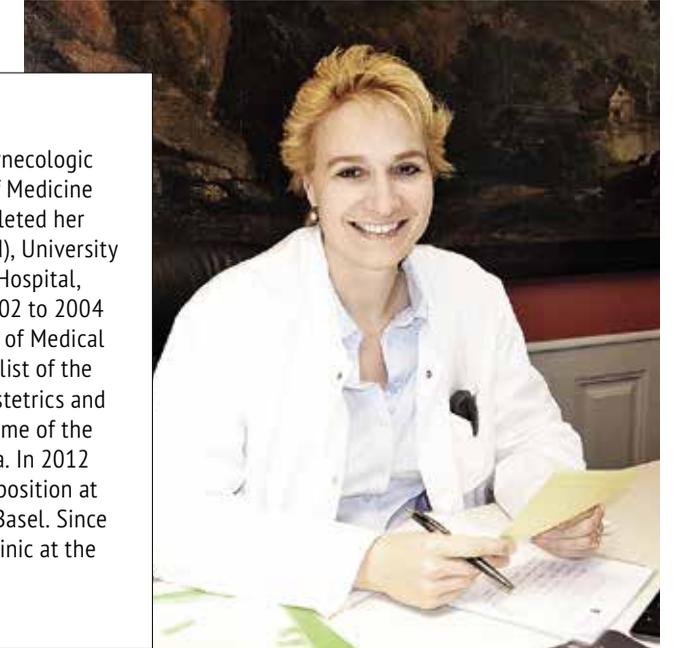


A BLOW BENEATH THE BELT

Viola Heinzelmann

Professor, doctor of medicine, is a specialist in gynecologic oncology. She graduated from the Department of Medicine at the University of Tübingen in 1997, and completed her residencies at the University of Otago (New Zealand), University College of London and the University of Zurich Hospital, where she worked for almost eight years. From 2002 to 2004 she worked as a researcher in the Garvan Institute of Medical Research in Sydney. In 2007 she became a specialist of the Swiss Medical Association (FMH) in the field of obstetrics and gynecology. From 2008 to 2012 she worked in some of the largest gynecologic oncology centers in Australia. In 2012 she returned to Switzerland and accepted a staff position at the University Hospital of Basel and University of Basel. Since July 2013 she has been head of the gynecology clinic at the University Hospital Basel.



Despite the development of worldwide medicine and pharmaceuticals, the number of cancer patients is growing steadily. Cancer is not called ‘the silent killer’ for nothing. No one is safe from the risk of this frightening diagnosis. Here we meet the famous surgeon Viola Heinzelmann, professor at the Basel University Hospital, to talk about research and modern methods of treatment of cancer in women.

TEXT *Vita Mach*

PHOTO THINKSTOCK (1), SANDRA OZOLA (1)

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

a developed society contribute to raising the incidence of endometrial cancer.

– **What are the characteristic symptoms of ovarian cancer? Is it difficult to diagnose at an early stage?**

– Ovarian cancer is called a «silent killer» because of the fact that it almost never shows characteristic symptoms. Indirect symptoms are very similar to those experienced during abdominal problems: for example, frequent cases of abdominal distention. Bowel habits change and persistent diarrhea may occur. Sometimes the body changes in a specific way: the abdomen increases in volume, and the arms and legs become thinner.

A woman will come to her general practitioner, who sends her to do a gastroendoscopy, colonoscopy and other numerous and often unnecessary studies. But in order to detect malignant changes in the ovaries, you need to do an ultrasonic study! Therefore, a correct diagnosis is made for 65 patients out of a hundred, when the disease has already developed. And the only thing that a woman can do herself is regularly consult a doctor, and try

to find out if she has a genetic predisposition (BRCA1 and 2 genes, the mutation of which greatly increases the risk of the disease) for the so-called Angelina Jolie syndrome.

If the risk of acquired cancer increases at the age of 65, in the case of Jolie syndrome, there is the risk of becoming sick 10 years earlier, at 55. Therefore the solution is to remove the fallopian tubes at the age of 40-45 years, when the woman has already had children. This small laparoscopic surgery takes about an hour, so a woman can go home the next day, but the effect is significant as the risk of ovarian cancer decreases by 98 percent and breast cancer by 50 percent. You can even fail to remove the tubes but do a so-called clipping. And it is possible to reverse the clipping, if you suddenly decide to have a baby at the age of 40.

– **How many of the people who turn to you for help have a genetic predisposition?**

– If we talk about ovarian cancer patients, then about 20 percent. It's important to keep in mind that the age when a relative was diagnosed with cancer plays a major role. If this happened when they were 80-90 years old, then the risk is minimal, but if it was 50, then this is a risk factor. There is a formula that allows us to calculate how great the danger for the patient is.

– **Does hormone replacement therapy reduce the risk of disease?**

– No, it doesn't. It is good while entering menopause, for a period of 5 years, but then the risk of side effects, such as breast cancer, increases.

