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Today's Health for the Empowered Woma

OVARIAN CANCER

As women become more aware of the signs and symptoms of cancer, I am asked almost daily: "how do I know if I have ovarian cancer?" They are correct in their concern as the illness is almost always diagnosed late and has a very poor five year survival rate. However, women incorrectly reason that ovarian cancer is a leading cause of cancer death. Actually lung cancer tops the list followed by colorectal cancer. Assuming that there is no family history of breast or ovarian cancer a woman's risk of having ovarian cancer if she lives to age 72 is roughly 3.2% This is one of the reasons why ovaries are not removed at the time of hysterectomy unless ovarian disease is noted. The benefits which include the prevention of osteoporosis, heart disease and stroke outweigh the small risk of developing ovarian cancer. There is now a genetic test that can be ordered in women who have at least two maternal relatives with either breast or ovarian cancer (BRACA 1, BRACA 2) and if found to be positive is reliable in predicting an 80% chance of contracting breast or ovarian cancer and might warrant prophylactic removal of ovaries or breasts to improve long term survival. Women have also become more aware that the signs of ovarian malignancy are: enlargement or swelling of the abdomen, nausea or heartburn that does not go away, loss of appetite, pelvic pain, constipation, bloating, and urinary incontinence. However these are subjective complaints and who does not on any given day have some heartburn or constipation? The sad truth of the matter is that there is no test for early diagnosis. By the time the above symptoms are severe the disease has almost always progressed to a severe degree. Modern medicine has come a long way with tests for other cancers: mammogram for breast, pap smear for cervix, chest x-ray for lung, colonoscopy for colorectal cancer, awareness of changes in moles for skin and malignant melanomas, early workup for assorted lymph gland enlargements. However, a screening test for ovarian cancer remains elusive. After the actress Gilda Radner died of ovarian cancer there was a great wave of enthusiasm for blood test called the Ca-125. Women thought that this test if positive spelled doom and if negative was a relief that the dread disease had been ruled out. Factually, there are over 28 different types of ovarian cancer; this test is potentially positive in only two or three. The test is also positive in people with liver disease, lung disease, clotting disorders, etc. There is no specific tumor marker test but rest assured there is a great need and push to develop one. Early diagnosis is the key to survival and when diagnosed is best treated by a specialist in gynecologic cancers as the survival rate increases by as much as 50%. The more tumor that is removed, the fewer cells that cancer treating chemotherapeutics have to work on.

So what is the usual scenario? If a woman feels that she has one of the above symptoms she goes to her provider with that complaint. Pelvic exam may or may not reveal a pelvic mass, fluid in the abdomen or displacement of the pelvic organs. Again the Ca-125 blood test is not conclusive BUT might aid in the differential diagnosis. Ultrasound and/or

CAT scan help to assess the size of the ovaries, either cystic (usually benign) or solid (possibly malignant). Cystic ovaries in women who are not menopausal and are less than 4.5 cm in size (normal ovary is the size of an almond) are usually functional cysts due to ovulation and can be watched carefully to assure that they do not increase in size. If painful, diagnostic laparoscopy with a camera inserted through the belly button, under anesthesia, can help in the diagnosis. The other most common cysts are dermoids which are comprised of skin and hair and endometriomas which are blood filled cysts caused by a disease called endometriosis that is always non cancerous but painful with a need to be treated separately. The solid tumors whether in the young or post menopausal age group are of greater concern especially if fluid is found in the abdomen as this can be a sure sign of malignancy. At this point laparoscopy or laparotomy in which the abdomen is opened and explored is indicated either by the generalist gynecologist or by a tumor specialist. If malignant, a total hysterectomy that includes the removal of the uterus, tubes, ovaries, and cervix is performed as well as lymph node biopsies and removal of the covering of the bowel (omentum). Appropriate chemotherapy is determined based on the type of tumor, age of the patient, and spread of disease. Above all it must be remembered that in the absence of genetic markers ovarian cancer is a rare disease even though it has a poor outcome. While early diagnosis is difficult because of the subjectivity of the above signs, at least recognition of them can alert a woman to go to her provider to initiate a diagnostic workup. The disease need not be fatal with appropriate workup, cancer specialist surgery, tailored chemotherapy and very good support services.