

The 39<sup>th</sup> Annual Meeting of Korean Society of Gynecologic Oncology

# 난소암 알아보기

27(Sat) APRIL 2024

연좌 : 부산의대 서동수 교수



Korean Society of Gynecologic Oncology

Secretariat of KSGO 2024

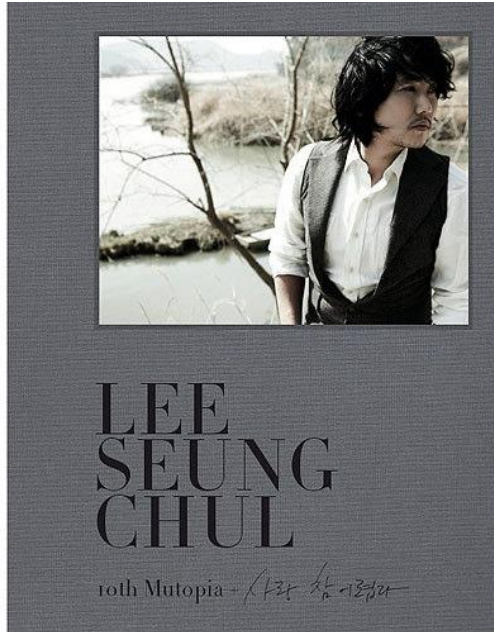
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Opening

# 참 어렵다 ?? !!



KSGO 2024

부산 의대 서동수 교수



1/100 = 1.02%

1/ 1200

1/ 10000

1/26만

1/30-60만

1/200만

1/800만

1/814만

1/1000만

1 in  
400,000,000,  
000,000,000  
Probability

**YOU**  
(Being both this Sperm & Egg Survivor)

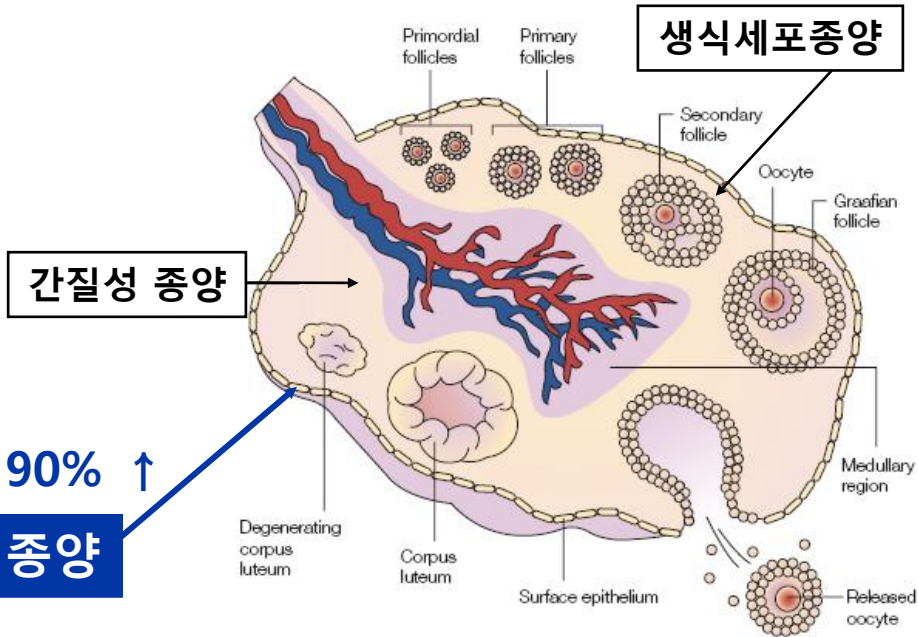
The particular sperm that made you, multiply by the odds that out of every ovum your mum produce, this special egg became you.

The infographic is a vertical poster with a black background. At the top is a purple hexagon containing the text '1 in 400,000,000,000,000,000 Probability'. Below this is a yellow horizontal band with the word 'YOU' in large black letters and '(Being both this Sperm & Egg Survivor)' in smaller black letters. Underneath is a black box with white text explaining that the probability of being you is the product of the odds of a specific sperm and a specific egg surviving. At the bottom is a white box containing a blue and pink illustration of a sperm cell fertilizing an egg cell.



