Professor Heinzelmann is sure that the future of this field of medicine is in prevention and early detection. It has been the focus of her years of scientific research.

– Professor Heinzelmann, oncological diseases are not rare today. Which ones are most common in women?
– Most women are diagnosed with breast cancer. The second most common type is ovarian cancer. Sometimes it is caused by diseases such as endometriosis, but it may be hereditary or due to age. Over the years, the risk of uterus cancer also increases, which is particularly noticeable in Western countries where life expectancy is constantly increasing. Obesity, diabetes and other side effects of
Ovarian cancer is called a “silent killer” because it almost never shows characteristic symptoms.

The recovery takes three weeks and after that the next stage begins: chemotherapy, which lasts about three weeks as well. Perhaps the treatment regime will include radiology, in the case of tumors which are sensitive to it. Overall, the treatment takes about five months.

The main goal of therapy is to remove as much of the tumor as possible. Indeed, every 10 percent of the tumor that is removed gives an extra three months of life to the patient. The more aggressive the surgical intervention was and the more cancer cells removed, the better the prognosis.

We use the most effective drugs which exist today. In some cases we recommend radiotherapy, sometimes together with chemotherapy. After a year, the chemotherapy needs to be repeated.

In addition, we conduct immunotherapy. This is quite a new direction, but the results have been good, for example in the case of melanoma. In Basel we conducted the newest research on PD-L1 [the protein with which the immune system can fight off cancer cells – Ed].

What has changed in recent years in the approach to treatment?

– Only 10 years ago there was an assurance from medicine that there is only one type of cancer in the female urogenital system, but as it turned out, this is not correct. The research that I’ve been conducting (the results will soon be published in Lisbon), say that, for example, ovarian cancer and peritoneal cancer (cancer of the peritoneum) are all different types of cancer. Although they both begin in the fallopian tubes, they then develop in their own way.

They differ in sensitivity and specificity, and are manifested differently in tissues and blood. Each type of cancer has its own medicinal needs. Chemotherapy that is used to treat ovarian cancer differs from that used in the case of uterine cancer, or peritoneum cancer.

– Medicine is moving forward, but at the same time cases of ovarian cancer are increasing. What is the reason for this, in your opinion?

– Yes, the number of cases is growing, though slowly, and there is no simple answer. Why? In some generations oncological diseases are less common, and in others they occur more often. There is a low incidence in Asian countries such as Japan and Korea. Cultural traditions and immunological components have an effect… there is a correlation between how long a mother breastfeeds and the risk of cancer. Perhaps the issue is one of modern food habits, but the main reason is heredity.

– You mentioned your research. What is it directed at?

– It is directed at detecting the disease as early as possible, and, even better, at preventing it. Firstly, it is necessary to understand where the disease comes from and what role genetics play. And secondly, it is necessary to investigate the factors that extend life after treatment. At the moment, we know of only two genes which indicate the likelihood of the disease, and one marker.

– What blood level of tumor markers is considered to be dangerous?

– Numerous studies have shown that each of us has a unique level of tumor markers in the blood. One person can have 8, while another other might have 13. In both cases, this is the norm. But if instead of 13 it suddenly became 16, then this is a sign. Therefore, it is necessary to conduct one simple analysis to understand the original level in order to have something to compare.

– Today there is a lot of talk of alternative methods of cancer treatment. What do you think about this?

– Such methods are not a method of treatment of the tumor itself. We offer them to fight the side effects of the therapy.
The Gynecology Clinic at the University Hospital of Basel is one of the leading gynecological centers in Switzerland and the only university gynecologic clinic in the northwestern part of the country. More than 400 top specialists work for the organization, and annually they perform 2,600 births, 60,000 consultations and 2,000 operations. With its advanced modern equipment, the clinic offers the widest range of services available in specialties such as gynecological oncology, obstetrics and reproductive medicine, gynecological endocrinology, social and psychosomatic medicine, and child and adolescent gynecology. Local doctors specialize in the diagnosis and treatment of diseases of the bladder, breasts and vulva, dysplasia, endometriosis and uterine fibroids, ovarian cysts, and also cancer of the fallopian tubes, ovaries, uterus, cervix, vagina, labia and peritoneum.

The removal of the fallopian tubes decreases the risk of ovarian cancer by 98% and breast cancer by 50%

Areas of specialization
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Check-up
Outpatient care is provided in the polyclinic division, where specialists work in the following areas: family planning and pregnancy; pregnancy care; preventive medicine and early diagnosis; and gynecological diseases.

Patients of the clinic can also sign up for psychological consultations, diagnostic tests and physiotherapy procedures.

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Team
Professor Viola Heinzelmann believes teamwork is very important.