

SEEING IT THROUGH

Eye cancer is thankfully rare but it needs speedy diagnosis for the most effective treatment...

Being able to see is something everyone takes for granted, until something affects your vision and you realise how much of your life is dependent on this one sense. Many people have glasses or contact lenses to correct vision and, thankfully, most won't experience serious eye health problems.

Cancer of the eye is rare – only about 600 adults get it each year in the UK and it occurs most often in those aged 50 plus, so is more common as you age. Luckily, it is usually treatable but the sooner you get specialist medical care, the better.

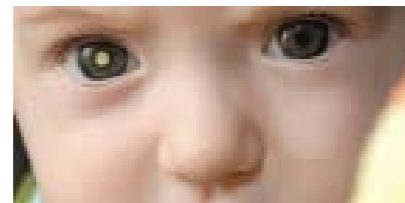
WHAT IS IT?

Eye cancer is caused by an uncontrolled growth of cells in or around the eye and there are several types. If it develops in your eye it is called intraocular cancer. The three variations are as follows:

Ocular melanoma – This usually develops in the inside or outside lining of the eyeball, or the skin and tissues surrounding the eye. Melanoma is one of the most common types of intraocular eye cancers.

Non-Hodgkin's lymphoma – Quite uncommon, this usually develops from abnormal cells of the immune system. Non-Hodgkin's lymphoma sometimes develops in your eye, usually in adults.

Retinoblastoma – is a rare eye cancer of babies and children. A white pupil reflex rather than red eye from a digital photo can signal the presence of retinoblastoma (see photograph below). This develops in the nerve cells of the retina and can affect one or both eyes. It's often inherited and develops in young children, usually under five. Over nine out of 10 children with retinoblastoma are cured with the right treatment. 'The most common tumour is a benign mole in the eye, which usually requires no treatment,' says Mr Mandeep Sagoo, a consultant ophthalmologist at Moorfields Eye Hospital in London (www.drsgoo.com).



Baby with white pupil reflex – this should prompt examination of the eye to rule out retinoblastoma



Meet the expert

MR MANDEEP SAGOO IS A CONSULTANT OPHTHALMOLOGIST, SPECIALISING IN ONCOLOGY OF THE EYE

Mr Mandeep Sagoo (pictured, left) has a clinical practice in adult and paediatric eye tumours and medical retinal disorders at Moorfields Eye Hospital, St Bartholomew's Hospital and the Royal London Hospital, London. He also holds an academic appointment at UCL Institute of Ophthalmology. He graduated from the MB, PhD programme of Cambridge University and trained in ocular oncology, as a Fulbright Scholar, at Wills Eye Hospital, Philadelphia, US.

'THE MOST COMMON TUMOUR IS A MOLE IN THE EYE, AND MOST PEOPLE DON'T HAVE SYMPTOMS, ALTHOUGH SOME EXPERIENCE BLURRED VISION OR SEE FLASHING LIGHTS'

'Many people do not have symptoms, but some people that experience blurred vision or see flashing lights may harbour an eye tumour that needs treatment. Because it is inside the eye – and it can occur on the inner part of the eye – it isn't visible to the naked eye. It is often discovered during a routine eye test by an optician. Assessment then needs to be carried out by an ophthalmologist to see if the mole is suspicious and if it's benign or malignant. You will usually have an ultrasound and there are special tests that might be necessary like an eye angiogram or an optical coherence tomography (OCT) scan to see if the mole is suspicious for melanoma.'

There is also extraocular cancer, which occurs on the outside of the eye. 'These include melanoma, squamous cell cancers or lymphoma,' says Mr Sagoo. 'Usually, these are treated with surgery and sometimes chemotherapy drops. Another treatment method is cryotherapy, using extreme cold to destroy cancer cells. With these types of cancer you often see a mark on the eye so it comes to attention more quickly than intraocular cancer – someone may see a spot on your eye and advise you to see your doctor.'

WHO GETS IT?

It is not known why melanoma inside the eye occurs but some people are more susceptible than others. 'Males seem to be slightly more affected than females,' says Mr Sagoo. 'It is more common in patients who are fair-skinned, with fair-hair and blue eyes, but it does still happen in dark-skinned patients, too.' It can also occur in people who have unusual brown pigment on their eye or have lots of unusually shaped or large moles. Other tumours are associated with a weakened immune system or have inherited cancer gene mutations – four out of 10 children with retinoblastoma have the heritable form, which can run in several generations of a family.

MAKING IT BETTER

If a cancer is detected then the treatments used will depend on the type of tumour and how advanced the tumour is in the eye. 'We treat some eye cancers with radiotherapy, including brachytherapy (episcleral plaque therapy),' says Mr Sagoo. 'This is where a little disc of radiation the size of a 10 pence coin is put onto the eye for a few days, then is removed. It has a very high success rate – there is a 90% chance of arresting the growth of the melanoma inside the eye. Examination and tests for the rest of the body will be necessary before and after treatment of the eye, as there is a chance of spread to other organs.'



'A big shock'

CAROLINE SHAIKH, 37, LIVES IN LONDON AND IS A STAY-AT-HOME MUM

'I'd been feeling tired for six months but thought it was because my daughter Amelie, nine, has juvenile arthritis and had been unwell. I started getting really bad headaches and seeing floaters in front of one eye, and then, while on a motorway I suddenly lost my vision in one eye. At first, I thought it was an eye infection and went straight to Moorfields Eye Hospital assuming that I'd be given antibiotics. But they looked in my eye and told me I had a tumour. It was a huge shock. I'd never heard of eye cancer and thought that it must be a "good" cancer, as it wasn't well known, but it's a nasty form of melanoma.'

'Because it's so rare, my GP and I did loads of research and found Mr Sagoo. Within two days, I'd had a radiation plaque attached to my eye and needed to be isolated for a week in hospital. After that, I had painful laser treatment to blast away the tumour. Now I can drive and walk my daughter across the road – all things I didn't think would be possible when I was diagnosed.'

'I still need to have regular check-ups with an oncologist, as there's a chance it could spread to my liver. But every year that I get through is a gift and, after getting over post-traumatic stress disorder (as a result of the diagnosis), I'm now a much calmer person.'

Another treatment method is photodynamic therapy (PDT) which uses laser, combined with a light-sensitive drug to destroy tumour cells. Chemotherapy can be effective for treating lymphoma of the eye and retinoblastoma. 'Treatment varies for retinoblastoma, but often systemic chemotherapy is used, or local treatment like freezing the tumour or laser thermotherapy,' says Mr Sagoo. 'Radiation (brachytherapy) is also used sometimes. A new treatment to treat this particular condition is chemotherapy pulsed directly into the artery at the back of the eye and in special circumstances, chemotherapy will be injected directly through the white of the eye.'

'Surgical procedures will be used for melanoma if other treatments fail or if the tumour is too advanced to treat by conservative means. In some cases, the eye would have to be removed. An implant is put in the socket and then replaced with an artificial eye which moves, so it looks good cosmetically.'

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BABY PHOTOGRAPH: CHILDHOOD EYE CANCER TRUST

