Prof Andreas Obermair

gynaecological oncology news

SUMMER EDITION 2019

Looking forward to an exciting and wonderful 2019

Last year, we moved into our new premises on Level 13/149 Wickham Terrace and started fresh with our team of practice staff, including our admin staff and our practice doctor, Dr Robyn Huttenmeister. The feedback from our surveys that we continue to collect 4 to 6 weeks post-surgery from our patients has been very positive and encouraging.

There was some travelling last year. For example, to the Memorial Sloan Kettering Cancer Center in New York to watch a new surgical technique, called Sentinel Node dissection. This is a technique that needs to be learned, and I am glad to say that I am very happy to offer it to my patients with excellent outcomes.

In the following pages, I present some news that may be relevant to some of your patients

- An article on our recent paper published in NEJM on cervical cancer surgery;
- On the importance of genetic testing and how gene test results impact on the suitability of new ovarian cancer drugs;
- An article making referring doctors aware of the dangers of a new class of SGLT2i drugs;
- To start with – an announcement of my Everest Base Camp Trek in April.

For now, I wish you a very happy and productive New Year 2019 and I look forward to being available for patients if and when they require my input.

Best wishes,

Andreas Obermair

Please don't hesitate to give me a call if you wish to discuss any aspect of the enclosed or a specific patient with me.

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Base Camp Trek to kickstart a new clinical trial

Early next year, we are taking gynaecological cancer research to Mt Everest. Are we crazy? Perhaps, but it seems that we need a bold, new adventure to drive greater awareness and to push the limits of fundraising for medical research in this field.

The Cherish Base Camp Trek 2019 – cherish.org.au/basecamptrek/ will be the first time we raise the flag at Mt Everest for every woman and girl who has been diagnosed with gynaecological cancer, or who will be in the future.

To participate, each trekker – cherish.org.au/basecamptrek/event-details/our-trekkers – has a big fundraising target. We have set the bar high because we can only take a limited number of people and our efforts need to fund vital research.

Together, all the funds we raise will help kick-start an exciting new clinical trial. This initiative will start the era of molecular treatment options for women with endometrial cancer.

It builds on the ongoing feMMe trial – gyncan.org/our-research/our-research-trials/femme-trial, which is run by the Queensland Centre for Gynaecological Cancer (QCGC) Research and is supported by all gynaecological oncologists in Queensland. Now, we have an opportunity to bring the tumour to its knees by fighting it with its own biological arms. To do this requires further research.

QCGC Research has assembled an international team of the best brains in endometrial cancer biology. We met in Kyoto, Japan in September for the first time. Each of the member groups will have to raise between AU$100,000 and AU$200,000 to launch small projects to prove the concept. Using the data generated from this initial research, we can apply for government grants to expand the program.

The Cherish Base Camp Trek – cherish.org.au/basecamptrek/ – is the first step towards raising the money that Australia needs to put on the table so that we can take part.

Yes, this is ambitious and bold. But only bold ideas shape the world. You can step up for this challenge with me by:

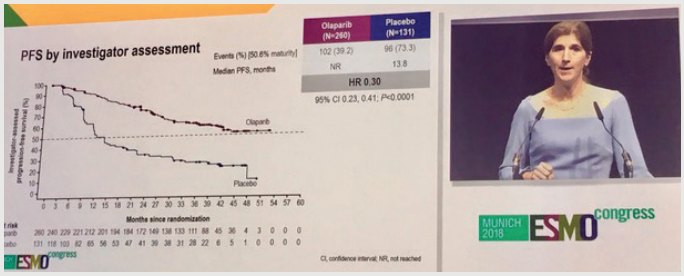
- **Donating today:**
  www.givenow.com.au/crowdraiser/public/AndreasCherishHiketoBaseCamp/
- **Sharing the adventure with everyone you know:**
  cherish.org.au/basecamptrek/
- **Reaching out to offer sponsorship or support in other ways:**
  Email: ao@surgicalperformance.com

We have seen breast cancer awareness grow exponentially in the past decade. Breast cancer outcomes have improved massively as a consequence of medical research that was funded well. Sadly, we cannot say the same for gynaecological cancer.

The Cherish Base Camp Trek is for patients who are often unable to raise their voice for themselves and who most acutely feel the stigma of this disease. We hope this adventure will both support and inspire them.

Let me know if they can also count on you to be bold.

Unprecedented improvement in ovarian cancer survival!



I attended the ESMO conference in Munich in October this year. For specialists in gynaecological cancer care, the results of the SOLO-1 trial were the undisputed highlight of the conference.

Patients diagnosed with high-grade ovarian cancer were randomised to receiving postoperative standard, platinum-based chemotherapy versus the same chemotherapy plus Olaparib, a parp inhibitor for up to 2 years for maintenance afterwards.

Previously, Olaparib was used when patients recurred, and it was shown to be effective to treat recurrent ovarian cancer. In these studies, patients with BRCA1 or BRCA2 mutations benefitted most from Olaparib treatment.

The trial started in 2013, and Australian centres also enrolled patients. 391 patients agreed to the treatment, and all had to have a BRCA mutation. One-third of all patients had upfront, neoadjuvant chemotherapy and surgery subsequently. 76% of patients were left without macroscopic residual cancer after surgery.

After 40 months follow up, the rate of patients who did not develop tumour progression was 60% in the Olaparib arm and only 27% for patients who did not receive Olaparib.

