

# Beating the Silent Killers

Every year, 860 New Zealand women are diagnosed with gynaecological cancer. But many cases go undetected until it's too late. That's why it's so important to know the warning signs and be proactive.

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**A**t the age of 22, New Zealand rowing champion Fiona Paterson received a surprising medical diagnosis: she tested positive for cervical cancer after a prolonged period of fatigue and irregular periods. She is the first to admit that the telltale signs of her illness went on longer than they should have.

Speaking to MiNDFOOD from Lucerne, Switzerland, where she was competing in the Rowing World Cup, the now 27-year-old says she assumed missing periods and getting tired were part of training at such an intense level. She eventually did acknowledge there was something wrong and consulted doctors and a homeopath about her symptoms. "What I should have done was get the smears done. I just didn't get around to it; I was really foolish. I should have been a lot more proactive, gone for regular smear tests and listened to my body," she says.

Every year, 860 New Zealand women are diagnosed with gynaecological cancer, and the disease accounts for 10 per cent of all cancers in females. But studies show that few women are able to accurately identify its signs or symptoms. The more they know what to look for, and the quicker they seek medical advice, the greater the likelihood of catching the cancer early enough to eradicate it.

New Zealand rowing champion Fiona Paterson underwent treatment for cervical cancer.

## PREVENTION

“The symptoms are there but the women don’t go to the doctor or the doctors don’t look.”

Gynaecological oncologist Dr Ai Ling Tan urges women to ask for an examination.

In a study commissioned by the New Zealand Gynaecological Cancer Foundation, more than a third of the 1000 people surveyed could not identify a single sign or symptom related to the disease. And, according to gynaecological oncologist Dr Ai Ling Tan, reviews carried out at Auckland City Hospital show that in the case of vulval cancer alone, 87 per cent of patients had symptoms for more than six months and, worryingly, 30 per cent of patients reported that they had experienced symptoms for more than five years.

### CERVICAL CANCER

Advancement in the prevention of cervical cancer is one of the success stories of modern medicine in New Zealand, where regular cervical smear tests are performed on at least 85 per cent of the female population. These smears, which doctors advise should be done every three years after age 20, have led to a marked decrease in the incidence of cervical cancer and the number of deaths resulting from it. The cervix lies at the neck of the womb and taking a swab of cells from this area can detect abnormalities that can lead to cervical cancer. According to the National Cervical Screening Programme in New Zealand, regular smears can reduce a woman’s risk of developing cervical cancer by 90 per cent.

Research has discovered that cervical cancer is related to the human papillomavirus, which is spread through genital skin-to-skin contact during sex. The vaccine Gardasil prevents the transmission of four strains of HPV, two of which cause cervical cancer and two of which cause genital warts, and it’s thought that widespread vaccinations will prevent about 70 per cent of cervical cancer cases as well as decreasing the risk of cancer developing in the vagina, vulva and anus. The HPV vaccine is now provided free to girls aged 12 to 20 under the Ministry of Health’s HPV Immunisation Programme. The idea is to vaccinate girls before they become sexually active. According to the US Department of Health and Human Services, more than 50 per cent of women who are sexually active become infected with HPV – it usually resolves itself without symptoms but can develop

into cervical and other cancers. Abnormal bleeding is the most common symptom of cervical cancer, after intercourse, between periods or after menopause.

When Paterson was diagnosed with a rare and aggressive form of cervical cancer, her tumour was about the size of a hen’s egg. She had surgery to remove it and was given a radical hysterectomy. She then began five weeks of daily radiation and five rounds of chemotherapy to eradicate any cancer cells. Paterson says the treatments weren’t as bad as she thought they were going to be and she got through them by seeing each as a training session, ticking it off and moving onto the next one. The daily radiation sessions were 15-20 minutes, but the chemotherapy sessions meant she had to be attached to a drip for eight hours. “Those days were quite long and were some of the hardest parts of the treatment. That night your ears would ring and you’d feel rubbish and the next day you’d feel nauseous.” But Paterson tackled her fight against cancer with the same steely resolve and determination that has helped her succeed as an elite athlete. “Letting cancer beat me was never an option and letting it decrease my quality of life wasn’t either; I didn’t let cancer rule my mind.”

The reality of never having children

has been a difficult challenge to face, but her sisters have generously offered to be surrogates for her. Adoption is another option that sits easily with her – the second youngest of seven, Paterson’s four oldest siblings were all adopted.

After five months out of the boat, Paterson was ready to get back to training. “Then I discovered being a menopausal athlete probably wasn’t ideal so I had a year off competition last year to get that sorted out.” Paterson’s ovaries had failed as a result of her cancer treatment and led

to premature menopause so she started on hormone replacement therapy. And now? “I just feel amazing. Life is back on track.”

### VULVAL CANCER

Vulval cancer has two main symptoms: itching and a lump or mass on the vulva. “They assume it’s something else,” Tan explains. “A lot of people think it’s thrush so they treat themselves.” The term ‘vulva’ covers the external female genitals and includes the labia majora (outer lips), labia minora (smaller inner lips) and clitoris. Seeing a doctor about such a private area of the body also tends to delay women in seeking help, particularly those over 60. “With the vulva, it’s quite a personal thing, it’s not something you like to go and see your doctor about – it’s embarrassing,” Tan says. “With older women, they come from a generation where you don’t go around talking about these things and showing them to other people. And that’s certainly supported by the data.” Vulval cancer most commonly affects post-menopausal women aged 55 to 70, although an increasing number of women aged 35 to 45 are also being diagnosed with the disease.

