

The SILENT Killer

Seventy-five percent of ovarian cancers are found at a late stage, when the disease is difficult to cure. Here's how you can protect yourself, plus the one symptom never to ignore

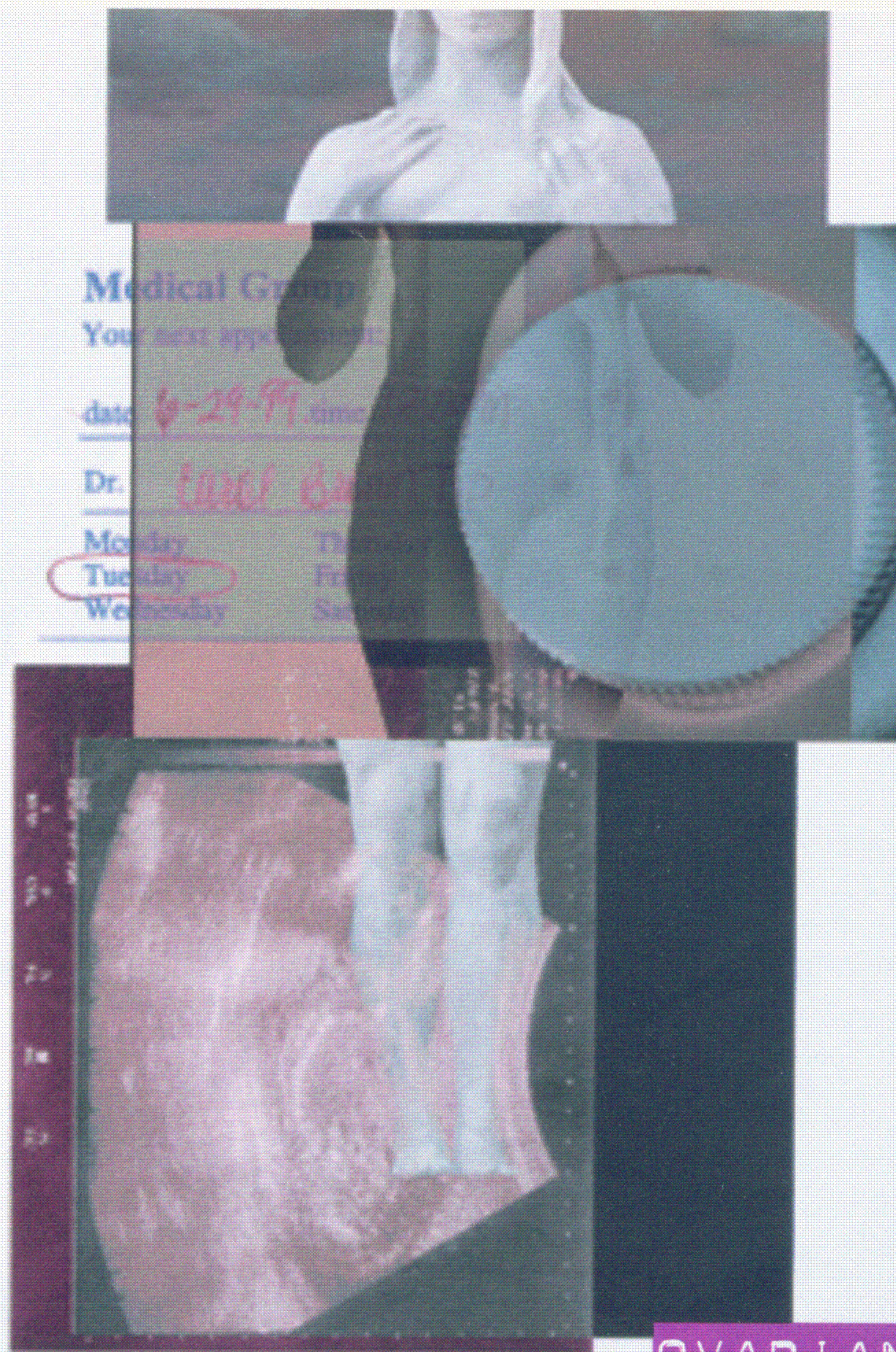
By Kathleen McAuliffe

In 1993, Rosemary Rayman, then thirty, had symptoms so mild that at first she thought nothing of them. "There was slightly more pain and bloating than usual during my period," recalls the computer-network specialist in Boynton Beach, Florida. "With each period it got a little worse."