# 난소암이란?

- 난소에 발생하는 종양
- 자궁경부암에 이어 두 번째로 흔한 부인과 암<sup>1)</sup>



난소암의 90% ↑

**상피성 종양**

# 난소암의 원인

## 난소암 가족력

*BRCA1, BRCA2* 등 유전자 돌연변이

## 잦은 배란

배란 후 상피세포 회복 과정에서 발생  
배란 횟수가 많을 수록 난소암 위험 상승

## 유방암, 자궁내막암, 대장직장암

과거력/가족력 있는 경우 발생 위험 상승

## 기름진 음식의 섭취

# 난소암과 유전자 변이 (BRCA 1 / 2)

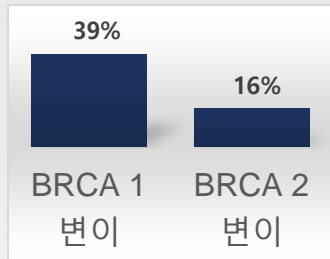
- BRCA1, 2 변이가 있다고 해서 모든 사람이 암에 걸리는 것은 아니며, 연령에 따라 위험도가 달라짐<sup>2)</sup>

## 높은 난소암 발생 위험을<sup>1)</sup>

BRCA 1 & 2 변이를 가진 여성,  
아닌 여성보다 난소암 발생 위험

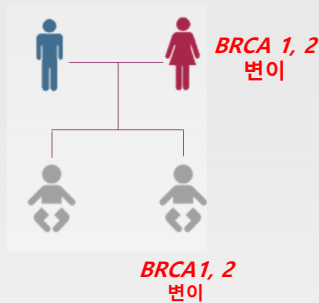
**58배 증가<sup>1)</sup>**

[BRCA 변이와 위험을 증가]<sup>2)</sup>



## 높은 유전을<sup>2)</sup>

부모 중 한 명만 있어도  
유전 될 가능성 50%



## 다른 암 발생 가능성 상승<sup>2)</sup>

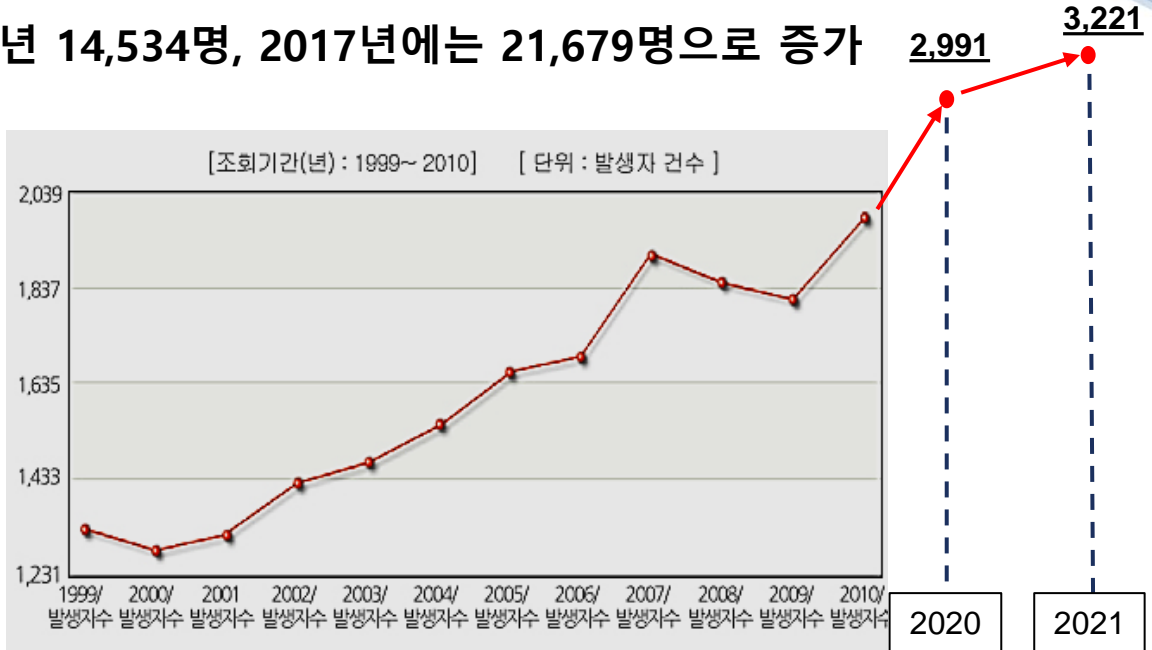
유방암, 난소암, 대장암,  
전립선암, 췌장암 등