But reluctance to seek help is only one side of the story. Doctors may be bashful when it comes to examining a patient with symptoms that could indicate vulval cancer, despite the fact that the skin around the vulva is abnormal in 85 per cent of cancer cases. “There is almost always something to see,” Tan says. “The symptoms are there but the women don’t go to the doctor or the

### SYMPTOMS

#### OVARIAN CANCER

If you have these symptoms, and if they have persisted on most days for two weeks or more, see your doctor.

- \* Persistent pelvic and abdominal pain
- \* Increased abdominal size/persistent bloating
- \* Difficulty eating, and feeling full quickly

Sometimes you may experience these symptoms on their own or at the same time:

- \* Change in bowel habits
- \* Extreme tiredness
- \* Urinary symptoms
- \* Back pain

#### UTERINE CANCER (including endometrial cancer)

- \* Abnormal bleeding:
  - Bleeding after menopause
  - Bleeding between periods
  - Heavier periods than normal

- \* Abnormal discharge:
  - More than normal or strong smelling

#### CERVICAL CANCER

As with uterine cancer, plus:

- \* Pain during sex
- \* Bleeding after sex

#### VULVAL CANCER

- \* Itching or soreness of the vulva
- \* An obvious change in colour of the vulval skin
- \* A noticeable lump



WhetuMarama Porter says she was “in denial” about her endometrial cancer.

doctors don't look – they are embarrassed because they are women they know quite well. Both doctors and patients have mentioned this to us.”

Tan encourages women to ask to be examined and, if the doctor is reluctant to do so, to see someone else. About 30 per cent of women have three or more consultations before they are diagnosed with vulval cancer, she says.

## OVARIAN CANCER

Each year, 300 New Zealand women are diagnosed with ovarian cancer and about 175 die from it. It is considered one of the trickier cancers to detect early because the symptoms can be vague and easily mistaken for other problems. According to a paper published in the *New Zealand Medical Journal*, at diagnosis the majority of women have the disease at an advanced stage, making it difficult to treat successfully. For those cancers that are detected early, however, there is a 90 per cent chance of recovery.

Approximately 10 per cent of ovarian cancer cases are genetic. The BRCA 1 and BRCA 2 genes produce a cancer-preventing substance and most men and women have two normal copies of one of them. But in some women, there is a defect in one of the copies and this greatly increases the chance they will get breast or ovarian cancer; they may also pass the defective gene onto their children. Genetic testing may be recommended for anyone with ovarian or breast cancer in their family history.

There are four basic symptoms of ovarian cancer: pelvic and abdominal pain, increased abdominal bloating, urinary changes (you may need to go to the toilet more often than usual) or feeling full after eating only a small amount. A symptom diary (available for download in the resources section of [nzgcf.org](http://nzgcf.org)) can help track the intensity and duration of symptoms over four weeks and also provides you with something concrete and objective to take to a doctor. “We're all busy, we're mothers and wives and we're running around but a lot of women say they weren't feeling quite right. They think they're menopausal and have put on weight but what they haven't noticed is that they haven't put on weight anywhere else except the tummy,” Tan explains. The diary allows them to monitor their symptoms accurately.

Women have a habit of soldiering on even though they may be aware something is not quite right. “And they continue to soldier on even after being diagnosed with ovarian cancer,” Tan says. “All they can think about is that their husband's shirt is not ironed or that their daughter has something happening. That's very much a women's thing – they are the carer, the nurturer, they look after people.”

## UTERINE CANCER

This was true for WhetuMarama Porter, diagnosed last year with endometrial cancer at the age of 58 (the endometrium is the lining of the uterus). “I don't like being sick and I don't like going to the doctor,” Porter says. “I didn't tell anyone about it, I just kept it to myself. I don't like to be thought of as being sick.”

Porter's cancer was caught in the early stages after an abnormal smear. Six weeks after diagnosis she had a hysterectomy and was warned she may need radiotherapy. “I said, ‘No way, I'm not sick!’ I was absolutely in denial,” says Porter. Fortunately, all traces of the cancer were removed in surgery and further treatment wasn't necessary. “The radiotherapy wouldn't have worried me – it's the imposition to my family. I know my family would have been quite distraught; I didn't tell them until it was all over.” Porter has no children, but her four brothers and sisters do and many of their children now have their own.

“I try to do things for my family because they are all busy with young children and I don't want to put my worries on any of them ... I don't want to be a burden to anybody.” Porter says family is the most important thing in her life, followed closely by her church and *iwi* (tribe). “We work hard at being a close group; it gives us strength having this unit – the children can rely on all of us.”

Porter didn't present with any particular symptoms, but a common sign of uterine cancer is abnormal bleeding. Tan says women in their 40s can mistake abnormal bleeding for the approach to menopause. They may be having heavier bleeding more regularly than usual, for example. But the lead-up to menopause should mean periods become further apart and the bleeding lighter. “As long as the cycle is regular and normal for that person then that's okay, but when they become heavier or are irregular or they bleed in between periods or after intercourse, that's not normal,” says Tan. “After menopause, bleeding is abnormal full-stop.”

## BE VIGILANT

Fiona Paterson is now an ambassador for the New Zealand Gynaecological Cancer Foundation and urges women to be proactive about their health. “Don't muck around – know your body, know your cycle, know what the symptoms of all the cancers are.” She has a different approach to life, saying she appreciates her family and friends more and doesn't sweat the small stuff as much. “Things don't seem quite as bad because I've got a bit more perspective. A bad day of training isn't as bad as sitting in a chemo day stay unit, and being able to help other people has changed me a wee bit as well; it's enhanced my life.”

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KEYWORDS: CANCER, BLOOD



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