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Ovarian cancer is an elusive killer

Women are urged to be aware of possible signs

By Darla Carter • dcarter@courier-journal.com • February 11, 2010

Pat Isenberg was blindsided by advanced ovarian cancer nearly seven years ago.

"I was in total shock because I had never heard of ovarian cancer before," said Isenberg, 63, of Louisville, who was diagnosed in May 2003.

Also, "I had been to my gynecologist in the fall. I'd had a complete checkup. I thought (the) Pap smear would check everything. I didn't even know that it didn't cover ovarian cancer."

Cervical cancer can be detected with a Pap smear, and breast cancer can be detected with mammography. But there is no routine screening tool for ovarian cancer, which causes more deaths than any other cancer of the female reproductive system.

As part of a research study, the University of Kentucky has a statewide ovarian cancer screening program that allows women who meet certain criteria to be checked in Lexington or a satellite location elsewhere in the state.

But for the typical woman, who is not in such a program, ovarian cancer often goes undetected until it has progressed beyond the early stages, and it can be like a needle in a haystack.

"It's just very hard to find," said Dr. Daniel Metzinger, a gynecologic oncologist at the University of Louisville's James Graham Brown Cancer Center.

And "once you get the cancer, it progresses rapidly, so we need something that can really detect it early," he said.

Research is under way at Brown and elsewhere to try to do just that. But in the meantime, raising awareness is important, especially among women who've never heard of ovarian cancer or have misconceptions about it. That's according to Isenberg and other members of Ovarian Awareness of Kentucky (O.A.K.), a support and resource organization for people affected by gynecologic cancers, such as ovarian cancer.

When it comes to knowledge of ovarian cancer, some "people really don't have a clue," said Joy Hannah, 69, of Louisville, who's an O.A.K. member and an ovarian cancer survivor.

Figures from 2001-2005 show ovarian cancer on the decline nationally, according to the American Cancer Society. But it still takes thousands of lives.

The cancer society estimates there were about 21,550 new cases of ovarian cancer diagnosed in the United States last year and some 14,600 deaths.

"Early stage ovarian cancer is actually pretty curable, as much as breast cancer or any other cancer," said Metzinger, who's an assistant professor in the UofL department of obstetrics

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and gynecology and an associate scientist at the Brown center.

But most of the time “we find it in an advanced stage,” he said. “That’s why it’s so deadly.”

More treatable early

If ovarian cancer — which is less common than breast and lung cancer — is found and treated before it has spread outside the ovary, the five-year survival rate is about 93 percent. But less than 20 percent of all ovarian cancers are found that early, according to the cancer society.

Contributing to the problem is that “early ovarian cancer often doesn’t produce any specific symptoms; therefore, patients don’t know that anything is wrong,” said Dr. John R. van Nagell, director of gynecologic oncology at the UK Markey Cancer Center.

And when symptoms, such as bloating and frequent urination, do occur, they may be shrugged off by women and even their doctors since the complaints are somewhat generic and can stem from other conditions.

Isenberg’s symptoms included lower back pain, fatigue and pain during sex, which aren’t among the top four signs but do appear on some symptom lists.

“As women, we don’t run to the doctor with every one of our little symptoms,” said Isenberg, who lives in the Pleasure Ridge Park area. “I just kind of wrote these all off, or whatever, until I reached the point that anytime I would eat anything, I would get sick at my stomach.”

Finding a specialist

Isenberg was initially told that she probably had a gallbladder problem but eventually learned she had cancer. A physician, who was not a cancer specialist, told her that she had three to six months to live.

Isenberg’s daughter, Renee Lewis, researched the condition on the Internet and found that a gynecologic oncologist would be her mother’s best bet for survival.

Dr. Jeffrey Goldberg, a local gynecologic oncologist, “did 9½ hours of debulking surgery on me,” Isenberg said. “He removed pretty much everything inside — my spleen, everything.”

Then she entered a chemotherapy trial, receiving more rounds than typical. A half dozen years later, she is considered a success story because she is still alive and has had no recurrences. “I have been very, very blessed,” she said.

Now Isenberg works with other O.A.K. members to tackle myths, such as the one she had about Pap smears.

Ovarian cancer won’t necessarily be picked up during a pelvic exam either, said van Nagell, an [American Cancer Society](#) professor of clinical oncology.

But there are exceptions. “I was very, very, very fortunate,” said Hannah, whose doctor felt her tumor during a routine pelvic exam. “... It was a grapefruit-sized tumor,” but “we’ve got gals in

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our group who had two of those and they did not find them.”

Hannah had experienced most of the main symptoms, including bloating, pelvic and abdominal pain, difficulty eating and feeling full quickly, but because stomach problems had been commonplace all her life, she shrugged them off.

“I pretty well lived with them,” never thinking cancer, she said.

Signs identified

At one time, ovarian cancer was considered a silent killer because of a seeming lack of symptoms. But in 2007, the Gynecologic Cancer Foundation, working with several other groups, issued the first national consensus on ovarian cancer symptoms. It stated that certain symptoms, such as bloating, abdominal pain and frequent urination, are more likely to occur in women with ovarian cancer than women in the general population.

A study published in the Journal of the National Cancer Institute this year, however, found that 100 women with symptoms would need to be evaluated to detect one woman with early stage ovarian cancer.

Nevertheless, van Nagell said women shouldn't ignore warning signs.

“If a woman has symptoms of bloating or early satiety or pelvic fullness that occurs after the age of 50 and (this) is sudden in onset, I think they should be evaluated and at least have a pelvic examination,” he said. Granted, “most women who have those symptoms won't have ovarian cancer, but I still think you should consider at least that possibility.”

Metzinger thinks women with symptoms should be examined “right away.”

Other steps a physician might take include ordering a pelvic ultrasound or CT scan to try to see if there's a tumor and requesting a blood test for the tumor marker CA125 to see if it's elevated, Metzinger said.

Screening by UK

In UK's screening program, which is part of a research trial, annual imaging is done to spot tumors. If a suspicious mass is found, then CA125 and other blood tests are done to try to determine the woman's cancer risk.

The program accepts women older than 50 who have no symptoms and women older than 25 who have a documented family history of ovarian cancer.

Since the program began in the mid-1980s, more than 32,000 women have received free screening, about 400 tumors have been detected and more than 40 ovarian cancers have been found, said van Nagell, the program director.

The goal of the program is to find ovarian cancers early and increase survival. “In those women whose ovarian cancers have been detected by screening, their survival rate is almost double that of women that didn't have screening,” van Nagell said.

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What you can do

Although the cause of most ovarian cancers is unknown, there are some things that seem to reduce the risk, such as tubal ligation and hysterectomy, according to the cancer society.

Other things that are thought to be protective include taking birth-control pills, especially in the 20s and 30s, and pregnancy, van Nagell said.

Breastfeeding and watching your weight also may help. Some studies show "a relationship between obesity and ovarian cancer," he said, "so I think that you're probably better off if you are normal weight."

Reporter Darla Carter can be reached at (502) 582-7068.

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