Treatment-related side effects were 40% in the Olaparib arm and 20% in patients who did not receive Olaprib. Ten per cent of patients who received Olaparib had to discontinue because they did not tolerate the medication because of side effects.

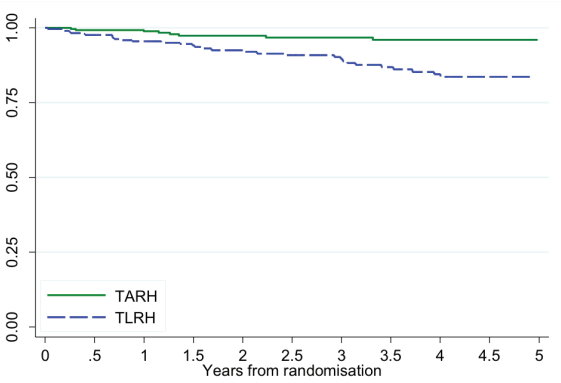
Unprecedented

It is estimated that Olaparib extends the life expectancy of patients with BRCA-related ovarian cancer by 3 years, which is unheard of in ovarian cancer research. This is a quantum leap, and we will now request that all patients with high-grade serous ovarian cancer who are BRCA positive will have access to Olaparib and must receive this medication.

BRCA testing

The study also underpins the need for all patients with high-grade ovarian cancer to be given access to genetic testing for BRCA. In my practice, I have been offering all these patients genetic testing regardless of any other criteria for the last 2 years. Patients don't deserve the hassle as to whether they fulfil complex criteria based on age and family history.

Surgical approaches to cervical cancer



In November 2018, our group published a paper in the New England Journal of Medicine comparing laparoscopic with open radical hysterectomy for early-stage cervical cancer.

In brief, patients who had minimally invasive surgery had inferior outcomes compared to women who had open surgery. This is in contrast to high-level, randomised evidence in endometrial cancer.

Since we published this paper, I get asked if it had changed my clinical practice. YES, the results of the LACC trial have changed my practice.

First, my patients with operable cervical cancer will be offered an open, abdominal approach. I now open the abdomen through a Maylard incision. My operating time is similar, the blood loss may be slightly higher. The length of hospital stay is longer with most patients staying for 3 to 5 nights. My overall complication rate has not increased, but I operated on one patient 4 months ago who still suffers from a loss of bladder sensation. I find it more important than ever to record all my surgical outcomes in SurgicalPerformance.com.

Our team started the LACC trial because we believed in minimally invasive surgery. We believed that anything that can be done through open surgery can be achieved through minimally invasive surgical approaches. We established Total Laparoscopic Hysterectomy (TLH) for endometrial cancer and also as the surgical method of choice for women who need a hysterectomy for fibroids, adenomyosis and other indications.

At a personal level, I am disappointed about the LACC trial results. I wished the results would have shown short-term benefits for minimally invasive radical hysterectomy and at least equivalent survival outcomes.

However, and as disappointed I am with the outcomes, I am proud to be part of a team that initiated and lead the LACC trial and helped to make information available so that my colleagues and I can consider that information for clinical decision making. I believe that the trial results did change the clinical practice of gynaecological cancer surgeons worldwide and will save several hundreds of lives every year.

ATTENTION - SGLT2i drugs cause severe ketoacidosis

Many of our surgical patients have diabetes and are on anti-diabetes medication. We have always been aware of the need to modify doses of insulin and other glucose-lowering agents in those patients prior to surgery.

This has usually only required changes to medications the day prior to a procedure.

However, a new class of medication is now prescribed to large numbers of patients with diabetes and sometimes patients without diabetes mellitus use it (inappropriately) for weight loss.

Sodium-glucose co-transporter-2 inhibitors (SGLT2i) reduce blood sugar levels. Diabetic ketoacidosis is a known complication associated with SGLT2i, and many of these patients will have normal sugar levels. Thus, establishing a diagnosis of this life-threatening condition is very difficult. Brands available in Australia include dapagliflozin (Forxiga), empagliflozin (Jardiance), and in combination with metformin (Xigduo and Jardiamet). However, the number of brand names will likely increase. SGLT2is are taken once a day and block the reabsorption of glucose from the renal proximal tubules.

These medications carry a risk of severe diabetic ketoacidosis (DKA) requiring ICU/HDU admission with near normal or only mildly elevated blood glucose levels. DKA is only detected by blood ketone testing. The risk is increased if the patient has been fasting or had very restricted dietary intake, had undergone a surgical procedure, is dehydrated or has an active infection.

It is hypothesised that SGLT2 inhibitors may reduce urinary ketone excretion, exacerbating the blood ketone levels and making urinary ketone testing unreliable for DKA.

The half-life of these medications is 12 hours.

Therapeutic Goods Association (TGA) recommendations for any practice include:

- SGLT2i must be ceased at least 3 days pre-procedure (2 days prior to, and day of procedure)
- An increase in other glucose-lowering drugs may be needed during this time
- SGLT2i should only be restarted when the patient is eating and drinking well, and close to discharge
- Patients who have day surgery/procedures should only recommence SGLT2i if on full oral intake.

For more information please go to the Diabetes Queensland website **www.diabetesqld.org.au**

Contact us today

If you are experiencing any issues or wish to discuss a particular case, please contact my staff on the below number from 8.00am – 4.30pm weekdays or phone me on my mobile 0411 800 029.

Patient care and providing a timely manner has always been my top priority and I strive to continually improve the quality of the service my team and I deliver, to meet the needs of our patients.

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