Better tools needed to detect ovarian cancer, report concludes

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Numerous times after Amy Brannock was diagnosed and treated for ovarian cancer, a screening test showed her illness remained in remission.

In fact, it had spread.

"I was, as you can imagine, just really devastated," said Brannock, 52, of Durham, N.C.

Such false reports are unfortunately common among the only screening technologies available for ovarian cancer, a disease that killed an estimated 15,500 women last year in the United States.

In a report published in Thursday's New England Journal of Medicine, Brannock's doctor, Dr. Daniel L. Clarke-Pearson, analyzes the state of science for a blood test and an imaging tool used to detect ovarian cancer.

Both, he concludes, are inadequate.

"It's not the message people want to hear," said Clarke-Pearson, chairman of the University of North Carolina-Chapel Hill department of Obstetrics and Gynecology.

He said two large studies currently under way in the United States and England may provide more insights, but current data are not heartening,

particularly for people who, like Brannock, have no family histories of reproductive cancers.

Compounding the lack of good screening tools is the insidious nature of the disease. Many women have no symptoms, and others ignore vague sensations that often don't arise until the cancer has spread throughout the abdomen.

When the cancer is advanced, Clarke-Pearson said, only 30 percent of patients live five years or more.

"On the flip side, if caught when still confined to the ovary, 90 percent of women survive (beyond five years)," Clarke-Pearson said.

For that reason, he said good screening technologies could lead to earlier interventions and save lives, just as the mammogram has done for breast cancer and as the PSA test has done for prostate cancer.

There are some successes for the current two screening methods for ovarian cancer.

One, a form of ultrasound, is good at detecting problems in a woman's ovaries, but it's expensive and isn't routinely used unless a woman has symptoms or a strong family history of cancer.

It also can flag problems that may not be cancer, leading to unnecessary and costly interventions. Only surgery can confirm cancer, so women too often undergo the removal of what turn out to be healthy ovaries.

Another test, the kind Brannock relied on for three years after her cancer was diagnosed, measures a marker in the blood that has been associated with ovarian cancer. When it's elevated, cancer is suspected.

But that marker can be elevated for other reasons, including menstruation. And there are many false negatives, as Brannock can attest.

For now, Clarke-Pearson said, only women at high risk of ovarian cancer should get routine screenings, preferably a combination of the blood test and the ultrasounds. And all women should be alert to the often subtle symptoms, including bloating, increased urgency to urinate and a sense of feeling full soon after eating.

Brannock said those symptoms are important. Her cancer, diagnosed in 2001, was caught at an early stage after she thought she was having appendicitis. Now eight years later, she is on regular chemotherapy and hopes to live another 20 years.

"I have a tremendous amount of hope," she said. "I'm living with ovarian cancer, with the emphasis on living."

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SYMPTOMS OF OVARIAN CANCER

• Bloating

• Pelvic pain

• Difficulty eating, or feeling full

• Urgent or frequent need to urinate

Fatigue, indigestion, back pain and constipation

Source: Women's Cancer Network