

## Crushing news just before wedding

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Ms Wong (with her husband) has this advice for women in her age group: Do not dismiss symptoms just because you are young. -- ST PHOTO: CAROLINE CHIA

Just four months before walking down the aisle, Deborah Wong was told that she had ovarian cancer. The feisty teacher tells **JALELAH ABU BAKER** how she overcame the odds

School teacher Deborah Wong nearly did not want to go ahead with her wedding and, when she did walk down the aisle, she was bald.

Well, not quite. She wore a wig.

It was the shock discovery that she had ovarian cancer, the fourth most common cancer among women in Singapore, that led to her decision: To 'set free' the love of her life if she could not give him any children.

After a complicated two-hour operation, the first question Ms Wong, 28, asked Mr Colin Chan, 30, now her husband, was: 'Are my ovaries still there?' They were.

Four months before the couple's big day, Ms Wong - usually fit and active - started feeling tired easily. She dismissed it for lack of sleep.

However, she started feeling bloated, to the point of not being able to fit into her pants. A doctor she consulted said it was stomach flu.

Despite taking medication, her lethargy and bloatedness persisted.

Worried, Mr Chan, an auditor, persuaded her to go to the Accident & Emergency department at Alexandra Hospital (AH). She was diagnosed with abnormal abdominal pain by the duty doctors and discharged after a night of hospitalisation.

More medication followed but that did not help.

A week later, Ms Wong went to AH again and insisted this time on a more thorough check-up. That was when she found out that the month-long discomfort she had endured was due to epithelial ovarian cancer.

'I was shocked and a bit traumatised,' said Ms Wong, whose family has no history of cancer.

'Once you hear the word cancer, it's like a time bomb and you wonder how much more time you have left,' she added.

Ms Wong then decided she wanted Dr Joseph Ng, a consultant in the division of gynaecologic oncology, National University Hospital (NUH), to attend to her. She was transferred to NUH.

Three days later, she was operated on to remove the tumours in both her ovaries.

Dr Ng said: 'In a young patient such as Deborah, we want to salvage the ovaries and therefore have to operate quickly.'

'When there are tumours in the ovaries, the ovaries could twist, cutting off blood supply. They will become unsalvageable. That's why time is of the essence.'

Ms Wong knew her then fiancé was keen to have children and she had decided she would not go on with her wedding, which was in three months, if she could no longer conceive.

Mr Chan, on the other hand, worried more about her recovery.

'Whether we could have children or not became a secondary issue. I just wanted to see her safe after the operation,' he said.

Two weeks later, she had her first of six chemotherapy sessions to remove any remaining cancerous cells. The side effects made her bald and that's how she was on her wedding on Aug 16 last year.

The feisty teacher had no qualms about that, but wore a wig anyway. 'It was only to pin the veil down,' she said with a laugh.

However, she was surprised that some people were upset to see a young woman with little hair. She recounted how an old woman chastised her for keeping her hair so short but the latter cried when Ms Wong explained her story to her.

Last September, after a six-month rest, she returned to the primary school where she teaches. The much-loved teacher found her desk decorated with balloons to welcome her back.

She took the opportunity to educate her pupils about ovarian cancer, while explaining her baldness.

Afraid of a relapse, she is now careful with her diet - she has cut down on snacks - and lifestyle.

She used to survive on six hours of sleep but now, she makes sure she gets at least eight hours.

She feels blessed for having such strong support from her family and her husband, who has been by her side throughout her entire journey.

Mr Chan said: 'Caregivers have to be sensitive, patient and encouraging. I put myself in her shoes.'

Feelings of envy do cross Ms Wong's mind when she sees people her age having fun and partying. However, these thoughts are fleeting. She is thankful for surviving.

She has this advice to other young women with similar symptoms: 'Get yourself checked and insist on getting tests done. Sometimes, when you're young, your symptoms are dismissed.'

### **The silent killer**

In the most recent report by the Singapore Cancer Registry (2002-2006), ovarian cancer is listed as the fourth most common cancer among Singapore women.

It is also the top gynaecological cancer, followed by cancer of the uterus and cervix.

There are mainly three kinds of ovarian cancer.

Cancer that arises from the skin or surface of the ovary is called epithelial ovarian cancer, which was what Ms Deborah Wong had, and is the most common, making up 90 per cent of ovarian cancers.

'They usually occur in women between the ages of 60 and 80,' said Dr Joseph Ng.

'Ms Wong's case is rare,' he added.

'Women who start having their menstrual periods early and have a late menopause, have never breastfed and have never been pregnant, will have a higher risk for epithelial ovarian cancer,' he said.

The other cases of ovarian cancer are made up of stromal cancer, which arises from the supportive tissue of the ovary; and germ cell cancer, which arises from the cells that eventually form eggs. Germ cell tumours tend to occur in young women in the second decade of life.

While there are no symptoms in early ovarian cancer, late stage ovarian cancer usually presents itself with abdominal bloating, a feeling of fullness and loss of appetite, changes in bowel habits, persistent nausea and abdominal pain and discomfort.

Studies suggest that women who use oral contraceptive pills may have a lower risk of ovarian cancer. However, there is currently no method to detect it early.

Ovarian cancer results in the most deaths of all the gynaecologic cancers because it is a silent disease and symptoms only develop in the late stage of the disease after it has spread widely but it is still treatable.

Treatment may involve removing the uterus, fallopian tubes and ovaries, the omentum which is a web of fat in the abdomen, and the appendix together with all visible tumours in the abdomen.

Surgery is usually followed shortly by chemotherapy, said Dr Ng, a specialist in his field for the past eight years.

He added, however, that ovarian cancer tends to recur even after successful treatment.

The possibility of giving birth for women who have had ovarian cancer depends on whether at least one ovary and the uterus are preserved.

'When treating germ cell tumour patients, who tend to be young or in the case of Ms Wong, who is a young patient with epithelial ovarian cancer, the surgical treatment will tend towards being conservative with attempts to preserve as much of the ovary and uterus as possible,' said Dr Ng.

Epithelial ovarian cancer is the most common, making up **90%** of ovarian cancers