By the time she went to her gynecologist six months later, a sonogram revealed a grapefruit-size mass on her left ovary. Her doctor assured her that it was probably a benign cyst.

Rayman scheduled an operation to remove the mass. But during surgery, doctors discovered she would need a total hysterectomy. Rayman had ovarian cancer.

Like Rayman, many women miss the cancer's early warning signals. In those over age fifty, when the disease is most likely to strike, ovarian cancer symptoms often are chalked up to menopause or aging. In young women, they may be confused with menstrual cramping and bloating. As a result, 75 percent of ovarian cancers are detected at a late stage. The American Cancer Society estimates that more than 23,000 American women will get the disease this year and half will die within five years, making it the deadliest of gynecological cancers and the fifth-leading cause of cancer death among American women.



OVARIAN CANCER

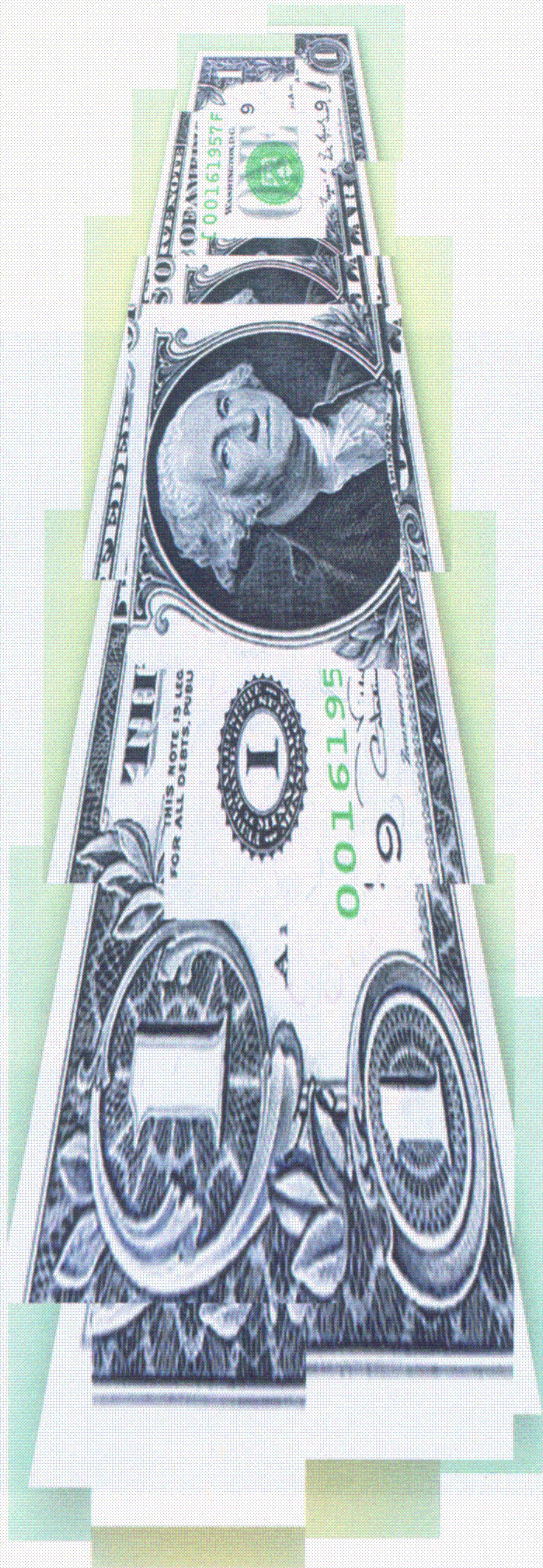
If it is caught early, up to 95 percent of cases are curable. But currently, only 50 percent of women survive longer than five years after diagnosis and an estimated 14,000 American women will die from ovarian cancer this year

But women can lower their risk, and scientists are moving closer to being able to detect the disease in early stages, when it's highly curable. And better treatment is helping survivors live longer.

