

Newsletter

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Secondary Prevention in Special Case of Endometrial Cancer with Hepatitis B and Immunocompromised Status

A 62 years old diabetic female patient visited Rasayu Cancer Clinic (RCC) in May 2015 with vague complaints like nausea, loss of appetite, backache, body pain, difficulty in breathing on exertion and sleeplessness with generalized weakness. She was a known case of chronic hepatitis B (HBV) and Acquired Immune Deficiency Syndrome (AIDS). She was diagnosed with endometrial cancer in March 2015 and was treated with brachytherapy and surgery.

People with infections like HBV and AIDS are susceptible to opportunistic infections which people with healthy immune system would generally be capable of fighting off. These co-infections lead to more rapid progression of diseases like cancer. People with HBV remain at high risk for hepatocellular (PHC) carcinoma. HIV-infections with malignancies have also become a leading cause of morbidity and mortality.

Endometrial cancer in association with HBV and HIV is not reported till date in scientific journals (PubMed database as on 10/1/2018). So, it was a unique and challenging case for us.

In this case, chances of local or distant recurrence of the disease and also the complications of the disease were very high due to co-infections. So we started treatment for immunity building with maintenance of health-related quality of life and prolongation of secondary occurrence of disease. We took into consideration her general health and immunity status.

We started Rasayana therapy in order to further decrease the risk of complications. We got good results. Patient became asymptomatic with our treatment as well as showed response in biochemical parameters. Her baseline HBV viral load was 9706 IU/ml which was reduced up to 1690 IU/ml after treatment. She didn't report any side effects during the treatment period. Her routine blood tests like Haemogram, Liver Function Test, Renal Function Test, Urine tests were within normal range.

In her follow up visits, from May 2015 to July 2017 she didn't have any symptoms. She also did not suffer any complications. Her last follow up visit was in late November 2017. The patient was stable without the disease progression and with good quality of life.

This case indicates that Ayurvedic Rasayana therapy decreases the risk of developing complications or metastasis in cancer patients with HBV and HIV.

Dr Poonam Birari

Causes of Endometrial Cancer in India

Endometrial Cancer is the second most common gynaecological malignancy worldwide. Approximately 280,000 new cases were diagnosed in 2012. During last four to five decades, incidence of endometrial cancer was used to be less in Indian population. However over last few years, significant increase in the incidence have been noticed. Further incidence of Endometrial Cancer is low in India as compared to developed countries wherein it is rising steadily.

This has been widely interpreted to be a result of the marked increase in hormonal pills and use for hormone replacement therapy.

Known risk factors of Endometrial Cancer are as follows:

1. Early Menarche (Menstrual Cycle): Few decades ago, the age at menarche was around 12- 14 years but recent statistical data shows that this age has been reduced to 8-9 years. This significant change can be observed among women born prior to 1955-1964 and among women born during late 1985-1989. A reduction of nearly one month per decade, suggesting a secular decline in age at menarche among Indian women.

Increased risk of endometrial cancer associated with early menarcheal age has been attributed to a longer lifetime exposure to endogenous estrogen and progesterone deficiency associated with anovulatory cycles.

2. Low parity (number of times a female is or has been pregnant): During live birth, there is a hormonal balance shift toward less estrogen and more progesterone. Fertility rate in India was 6 in 1960 and has declined to 2.4 in 2015. So, low parity may affect the risk of developing endometrial cancer.

3. Null parity (the condition in a woman of never having given birth): Nulliparous women have two to three times the risk of developing endometrial cancer compared with parous women. This risk was related to the increased number of ovulatory cycles.

4. Obesity: As per the latest government health survey, one in five women is now overweight. 7% and 41% of certain cancer burdens are attributable to overweight or obesity including endometrial cancer.

5. Tamoxifen: Tamoxifen is the most widely used oral anticancer drug. It is used in patients suffering from breast cancer and even in some other conditions like infertility. In few cases endometrial cancer have been diagnosed in patients taking Tamoxifen after lag of 14 years. 36% of endometrial cancers develop within 3 years of Tamoxifen therapy. Results have shown a 7.5 fold increase in the risk of developing endometrial cancer in patients who are receiving Tamoxifen. Because of the increasing incidence of breast cancer in India Tamoxifen is being more used to treat it.

6. Diabetes: Prevalence of the disease condition is 17.7% among urban middle class women and 10% in rural areas. Common factors contributing to the onset of type 2 diabetes includes obesity, sedentary lifestyle, and being overweight. The International Diabetes Federation has estimated that by 2030, the number of diabetics in India will rise to 80 million.

7. Polycystic Ovary Syndrome (PCOS): 1 in every 5 women in India is suffering from PCOD. Prevalence of it ranges from 2.2% to 26%. The variation is due to the geographical locations of Indian States. Women with PCOS have higher chances of developing endometrial cancer.

What can be done to avoid undue effects of estrogen?

Estrogens are known to stimulate growth of endometrium and increase mitotic activity to induce endometrial cancer. Prevalence of above mentioned factors was less in past in India and for the same reason the incidence of the endometrial cancer was also less.

Obesity and Diabetes can be addressed by quitting lethargic lifestyle.

