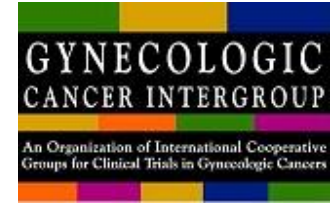




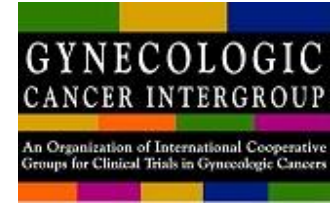
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**Arabic perspective of principles of
Screening and diagnostics in
Ovarian Cancer, Sudan.**



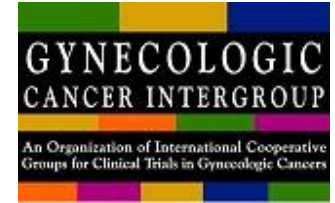
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- Ovarian cancer is the seventh most common cancer, and it is the most common cause of mortality from gynecological cancers worldwide, with 238,619 incident cases in 2012 according to Globocan.
- In developing countries, ovarian cancer is ranked the second most common gynecological cancer.



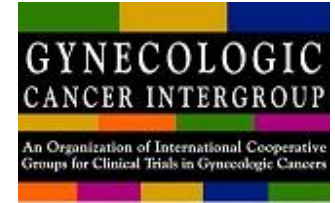
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- Constitutes the fourth most common of all cancers in women, with 17,755 incident cases in 2012.
- Essentially, the highest incidence rates of ovarian cancer are found in the developed countries.



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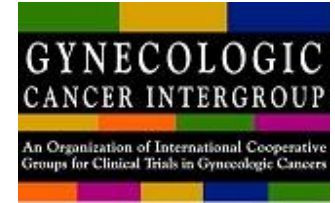


- The incidence rate of ovarian cancer in the entire Sudan has yet to be identified.

- Neither the mortality rate for ovarian cancer nor the survival rate in Sudan has previously been described due to:
 1. A lack of the availability of death certificates,
 2. The majority of patients presenting with advanced stage disease were not thoroughly investigated or treated symptomatically



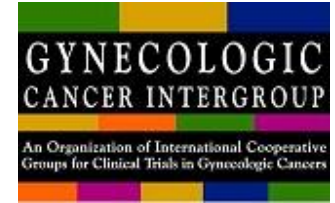
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➤ ovarian cancer accounted for 6.8% (949) of all recorded cancers according to a hospital-based data set from the National Cancer Institute, Gezira University, Central Sudan and Radiation Isotopes Center in Khartoum, collected between 2000 and 2006.



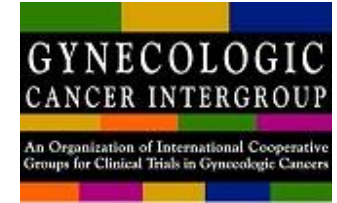
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- Globally, a lack of reliable screening modalities has restricted the opportunities for early diagnosis and cancer detection, leading to a significant proportion of women worldwide presenting at an advanced stage of the disease.
- Due to late presentation, available treatments are ineffective, and the majority of patients relapse following treatment-induced regression



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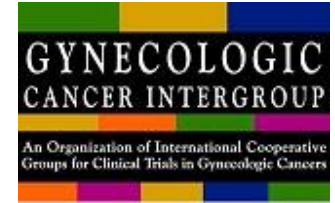


- Furthermore, there is substantial geographic variation in the incidence of ovarian cancer and mortality, with higher incidence observed in developed countries (30 per 100,000 women) compared with women living in the developing world.

- As well as to investigate women with ovarian cancer presenting at the National Cancer Institute, Gezira University (NCI-UG), Sudan for:
 1. The age at diagnosis,
 2. Histological type,
 3. Stage,
 4. management and survival pattern,



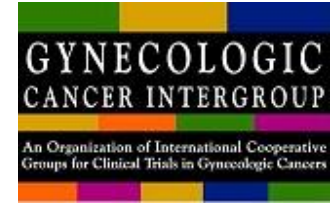
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- Data are collected actively, as well as passively, and are checked for accuracy prior to being entered in the computer.
- Patients with a diagnosis of ovarian cancer from all gynecological hospitals in Gezira State and the surrounding states are referred to the NCI-UG.



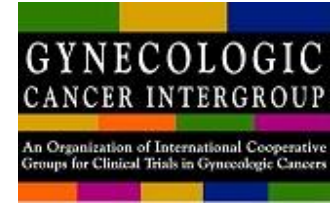
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- Usually, the referred patients will have a pathology or cytology report.
- In rare cases, for patients who were not fit for surgery or who had a negative cytology report, a clinical diagnosis was used [clinical presentation or imaging, in addition to an assessment of the tumor biomarker, cancer antigen 125 (CA125)].



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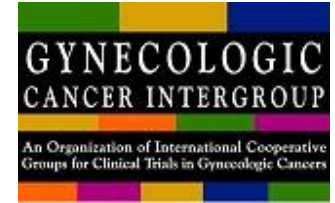


➤ Tumors were classified according to the tumor-lymph node-metastasis (TNM) classification, which is based on:

1. Size of the primary tumor.
2. Presence of metastatic regional lymph nodes.
3. Presence of distant metastases.



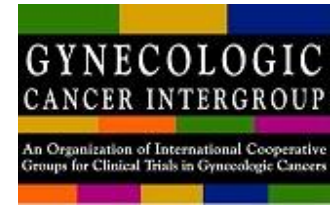
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- Few data on grade were available (note that this was not a common service at these local facilities).
- Tumors were graded as poorly differentiated, moderately differentiated or well differentiated.
- Staging was based on the primary operative report, and was performed according to the systems adopted by the International Federation of Gynecology and Obstetrics (FIGO).



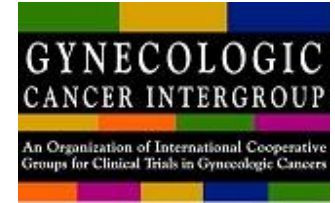
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- The present study has demonstrated that the majority of patients with ovarian cancer presented with late stage disease, i.e. stage III and IV.
- This late presentation of ovarian cancer is also observed in other sub-Saharan African countries .
- This finding could be explained by the 'silent' nature of the disease and its non-specific symptoms that hinder early diagnosis, in addition to a lack of cancer awareness and education, the influence of local healers and witchcraft, and so forth



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Thank you