Ranks of activists are also making a difference. In 1995 Rayman co-founded the National Ovarian Cancer Coalition (NOCC), an information and support group (888-682-7426). Educating women—and their doctors—about the symptoms is vital to curtailing the disease, she says. "A lot of women think a Pap smear can detect ovarian cancer," says Rayman. In fact, it screens only for cervical cancer.

ARE YOU AT RISK?

In about 90 percent of cases, the cause of ovarian cancer is a mystery. However, uninterrupted cycles of ovulation may play a role. When an egg is released, it rips a hole in the ovary lining. This is normal, but each cycle of damage and repair increases the chances for cancer to develop, experts believe. Consequently, risk factors for the disease include starting menstruation before age *(continued)*



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THE SILENT KILLER

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eleven, entering menopause after age fifty-five and never being pregnant.

Inherited genetic misspellings (or mutations) account for about 10 percent of cases. When the disease strikes family members under age fifty, there is a greater likelihood of a genetic component, reports Steven Piver, M.D., founder and director of the Gilda Radner Familial Ovarian Cancer Registry at the Roswell Park Cancer Institute, in Buffalo, New York.

Misspellings of genes BRCA1 and BRCA2, also linked to breast cancer, are associated with the disease. About 45 percent of women who carry the BRCA1 mutation will develop ovarian cancer, often in their forties. For women with a BRCA2 mutation, the cancer is less common (it affects about 25 percent) and later in onset (typically after menopause). One study showed that in families with a strong history of ovarian cancer, each subsequent generation developed the cancer earlier—sometimes by more than a decade. Doctors often advise women with a family history of the disease to consider enrolling in a research program where they will be carefully screened.

The use of feminine sprays, douches and powders has also been linked to ovarian cancer. The association is strongest for products containing talcum powder. A recent study reported by the National Cancer Institute found no overall association between talc and ovarian cancer, but more research is needed to rule out the risk.

PREVENTION

What can you do to lower your risk of the disease? First, avoid using products containing talc on your genitals.

Women with no plans for pregnancy should consider oral contraceptives, which suppress ovulation. "The Pill is one of the best preventive tools currently available to us," says David Fishman, M.D., director of the Ovarian Cancer Early Detection Program at Northwestern University Medical School, in Chicago. "It can slash in half the chances of getting ovarian cancer if taken for at least five years."

A more drastic measure—normally reserved for women at highest risk—is removal of the ovaries and the fallopian tubes, called prophylactic bilateral salpingo-oophorectomy. The procedure is about 96 percent effective in preventing ovarian cancer (in 3 to 4 percent of cases, cells in the surrounding abdominal cavity turn cancerous).

DIAGNOSIS AND TREATMENT

Short of prevention, a woman's best defense against ovarian cancer is early detection. Signs of the disease include abdominal bloating and discomfort, vague but persistent digestive upsets, a frequent need to urinate and unexplained changes in bowel habits. Early on, symptoms are rarely intense, so it pays to be attuned to your body. "If you're feeling off for more than a few weeks, don't wait to see your doctor," says Judith Wolf, M.D., an assistant professor of gynecologic oncology at the University of Texas M. D. Anderson Cancer Center, in Houston. Make sure your annual gynecological checkup includes a thorough recto-vaginal exam. Feeling inside the rectum is necessary to check size and shape of the ovaries—critical information for diagnosing cancer. If an abnormality is detected, a sonogram and test to screen for elevated levels of CA125, a substance produced by ovarian tumors, should be arranged. Additional visualizing tests—a color Doppler ultrasound or a pelvic CAT scan—are also helpful.

Unfortunately, none of these methods is perfect. All can miss tumors, and many conditions can trigger false positives, such as benign fibroid cysts and endometriosis.

If a patient's test results show any suspicion of cancer, she'll need exploratory surgery. It's wise to have the procedure performed by a certified gynecological oncologist, who may be more experienced in recognizing and removing any growths that turn out to be cancerous. (Call the Gynecologic Cancer Foundation, 800-444-4441, for a referral).

