FOCUS ON OVARIAN CANCER

Paul Celano, MD, FACP

Ovarian cancer affects more than 24,000 women and accounts for approximately 14,000 deaths in the United States each year. *It is the fifth leading cause of cancer deaths among women in the United States and Europe and is the most deadly of the gynecological malignancies.* Although the incidence of ovarian cancer is only 17 cases per 100,000 women overall, the incidence is much higher in older women with a peak adjusted rate of 54 per 100,000 women 70-79 years old. The median age at diagnosis is 61 years. Patients with familial ovarian cancer, which represents about 5% to 10% of cases, tend to be diagnosed almost a decade earlier.

The most important risk factor for the development of ovarian cancer is having a known genetic predisposition or a family history of a first-degree relative. Women who are carriers of germ-line mutations in the BRCA1 and BRCA2 genes have a range of 16% to 40% estimated risk of developing ovarian cancer by the age of 70, compared with a lifetime risk of only 1.7% in the general population.

Approximately 70% of women present with advanced disease. Most will respond to initial therapy; however, the relapse rate is high, and the five-year survival of patients with advanced disease is 25% to 35%. Favorable prognostic factors include young age, cell type other than clear cell or mucinous, lower stage, good performance status, small residual tumor volume, and absence of ascites. Of note, patients with BRCA1 mutations may have a more favorable prognosis than those without this mutation.

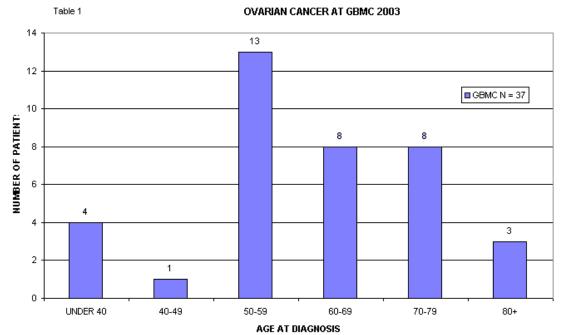
In 2003, ovarian cancer was the third most commonly diagnosed gynecological malignancy treated at Greater Baltimore Medical Center. There were 37 analytic cases diagnosed during this period. The median age at diagnosis was 60 years. See Table 1: Age at Diagnosis. The percentage of patients at each stage at diagnosis was: Stage I –27% Stage II –19%, Stage III – 43% and Stage IV – 14%. See Table 2: Stage at Diagnosis. The stage distribution of ovarian cancer patients seen at GBMC is comparable to national statistics when data is adjusted for comparable histologic subtypes.

GBMC offers a comprehensive multidisciplinary approach for patients with ovarian cancer. This often includes aggressive surgical resection and chemotherapy. Patients with ovarian cancer may participate in national clinical trials offered through the Gynecological Oncology Group and other organizations. In addition, patients are screened for possible genetic risks and are offered formal genetic testing when indicated.

At GBMC, 60% of Stage I patients were treated with surgery alone and 40% underwent both surgery and chemotherapy. In contrast, over 90% of patients presenting in Stage II, Stage III or IV received both surgery and chemotherapy. These treatment patterns of GBMC patients are in keeping with national standards of care. Furthermore, GBMC had 28 patients participate in ovarian cancer directed clinical trials during the past three years.

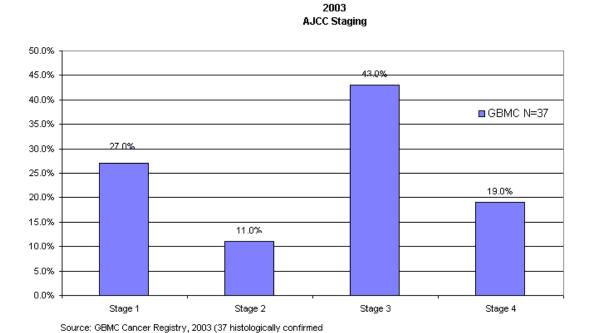
The treatment approach at GBMC has been somewhat more successful than national averages. Ovarian cancer patients at GBMC exceed national averages even when compared on a Stage-specific five-year survival basis. See Table 3: Five-year Survival.

The Cancer Center at GBMC performs comprehensive genetic assessment of patients and the relatives of patients with ovarian cancer. This evaluation is done in conjunction with the GBMC Harvey Institute of Genetics. Since 1999, 30 women with a personal history of ovarian cancer and nearly 100 women with a family history of ovarian cancer have been evaluated for genetic testing at GBMC.



Source: GBMC Cancer Registry, 2003 (37 histologically confirmed analytic cases)

Table 2



Ovarian Cancer

