



Gynecologic Oncology in Clinical Practice

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Description

Clinical Gynecologic Oncology is a medical specialty that focuses on cancers of the female reproductive system, including ovarian, uterine, vaginal, cervical, and vulvar cancer. As physicians, they have specific training in the diagnosis and treatment of various cancers. Every year, 82,000 women in the United States are diagnosed with gynecologic cancer. In 2013, an estimated 91,730 people were diagnosed with cancer. The Society of Gynecologic Oncology and the European Society of Gynecologic Oncology are professional organisations for gynecologic oncologists, while the Gynecologic Oncology Group is a group of gynecologic oncologists and other medical professionals who treat gynecologic cancers. The Foundation for Women's Cancer is the largest non-profit organization in the United States committed to raising awareness and funds for gynecologic cancer research, as well as offering educational programmes and resources.

Gynecological cancer research

According to reduced research, women with gynecological cancer who receive treatment at specialized centers live longer than those who receive standard care. According to a meta-analysis of three trials involving over 9000 women, women with ovarian cancer may live longer at specialist gynecological cancer treatment centers than in general or community hospitals. Women treated in teaching centers or specialist cancer centers lived longer than those treated in community or general hospitals, according to a meta-analysis of three other studies involving over 50,000 women. Gynecological cancers account for 10%-15% of all cancers in women, affecting mostly women over the age of reproductive potential but also endangering fertility in younger patients.

Treatment

The most common treatment option is combination therapy, which includes surgical and non-surgical procedures radiotherapy, chemotherapy. The vast majority of cases are diagnosed after they have spread, meaning a higher risk of complications and the need for

severe chemotherapy. Surgery and cytotoxic agents are usually required.

Chemotherapy of tumors

Most cases of ovarian cancer with a well-differentiated stage-1 tumour can be successfully treated with surgery. Higher-grade cancers may respond from adjuvant treatment, such as platinum-based chemotherapy. When cancer has advanced to the point that it is macroscopically advanced, the best debunking techniques are employed. The aim of this treatment is to leave no tumours larger than 1 cm by removing a major portion of the affected reproductive organs. To get maximal outcomes, abdominal hysterectomy, bilateral salpingo-oophorectomy, omentectomy, lymph node sampling, and peritoneal biopsies are some of the procedures that can be conducted. Because there are few clinical trials comparing the effects of chemotherapy and optimal debunking, the current pattern of treatment is to treat both in sequence, opening with surgical procedures. Interval debunking surgery may be used halfway through chemotherapy if the tumour is still greater than 1 cm in diameter after initial surgery. This has been shown to increase the median survival time of chemo-sensitive patients up to 6 months.

Conclusion

To rule out germ cell cancer or abdominal lymphoma, both of which present with symptoms similar to advanced ovarian cancer but can be treated with less invasive procedures, fertility preservation surgery requires a rigorous differential diagnosis. One of the few times when a second look laparotomy is recommended for safety is during fertility preservation surgery. Platinum-based chemotherapy is required for the treatment of epithelial ovarian cancer. Carbaplatin surpasses cisplatin in terms of side effects and outpatient use in randomised clinical studies. Paclitaxel is a highly useful supplement for late-stage ovarian cancer. Intraperitoneal chemotherapy, according to certain studies, may be more successful than intravenous chemotherapy.