The extent of treatment depends on the location, stage and aggressiveness of the cancer. Doctors try to preserve fertility by limiting surgery *(continued)*



(continued) to areas immediately affected, especially if the patient is young and wants to have children. But in women not concerned with future fertility, it's common for doctors to perform a total hysterectomy. Following surgery, cancers are typically treated with chemotherapy.

PROMISING RESEARCH

There is clearly an urgent need for more effective means of catching the cancer early, when more than 90 percent of cases are curable. Researchers have found that monitoring changes in women's CA125 scores over time may be a more accurate indicator of early-stage ovarian cancer than a one-time test.

In an ongoing study of more than 500 women, about 90 percent of early ovarian cancers were detected by a new test that measures levels of lysophosphatidic acid (LPA), a substance that stimulates the growth of ovarian tumors. A larger clinical trial may begin as early as this year.

For now, the CA125 test is used

When to Worry About Bloating

A main symptom of ovarian cancer, bloating is caused by extra fluid or tumor growth. Of course, it has many benign causes, too, such as menstrual disorders. But you should see a doctor if you notice the following signs, says Gerson Weiss, M.D., professor and chairman of the department of obstetrics and gynecology at New Jersey Medical School, in Newark:

- Bloating confined to the abdomen
 - Bloating that's not due to your monthly cycles
 - Bowel or bladder changes
 - Bloating that has intensified
- Mary Mertz

Are Fertility Drugs Safe?

Women with fertility problems often worry that taking fertility drugs today could bring on ovarian cancer tomorrow.

Since drugs send the ovaries into overdrive, producing and releasing more eggs than normal, it is conceivable that they could promote cancer, says Elizabeth Poynor, M.D., a gynecological surgeon at Memorial Sloan-Kettering Cancer Center, in New York City. Some studies have even linked treatments to the cancer. But the findings are controversial.

According to Poynor, increased risk was found only in women treated with ovulation drugs for twelve cycles or more; doctors no longer give the drug for such extended periods. And infertility itself may be the problem—in a recent Danish study, treatments didn't increase a woman's risk of ovarian cancer, but being infertile elevated her chances by about one and a half times.

Although there are still no guarantees that fertility treatments are safe, these findings are reassuring. What's more, treatment that results in pregnancy seems to reduce the risk for ovarian cancer.

for monitoring only high-risk women and survivors, not for general screening, and the LPA test is still being studied. Both have about a 2 percent false-positive rate that could lead healthy women to costly tests and unnecessary surgery.

That could soon change, however. Doctors believe that combining the two tests could boost their sensitivity, possibly leading to fewer false positives. "We already know that in some cases when the LPA test misses ovarian cancer, the CA125 test picks it up and vice versa," says Gordon Mills, M.D., chairman of molecular oncology at the M.D. Anderson Cancer Center.

At Northwestern University, Fishman and his colleagues are developing what they call an ovarian Pap smear. A tiny probe is inserted into the abdomen to remove cells for analysis. The procedure is only slightly more invasive than

amniocentesis. It's hoped that pathologists will be able to use this method to detect very early cancers.

Researchers are looking for other diagnostic and treatment tools. A study at the University of Kentucky, in Lexington, found that a transvaginal ultrasound may also help detect ovarian cancer at an earlier stage, increasing a woman's chances of survival. And at the M. D. Anderson Cancer Center, doctors hope they have found a way to preserve fertility in young women with an unusual type of ovarian cancer called dysgerminoma without compromising survival. In a recently published study of twenty-six women, sixteen had fertility-sparing surgery and chemotherapy, and fourteen maintained normal menstrual cycles. Five of those women have since become pregnant.

Rosemary Rayman is excited about such breakthroughs. At thirty-seven, she's disease free—but acutely aware that her cancer could come back at any time. "Better early detection methods could make all the difference," she says. "Then women like me won't have to keep hoping for miracles." ■

Kathleen McAuliffe is a frequent contributor to Ladies' Home Journal.