Familial ovarian carcinoma

J. L. SKINNER, MRCGP, DRCOG, J. J. N. OATS, MRCOG and E. M. SYMONDS, MD, FRCOG

OVARIAN carcinoma is common (Registrar General, 1964 to 1966); reported familial clustering is not. Liber (1950) and Lewis and his colleagues (1969) described families in which five sisters along with their mother died of ovarian carcinoma. Li and his associates (1970) reported a family of four sisters, an aunt, and a cousin all of whom died from proven ovarian carcinoma. In two other cousins in whom there was strong presumptive evidence of the disease. This paper describes a family of nine siblings of whom seven were female. Of the seven female siblings, four died of adenocarcinoma of the ovary, and three underwent prophylactic surgery, of whom one was found to have a benign Brenner tumour in one ovary.

Family history

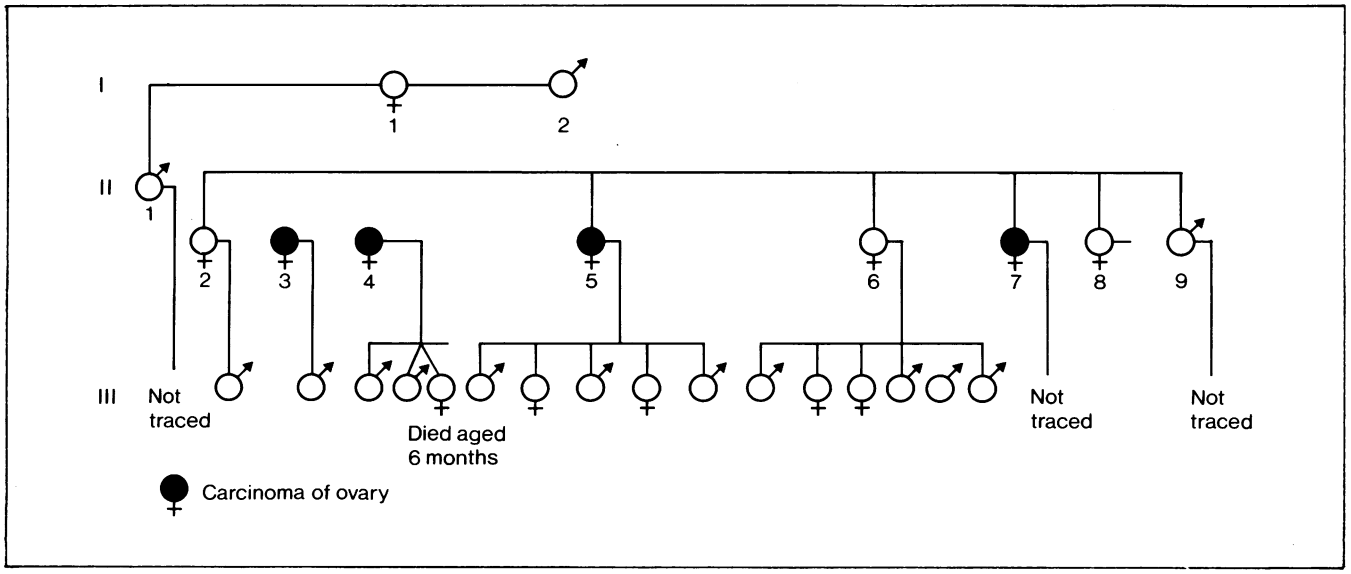
The propositus II_8 first drew attention to the family affliction when she told her family doctor that three of her sisters II_4, II_3 and II_7 had died of carcinoma of the ovary and enquired if she was "all right". Scepticism disappeared when she returned a week later with photocopies of their death certificates. She was referred for gynaecological assessment and was offered full pelvic clearance at which no abnormality was found. At the same time a search was initiated for II_2, II_5 and II_6. When found II_5 was already an in-patient at the same hospital dying from widespread peritoneal metastases from an ovarian adenocarcinoma. II_2 and II_6 relucantly accepted the offer of prophylactic pelvic clearance on being confronted with the family history. The ovaries of II_2 were normal. II_6 had a benign Brenner tumour in the left ovary. The ages of death of II_7, II_4, II_3 and II_5 were 39, 42, 52 and 54 years respectively. The father I_1 died from carcinoma of the tongue, the mother I_2 died from carcinoma of the lung. II_1 died from carcinoma of the bowel. II_9 is alive and well. The family history is summarized in Figure 1.

Discussion

II_8 presented to her family doctor on no fewer than five occasions during the four years preceding the doctor/

J. L. Skinner, General Practitioner, Ilkeston; Lecturer in General Practice, University of Nottingham; J. J. N. Oats, Lecturer in Obstetrics and Gynaecology, University of Nottingham; E. M. Symonds, Professor of Obstetrics and Gynaecology, University of Nottingham.

Figure 1. *Summary of family history.*



patient encounter at which the deaths of her sisters were frankly discussed, with vague complaints of headache, breast pain, or anxiety associated with a fear of cancer.

A family history of gynaecological disease is frequently overlooked. Early diagnosis of ovarian malignancy is particularly difficult so a positive family history may help to identify the high risk woman. Bender (1976) in his report of four sisters with carcinoma *in-situ* of the cervix drew the same conclusion.

The next generation of this family poses an even more difficult problem. There are eight known daughters. The 17-year-old daughter of II_8 has already asked her mother's original question: "Am I all right?". Liber (1950) recommended pelvic clearance in this generation once childbearing has been completed. In the absence of a screening test with the acceptability, simplicity and reliability of cervical cytology, there appears to be little alternative.

References

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Drug costs

The following figures on the cost of drugs supplied to the NHS in each of the past five financial years were given in a Commons written reply on 3 August 1976 by Dr David Owen, Minister of State for Health:

Financial Year ended 31 March	Cost (a) £m (England)
1972	166
1973	188
1974	211
1975	255
1976	330 (b)

a) Hospital drug costs together with the cost (exclusive of fees and allowances paid to pharmacists) of drugs, dressings, and appliances supplied under the pharmaceutical services.

b) Estimated.

In a written reply on 4 August 1976, Dr Owen said that the costs of drugs dispensed by chemists under the NHS in England in the past five years were: 1971, £136.6m; 1972, £154.6m; 1973, £170.5m; 1974, £203.7m; 1975, £263.2m.

Reference

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