Ovarian Cancer

Ovarian cancer is highly curable if detected early, but life threatening if it's not. Because of a lack of clear-cut symptoms and reliable early screening tests, 75 percent of cases are found after the disease has spread beyond the ovary. This leads to a low survival rate: Ovarian cancer is the fourth leading cause of cancer-related deaths among women in the United States.

Recent research, however, has helped to pinpoint symptoms and determine a more effective method of treating advanced ovarian cancer.

Here, gynecologic oncologist Robert McLellan, MD, answers some common questions about ovarian cancer.

Who is at risk of getting ovarian cancer?

Ovarian cancer typically appears after menopause, about the age of 60. But it can also occur in younger women.

The chance of a woman born in the US developing ovarian cancer during her lifetime is 1 in 70. Individuals carrying BRCA1 or BRCA2 gene mutations (also linked to breast cancer) have an increased risk—as high as 50 percent and 20 percent, respectively. But only 5 percent to 10 percent of women with ovarian cancer have a hereditary pattern of the disease.

What are the symptoms?

Symptoms of ovarian cancer are vague, yet present even at early stages, new research suggests. A 2004 *Journal of the American Medical Association* study revealed that women with ovarian cancer had a higher than normal incidence of bloating, increased abdominal size and urinary urgency. Other symptoms may include abdominal discomfort and changes in appetite and bowel habits.

How is ovarian cancer diagnosed?

Doctors evaluate women who are symptomatic or at high risk for ovarian cancer with either an imaging test such as a transvaginal ultrasound or a blood test that looks for elevated levels of CA-125, a protein secreted by tumor cells.

Neither test is accurate enough to use as an early screening tool, as the PAP test is used to screen for cervical cancer. The CA-125 test, in particular, can result in false positives, because menstruation, fibroids, endometriosis and other cancers also raise these protein levels.

Under study are new screening tests that look for patterns of proteins associated with ovarian cancer (rather than just one) and may help in early diagnosis.

What is the standard treatment?

Treatment for ovarian cancer includes cytoreductive surgery—removal of the tumor and any other visible cancer cells. Research shows that this procedure, also known as debulking, can increase survival, and is best performed by a gynecologic oncologist—a specially trained cancer surgeon.

Traditionally, after surgery, patients receive six rounds of intravenous (IV) chemotherapy (once every three weeks for 18 weeks). This chemotherapy combines carboplatin (a platinum drug) and paclitaxel (a taxane drug, originated from Pacific yew tree bark).

What's new in treatment?

Favorable research results have sparked a renewed interest in intraperitoneal (IP) chemotherapy, in which cancer-killing drugs are fed through a catheter directly into the abdominal cavity. Compared to IV chemotherapy, drugs given via the IP route have a higher concentration and stay active longer in the abdominal area, where ovarian cancer cells often remain confined.

In a study reported in the *New England Journal of Medicine* in January 2006, patients with advanced ovarian cancer who received IP rather than IV chemotherapy survived 16 months longer. The Gynecologic Oncology Group, a National Cancer Institute-sponsored collaborative group, found that the length of time before relapse also increased by five months in patients who received IP therapy.

Despite this survival advantage, IP chemotherapy has drawbacks. In the study, patients receiving IP chemotherapy instead of IV experienced more fatigue and toxic side effects. However, the quality of life was comparable for both groups after one year.

The Gynecologic Oncology Group is also conducting new drug research. One promising drug for ovarian cancer is bevacizumab (Avastin), a drug already approved for treatment of advanced colon cancer.

To make an appointment with a gynecologist at Lahey, call 781-744-3250.