# 난소암 환자는 꾸준히 증가

- 2013년 14,534명, 2017년에는 21,679명으로 증가



# 여성 누구에게나 올 수 있는 질환



가수 양희은



연예인 홍진경



영화배우  
피어스브로스넌



버락 오바마  
미국 대통령



배우 정애리

# 난소암의 병기에 따른 치료<sup>1)</sup>

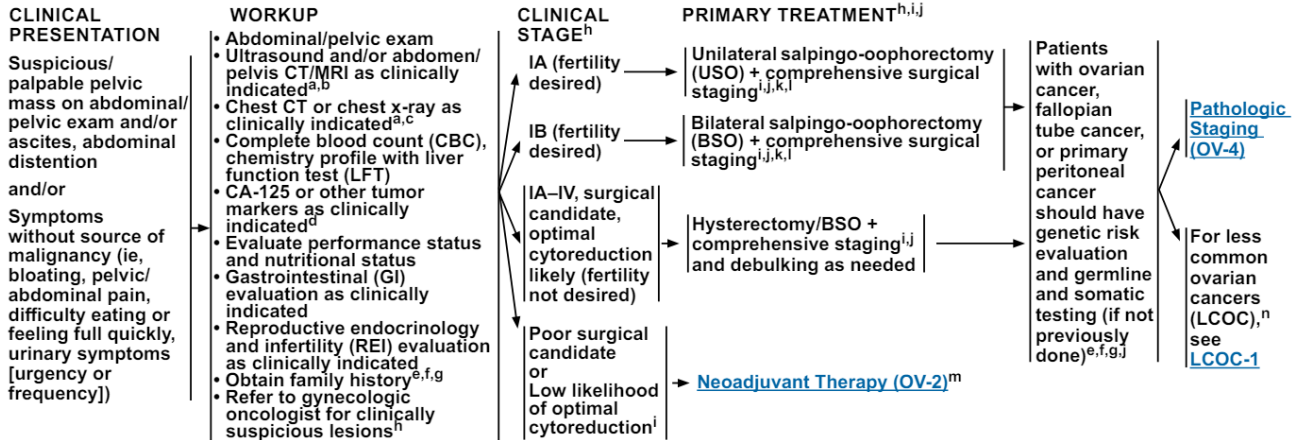


National Comprehensive Cancer Network®

NCCN Guidelines Version 1.2024

## Epithelial Ovarian Cancer/Fallopian Tube Cancer/ Primary Peritoneal Cancer

[NCCN Guidelines Index](#)  
[Table of Contents](#)  
[Discussion](#)



Diagnosis by previous surgery or tissue biopsy (cytopathology) → [Workup, Findings, and Primary Treatment \(OV-3\)](#)

# 난소암의 병기에 따른 치료<sup>1)</sup>

## PRINCIPLES OF SYSTEMIC THERAPY Primary Systemic Therapy Regimens<sup>2</sup> - Epithelial Ovarian/Fallopian Tube/Primary Peritoneal

