Ovarian Cancer

Although twelve years have passed since the untimely death of comedy's pint-size dynamo, Gilda Radner's legacy as a victim of ovarian cancer has brought greater focus to this silent disease.

Ovarian cancer is one of the most common forms of gynecologic malignancies. According t the American Cancer Society, it is the fourth most frequent cause of cancer death. This year alone, over 25,000 women will be diagnosed with the disease, and about 14,000 will die.

There are three major types of ovarian cancer. The first is epithelial carcinoma, which arises from the cells covering the surface of the ovaries. This accounts for 80% of all ovarian cancer cases.

The second is germ cell tumors, which develops in the eggs. This is usually seen in a young woman, and is unfortunately very aggressive and fast growing. This type is often fatal within one to two years.

The third is ovarian stromal tumors, which develops in the connective tissue.

Ovarian cancer spreads by releasing malignant cells into the abdominal cavity. It can grow on the surface of the liver; fatty tissues attached to the stomach, intestines, bladder and diaphragm.

Ovarian cancer can also spread to the lung and chest cavity, as well as to the pelvic, aortic, groin and neck lymph nodes.

When discovered in an early stage, ovarian cancer is highly treatable, even curable. However, because symptoms do not occur until later stages, this cancer is rarely diagnosed early.

The symptoms present themselves in many forms. The most common symptom is abdominal pressure, bloating and discomfort. A woman may feel bloated as a result of pressure caused by a growing tumor. Distention and abdominal pressure may result from a buildup of fluid (ascites).

Other symptoms can include: nausea, indigestion, and gas; frequent urination, constipation or diarrhea; vaginal bleeding (rare); fatigue; unexplained weight gain or loss; and shortness of breath. In advanced stages, ovarian cancer may cause intestinal blockage, resulting in severe nausea, vomiting, pain and weight loss.

The risk of ovarian cancer increases with age, peaking when a woman hits her eighties. Women who have never given birth are more likely to develop this malignancy.

Women with a familial history of breast, colon, and/or ovarian cancer also have an increases risk. Mutations in chromosomes BRCA1 and BRCA2, which are markers for breast, colon and ovarian cancers, can be prevalent in certain families. This mutation can also be inherited through males.

Other risk factors associated with ovarian cancer are: having breast cancer; use of talc (which at one time contained asbestos); the use of fertility drugs without resulting in pregnancy; high fat diet; Jewish descent; and living in an industrialized country (excluding Japan).

Currently, accurate screening for routine use is not available. Diagnosis often occurs through vaginal/rectal exams, transvaginal ultrasound, CA-125 blood tests (CA-125 substance increases when ovarian cancer cells are present); and surgical biopsy.

Once diagnosed, treatment options can include surgery, radiation and chemotherapy; depending upon the type and stage of development.

When the tumor is localized, surgery may involve only the removal of one or both ovaries. Sometimes a hysterectomy with the additional removal of the fallopian tubes may be performed. However, when the cancer has spread, the surgeon will remove as much of the tumor as possible (called tumor debulking), and then send the patient for radiation treatments or chemotherapy.

Chemotherapy may be used to attack the cancer cells left behind after surgery. The response to the drugs depends upon the amount of remaining cells.