversible.

Radiotherapy
Radiotherapy is rarely used to achieve ovarian ablation. It involves giving high energy x-rays to the ovaries which stops them working.

You will be given the treatment as an outpatient over a period of a few days, and in some cases it may be given on alternate days to reduce the likelihood of side effects. Radiotherapy to the ovaries produces a much slower ovarian ablation than an oophorectomy and you can expect your periods to stop during the first couple of months following completion of treatment.

Possible side effects of radiotherapy include diarrhoea, nausea and abdominal discomfort and fatigue. These are usually temporary but for some people they can last for a week or more. Side effects can often be reduced with medication.

There is a small possibility that the radiotherapy treatment may not work. This would be evident if you continued to have periods or your periods started again later. This may be particularly true for women under 35 and it may be necessary to use a higher dose of radiotherapy to ensure complete shut down.

Another rare disadvantage of an ovarian ablation brought about by radiotherapy is the possibility of late radiation damage to organs or tissues near the ovaries. The risk of this happening is minimised by careful planning and the low doses used for treatment.

IN WHAT CIRCUMSTANCES IS OVARIAN ABLATION USED?
Ovarian ablation may be appropriate for you if you are pre-menopausal and your tumour has been shown to be oestrogen receptor positive.

Research has shown that in pre-menopausal women with early breast cancer, ovarian ablation may be as effective as some forms of chemotherapy in improving overall survival and reducing the chances of the cancer coming back. If a woman still has her periods after chemotherapy and her tumour has been shown to be oestrogen receptor positive, it
may be advisable to shut down the ovaries with Zoladex. However, specialists have been reluctant to offer ovarian ablation to younger women because of its effects on fertility and because it brings on an early menopause.

All three forms of ovarian ablation have been shown to be effective treatment for pre-menopausal women with secondary breast cancer (cancer that has spread to other parts of the body). Ovarian ablation may be preferable to chemotherapy for many women, especially those with oestrogen receptor positive tumours who have previously had a good response to hormone treatment and whose cancer has come back in the bones or lymph nodes. For more information on secondary breast cancer call Action Breast Cancer’s Helpline on Freefone 1800 30 90 40.

WHAT ARE THE SIDE EFFECTS OF OVARIAN ABLATION?

One side effect of ovarian ablation is an early menopause. In the short term, an early menopause may cause symptoms such as hot flushes, night sweats, vaginal dryness and loss of sex drive. In contrast to a natural menopause, these symptoms tend to come on rather abruptly and be more intense, which can sometimes make them all the more difficult to cope with. The symptoms can affect how you feel about yourself and some may affect your sex life, which can also have an impact on you and your partner. It is important to remember that many of these side effects can be reduced with the right treatment.

For further information, see Action Breast Cancer’s Understanding and Managing Menopausal Symptoms factsheet.

In the long term, there is some concern that women who have an early menopause because of treatment for breast cancer may be more at risk of heart disease and osteoporosis (thinning and weakening of the bones) in later life. However, it is generally considered that the benefits of ovarian ablation outweigh these risks. Also, osteoporosis can now be monitored and treated.

Another side effect of ovarian ablation is infertility. If ovarian ablation has been achieved through Zoladex treatment, this may be temporary. Infertility is permanent after surgical removal or radiation to the ovaries.

For more information on fertility issues, see Action Breast Cancer’s booklet on Younger Women and Breast Cancer.

COPING WITH THE SIDE EFFECTS OF OVARIAN ABLATION

Coping with a diagnosis of breast cancer is never easy, and for some women the added stress of an early menopause brought on by treatment can make this a particularly difficult time. You may find that going through the menopause prematurely can create feelings of loss, and you may even feel isolated from women your own age.

Some women may find it difficult to come to terms with the fact that they will not be able to start a family or have more children. Whatever your feelings, remember that you do not have to cope on your own. Your cancer specialist and breast care nurse are there to provide information and support to you and your family. You might find it easier to share your feelings with someone who has had a similar experience to you. Reach to Recovery is a programme set up to help and support women who have recently had a breast cancer diagnosis. The programme works on the principle of personal contact between the patient and a Reach to Recovery volunteer – a woman who has had surgery for breast cancer. Carefully selected and fully trained volunteers are available to provide advice and reassurance at a time when a woman is most in need of both. For more information on individual support or support groups in your area, call the National Breast Cancer Freefone Helpline on 1800 30 90 40.
ACTION BREAST CANCER

Action Breast Cancer, a programme of the Irish Cancer Society, provides breast cancer information and support, and funds breast cancer research. Our services are free, confidential and accessible.

For more information call the National Breast Cancer Helpline on Freefone 1800 30 90 40 or visit www.cancer.ie/action

OTHER ORGANISATIONS

Irish Cancer Society
43-45 Northumberland Road
Dublin 4.
Helpline Freefone:
1 800 200 700
Email: helpline@irishcancer.ie
Website: www.cancer.ie

VHI Healthcare
IDA Business Park
Dublin Road
Kilkenny
Callsave: 1850 44 44 44
Monday to Friday 8am to 6pm, Saturday 9am to 3pm
Website: www.vhi.ie

QUINN-healthcare
Mill Island, Fermoy, Co. Cork,
Lo Call: 1890 89 1890
Monday to Friday 8am to 7pm, Saturday 10am to 3.30pm
Website: www.quinn-healthcare.com

Hibernian Aviva Health
Postal Address:
PO Box 764, Togher, Co. Cork
Head Office:
Hibernian Aviva Health
One Park Place, Hatch Street
Dublin 2
Callsave: 1850 717 717
Monday to Friday, 8am to 8pm
Website: www.hibernian.ie

Reach to Recovery
43-45 Northumberland Road
Dublin 4.
Freefone:
1800 30 90 40

Action Breast Cancer
43 - 45 Northumberland Road,
Ballsbridge, Dublin 4
Freefone:
1800 30 90 40

USEFUL WEBSITES

Irish Cancer Society
www.cancer.ie
Breast Cancer Care UK
www.breastcancercare.org.uk
American Cancer Society
www.cancer.org
The Susan G. Komen Foundation
www.komen.org
Cancerbacup
www.cancerbacup.org.uk
Europa Donna
www.europadonna.net/ireland

ABC – ACTION BREAST CANCER

Action Breast Cancer, a programme of the Irish Cancer Society, is the leading provider of breast cancer information and support in Ireland. Each year we reach over 25,000 women who are concerned about breast cancer or breast health. Our services are free and include:

• National Breast Cancer Helpline 1800 30 90 40 – staffed by specialist cancer nurses.

• Patient care programmes – providing emotional support and practical assistance for those living with breast cancer.

• Health Promotion – providing community and workplace programmes on breast awareness and leading a healthy lifestyle.

• Advocacy – providing a voice for those affected by breast cancer in Ireland.

• Professional support – complementing the services offered by those caring for breast cancer patients.

• Research – funding vital Irish research that will have a significant impact on the diagnosis and treatment of breast cancer.

ABC is funded entirely by donations from the public. If you would like to support our work or make a donation please contact us.