Ovarian Cancer: Challenges Remain, but Much Progress Has Been Made

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Ovarian cancer is a relatively rare disease that affects approximately one in 70 women. Unfortunately, this disease is the most lethal gynecologic malignancy and is responsible for more than 15,000 deaths each year in the United States.

There are several types of ovarian cancer. By far the most common are the so called “Epithelial Ovarian Cancers.” Most women develop these cancers for unknown reasons, but approximately 5-10% of cases can be related to familial susceptibility. Several cancer susceptibility syndromes have been associated with an increased risk of developing ovarian cancer.

The aggressiveness of this disease is due to advanced stage at diagnosis. The vast majority of patients diagnosed in early stage are cured. However, most women with ovarian cancer are diagnosed in stage III or IV (when the disease has spread to organs in the upper abdomen or to more distant organs).

Unfortunately, we do not have good screening tests to identify earlier stages of the disease. The use of ultrasound and certain blood tests (tumor markers, e.g. Ca-125 and others) does not help to identify localized disease in the general population and can result in a very high number of unnecessary invasive procedures such as surgery for benign findings. However, those tests might prove useful in women deemed to be at high risk due to genetic cancer syndromes or concerning symptoms.

Certain complaints have been associated with ovarian cancer. Unfortunately, these symptoms are very common and by no means specific for this disease. The presence of abnormal vaginal bleeding or discharge, pelvic pain or pressure, abdominal or back pain, bloating and excessive fullness after eating and/or changes in bathroom habits should be evaluated thoroughly. If persistent, and especially in the absence of other clear causes, those symptoms should trigger evaluation of the gynecologic organs by means of special imaging techniques (ultrasound and/or CT scan).

If ovarian cancer is suspected, immediate evaluation by a specialist is of utmost importance. The survival of women with this disease is significantly improved when the initial surgery is performed by a gynecologic oncologist with special training and expertise in the management of this disease. With aggressive surgery and contemporary chemotherapy schemas, even patients diagnosed at advanced stages can expect long-term survival. Novel approaches take advantage of special surgical techniques, intraperitoneal chemotherapy (administered directly into the abdomen) and novel biologic compounds specifically targeted to certain molecular features of the tumor.