– **What happens after a patient has been diagnosed with ovarian cancer? What are the next steps?**

– There are several. The first is a surgical operation. It is important to carry out the surgery in the Department of Gynecologic Oncology, where there are doctors with special qualifications. A team of specialists operates at the Basel University Hospital.

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.

Ovarian cancer is called a «silent killer» because it almost never shows characteristic symptoms

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 uterus 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

Every 10 percent of the tumor that is removed gives an extra three months of life to the patient

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

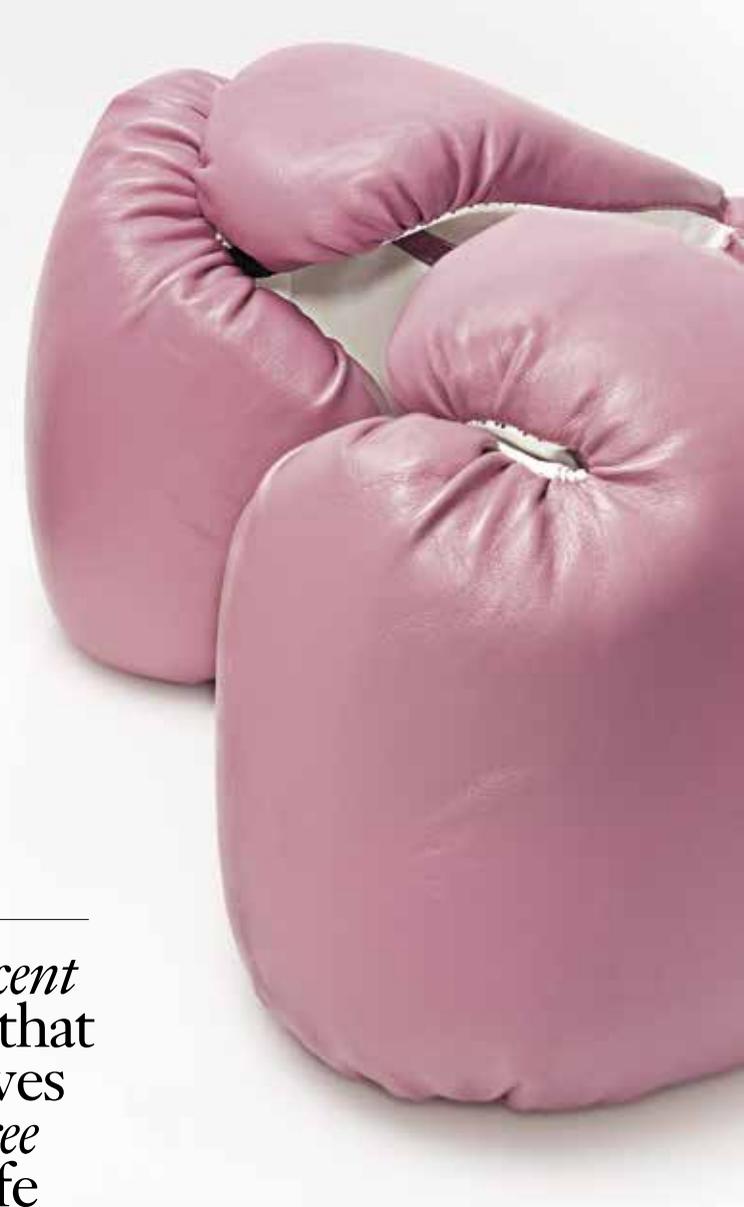


PHOTO SANDRA OZOLA

PHOTO THINKSTOCK



TEAM
Professor Viola
Heinzelmann believes
teamwork is very
important

of conventional treatment. For example, mistletoe supports the immune system, so it is widely used in complementary medicine (combining conventional medicine with alternative methods).

After chemotherapy, some patients feel tired and suffer from pain, which can be dealt with using acupuncture.

– **Many women are sensitive to the hair-loss side effect of chemotherapy...**

– This is not the worst that can happen. The hair grows back when the treatment is finished. There are many other difficult issues to consider psychologically. To eliminate them we have a

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

whole team, including a psychologist specializing in oncology, a nutritionist, a pain specialist, a masseur... they accompany the patient during chemotherapy and ease their condition, and help them keep a positive attitude.

– **Is it possible to prepare yourself for potential complications?**

– According to my observations, the support system plays an important role. It is good when a patient arrives with their loved ones, parents

or siblings. In addition, we can offer individual treatment or a personal doctor who can be contacted at any time. Each patient has their own permanent nurse, which is also important.

– **How do you see the future of the fight against cancer, in your opinion? Alternative medicine, surgery or medication?**

– A personalized medicine, in which we will select a treatment regime for each patient. People are not like one another, and methods have to match the patient in each case. Alternative medicine, surgery and medications... all these methods will be combined with each other. If in the past we saw one disease and one decision, now we need to select an individual scheme for each case.

AREAS OF SPECIALIZATION

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.

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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