Primary Therapy for Stage II–IV Disease (Principles of Maintenance PARPI Therapy on OV-C. 3 of 12)			
<p><b>High-grade serous</b></p> <p><b>Endometrioid (grade 2/3)</b></p> <p><b>Clear cell carcinoma<sup>d</sup></b></p> <p><b>Carcinosarcoma<sup>d</sup></b></p>	<p><b>Preferred Regimens</b></p> <ul style="list-style-type: none"> <li>• Paclitaxel/carboplatin every 3 weeks<sup>g,h</sup></li> <li>• Paclitaxel/carboplatin/bevacizumab + maintenance bevacizumab<sup>h</sup> (ICON-7 &amp; GOG-218)</li> </ul>	<p><b>Other Recommended Regimens</b></p> <ul style="list-style-type: none"> <li>• Paclitaxel weekly/carboplatin weekly<sup>g,h,i</sup></li> <li>• Docetaxel/carboplatin</li> <li>• Carboplatin/liposomal doxorubicin</li> <li>• Paclitaxel weekly/carboplatin every 3 weeks<sup>g</sup></li> <li>• Docetaxel/carboplatin/bevacizumab + maintenance bevacizumab<sup>h</sup> (GOG-218)</li> </ul>	<p><b>Useful in Certain Circumstances</b></p> <ul style="list-style-type: none"> <li>• Paclitaxel/cisplatin</li> <li>• Docetaxel/oxaliplatin/bevacizumab + maintenance bevacizumab<sup>h</sup></li> <li>• IV/IP paclitaxel/carboplatin</li> <li>• IV/IP paclitaxel/cisplatin (for optimally debulked stage II–III disease)</li> <li>• For carcinosarcoma: <ul style="list-style-type: none"> <li>▶ Carboplatin/ifosfamide</li> <li>▶ Cisplatin/ifosfamide</li> <li>▶ Paclitaxel/ifosfamide (category 2B)<sup>g</sup></li> </ul> </li> </ul>
<p><b>Mucinous carcinoma<sup>d</sup></b></p>	<p><b>Preferred Regimens</b></p> <ul style="list-style-type: none"> <li>• 5-FU/leucovorin/oxaliplatin ± bevacizumab<sup>h</sup> (category 2B for bevacizumab)</li> <li>• Capecitabine/oxaliplatin ± bevacizumab<sup>h</sup> (category 2B for bevacizumab)</li> <li>• Paclitaxel/carboplatin every 3 weeks<sup>g,h</sup></li> <li>• Paclitaxel/carboplatin/bevacizumab + maintenance bevacizumab<sup>g,h</sup> (ICON-7 &amp; GOG-218)</li> </ul>	<p><b>Other Recommended Regimens</b></p> <ul style="list-style-type: none"> <li>• Paclitaxel weekly/carboplatin weekly<sup>g,h,i</sup></li> <li>• Docetaxel/carboplatin</li> <li>• Carboplatin/liposomal doxorubicin</li> <li>• Paclitaxel weekly/carboplatin every 3 weeks<sup>g</sup></li> <li>• Docetaxel/carboplatin/bevacizumab + maintenance bevacizumab<sup>h</sup> (GOG-218)</li> </ul>	<p><b>Useful in Certain Circumstances</b></p> <ul style="list-style-type: none"> <li>• Paclitaxel/cisplatin</li> <li>• Docetaxel/oxaliplatin/bevacizumab + maintenance bevacizumab<sup>h</sup></li> </ul>
<p><b>Low-grade serous/Grade I endometrioid<sup>d,e,f</sup></b></p>	<p><b>Preferred Regimens</b></p> <ul style="list-style-type: none"> <li>• Paclitaxel/carboplatin every 3 weeks<sup>g,h</sup> + maintenance letrozole (category 2B<sup>1</sup>) or other hormonal therapy (category 2B<sup>1</sup>)</li> <li>• Paclitaxel/carboplatin/bevacizumab + maintenance bevacizumab<sup>h</sup> (ICON-7 &amp; GOG-218)</li> <li>• Hormone therapy (aromatase inhibitors: anastrozole, letrozole, exemestane) (category 2B)</li> </ul>	<p><b>Other Recommended Regimens</b></p> <ul style="list-style-type: none"> <li>• Paclitaxel weekly/carboplatin weekly<sup>g,h,i</sup></li> <li>• Docetaxel/carboplatin ± maintenance letrozole (category 2B<sup>1</sup>) or other hormonal therapy (category 2B<sup>1</sup>)</li> <li>• Carboplatin/liposomal doxorubicin ± maintenance letrozole (category 2B<sup>1</sup>) or other hormonal therapy (category 2B<sup>1</sup>)</li> <li>• Paclitaxel weekly/carboplatin every 3 weeks<sup>g</sup></li> <li>• Docetaxel/carboplatin/bevacizumab + maintenance bevacizumab<sup>h</sup> (GOG-218)</li> <li>• Hormone therapy (leuprolide acetate, goserelin acetate, tamoxifen,<sup>1</sup> fulvestrant) (category 2B)</li> </ul>	<p><b>Useful in Certain Circumstances</b></p> <ul style="list-style-type: none"> <li>• Paclitaxel/cisplatin</li> <li>• Docetaxel/oxaliplatin/bevacizumab + maintenance bevacizumab (category 2B)<sup>h</sup></li> </ul>