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A Woman's age at the time of a first birth should be below 30 years. Health issues especially gynecological conditions like PCOD, infertility and postmenopausal issues can be treated by ancient Indian system of medicines like Ayurveda. Minimising the use of hormonal contraceptives can be considered for family planning. This will avoid an undue exposure of hormones and its effect on the body. Opinion from expert Ayurvedic Gynecologist should be sought.

Woman in modern times is actively participating all fields like social, economic, political etc. But time has come that they should pay attention to their own health. If proper measures are taken at appropriate times, we can definitely prevent the endometrial cancer in India.

Dr.Anand Patil

How can we prevent the risk of Endometrial Cancer?

Types of cancers, primarily seen in women include breast cancer, ovarian cancer, uterine cancer and endometrial cancer (41%). At the world level, we find that the percentage of endometrial cancer is quite high, next to breast cancer; whereas taking into consideration the holistic view of all types of cancers, endometrial cancer stands at number six as the most common cancer to be found in women.

Taking into consideration the age, endometrial cancer (cancer in the inner layer of the uterus) is found to be occurring around the age of 60 years and mostly, the percentage is higher after the menstrual cycle stops. The percentage of occurrence of endometrial cancer before the age of 45 or before the menstrual cycle stops is quite low. There are many other reasons which also add to the risk of endometrial cancer such as early onset of menstrual cycle, menstrual cycle stopping at a late age, history of polycystic ovary syndrome, excess use of estrogen therapy after the stopping of menstrual cycle, obesity, history of nonpolyposis colorectal cancer or Lynch Syndrome in the family and having no children etc.

The following things can be helpful in reducing/preventing the risk of endometrial cancer.

It is necessary for women to ensure that they do not gain weight after their menstrual cycle stops because weight gain is a regular feature after the menstrual cycle stops; and because of that the amount of estrogen can increase leading to the possibility of occurrence of the endometrial cancer. Therefore, if a proper care is taken to ensure that the weight remains in control then the risk of endometrial cancer can be reduced.

In few women, the medicine, Tamoxifen is used to prevent breast cancer or is prescribed as a treatment for breast cancer but it has been observed that it increases the risk of endometrial cancer. Therefore, if the use of tamoxifen is reduced or avoided then the risk of occurrence of endometrial cancer can be reduced.

If there is cancer in the lower abdominal organs and if radiation therapies used in excess then that too, increases the risk of endometrial cancer. Hence, the radiation therapy should not be given in excess.

When the woman is pregnant and later breast feeding a baby, the amount of estrogen hormone in her body is less and hence, the risk of endometrial cancer is also reduced.

The risk of endometrial cancer is lower in women who are physically active

by doing daily chores and regular exercise. Those who have a continuous desk job, the risk of the cancer them are greater.

The risk of endometrial cancer is much higher in women who have a history of colon cancer and uterine cancer in their family or those who have already suffered from breast, colon or ovary cancer.

The risk of endometrial cancer is much higher in women whose diet consists of food prepared from animal fat. Therefore avoiding food prepared from animal fat in your diet reduces the risk.

The risk of endometrial cancer is much higher in women suffering from diabetes. Therefore it is necessary to keep weight and diabetes both in control.

A conclusion has been drawn from the research that contraceptive pills with estrogen and progesterone reduce the risk of endometrial cancer.

If diseases like PCOD are treated appropriately before they get converted into cancerous diseases, then the risk of cancer reduces. PCOD and other women-specific diseases can be very well managed with Ayurvedic treatments. Compared to any other cancer, the symptoms of endometrial cancer are seen early, hence, it is diagnosed early too. This is the plus side and hence it can be treated early and also it is definitely beneficial to make the life ahead happy and increase the longevity.

Dr.Pravin Gund

Second Cancers after Endometrial Cancer

Endometrial cancer survivors can be affected by a number of health problems but often their greatest concern is facing cancer again. The recurrence and second cancer are the biggest concerns. The terms Recurrence and Second Cancer are defined below:

1) Recurrence : Cancer that comes back after treatment.

2) Second Cancer : Some cancer survivors may develop a new, unrelated cancer later. This is called a second cancer. No matter what type of cancer you have had, it is still possible to get another (new) cancer, even after surviving the first.

Survivors of endometrial cancer can get any type of second cancer but they have an increased risk of:

Breast cancer	Bladder cancer
Colon cancer	Vaginal cancer
Rectal cancer	Soft tissue cancer
Small intestine cancer	Acute leukemia

It is observed that Colon and breast cancers are the second cancers are most often seen in patients of endometrial cancer.

We at Rasayu Cancer Clinic help in avoiding the Recurrence and Second cancer by following ways:

1) Personalized medicine (Navjeevan Rasaynas): These medicines helps in building the immunity at cellular and tissue levels of endometrium. These also help to maintain the normality of the cell cycle.

2) Diet: Personalised diet is advised which helps in restoration of Health.

3) Pranayama and Yoga: Through Pranayama and Yoga we try to bring a natural balance in patient's system and improve the health in totality.

How to lower the risk of second Cancer and Recurrence?

- 1) Try to stay at a healthy weight
- 2) Stay physically active (Minimum 30 minutes of exercise and Yoga)
- 3) Eat a healthy diet
- 4) Pranayama (40-45 minutes)

Dr Vrushali Pawar

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