Regimen	Setting	Dose/Administration	Duration
Olaparib + bevacizumab <sup>1</sup>	Maintenance post primary chemotherapy + bevacizumab	<ul style="list-style-type: none"> <li>• Olaparib 300 mg PO twice daily</li> <li>• Bevacizumab 15 mg/kg IV every 21 days</li> </ul>	<ul style="list-style-type: none"> <li>• Olaparib: Until disease progression or unacceptable toxicity or up to 2 years</li> <li>• Bevacizumab: Until disease progression or unacceptable toxicity or up to 15 months</li> </ul>
Niraparib + bevacizumab <sup>2</sup>	Maintenance post primary chemotherapy + bevacizumab	<ul style="list-style-type: none"> <li>• Niraparib: 300 mg PO once daily (or 200 mg once daily for patients with a baseline body weight of &lt;77 kg, and/or a platelet count of &lt;150,000/mm<sup>3</sup>)</li> <li>• Bevacizumab: 15 mg/kg IV every 21 days</li> </ul>	<ul style="list-style-type: none"> <li>• Niraparib: Until disease progression or unacceptable toxicity or up to 3 years</li> <li>• Bevacizumab: Until disease progression or unacceptable toxicity or up to 15 months</li> </ul>
Niraparib monotherapy <sup>3,4</sup>	<p>Maintenance post primary chemotherapy</p> <p>Maintenance post recurrence chemotherapy</p>	<p>300 mg PO once daily (or 200 mg once daily for patients with a baseline body weight of &lt;77 kg, and/or a platelet count of &lt;150,000/mm<sup>3</sup>)</p> <p>300 mg PO once daily (or an initial dose of 200 mg once daily for patients with a baseline body weight of &lt;77 kg, and/or a platelet count of &lt;150,000/mm<sup>3</sup>; after 2 to 3 months, in the absence of hematologic toxicity, may consider escalation to 300 mg once daily)</p>	<p>Until disease progression or unacceptable toxicity or up to 36 months</p> <p>Until disease progression or unacceptable toxicity</p>
Olaparib monotherapy <sup>5-7</sup>	<p>Maintenance post primary chemotherapy</p> <p>Maintenance post recurrence chemotherapy</p>	<p>300 mg PO twice daily<sup>b</sup></p> <p>300 mg PO twice daily<sup>b</sup></p>	<p>Until disease progression or CR (no evidence of disease) at 2 years<sup>b</sup> or unacceptable toxicity</p> <p>Until disease progression or unacceptable toxicity</p>
Rucaparib monotherapy <sup>8,9</sup>	<p>Maintenance post primary chemotherapy</p> <p>Maintenance post recurrence chemotherapy</p>	<p>600 mg PO twice daily</p> <p>600 mg PO twice daily</p>	<p>Until disease progression or unacceptable toxicity or up to 24 months</p> <p>Until disease progression or unacceptable toxicity</p>

# 수용소 군도 - 솔제니친



아무 것도 할 수 없다는  
현실인식?  
= 포기



VS

어려운 상황에서 내가  
할 수 있는 일은  
무엇인지?  
= 절망 → 희망의 기회



# 삼국지의 재해석



# 감정의 기복과 정신적 스트레스 관리<sup>1)</sup>

**01** 긍정적인 마음가짐이 중요합니다

**02** 자신을 이해하고 도와줄 주변 사람을 찾으세요

**03** 감정을 무조건 억누르지 말고 올바르게 표현하세요

- 병원이나 지역사회 암환자 모임, 인터넷 동호회 등에서 관련 정보를 얻도록 합니다.
- 가능하면 긍정적인 생각과 행동을 하도록 합니다.
- 유머 등 매일매일 웃을 수 있는 일을 찾아봅니다.
- 몸 상태가 허락하는 한도 내에서 운동을 합니다.

# 암 치료를 시작할 때

01 나올 수 있다는 ‘확신’은 치료 효과를 극대화 합니다

02 부작용을 두려워 하지 마십시오

03 치료 중에는 ‘열심히’ 먹는 것이 중요합니다.

04 새로운 삶의 방식을 설계 하십시오

05 의료진을 만날 때에는 항상 질문 목록을 준비하세요

06 소중한 ‘**지금 이순간**’을 낭비하지 마세요

# 수술 후 관리

- 수술 합병증은 치료의 종류, 기간, 개인적 특성 등 여러 요인에 의해 달라집니다.

자궁절제가 포함된 경우,  
일정기간 동안 수술부위 통증 및 전신의 피곤함

폐경증상 (안면홍조, 불면증, 근육통 등)

골반 림프절 절제는 림프관의 폐쇄 유발 → 하지 림프 부종

수술 및 심리적 위축으로 인한 성적 관심도 감소

# 항암화학요법의 대표적인 부작용



# 당신은 어디에 있나요?

당신은 어디 있나요

날 위로 해주던  
아그런 당신은  
당신은 어디 있나요



# Treatment vs Care : 당신은 어디에 있나요?

- Shared Decision Making !!



# 어제와 다른 오늘? 오늘과 다른 내일!





비교 → X

그래도 무언가는 있다 → O

# KSGO 2024

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## Q & A



**Pusan National University**

**Gynecologic Oncology**

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**서동수**

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