

Ovarian cancer is hard to detect

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Intermediate magnification micrograph of a low malignant potential (LMP) mucinous ovarian tumour. H&E stain. The micrograph shows: Simple mucinous epithelium (right) and mucinous epithelium that pseudo-stratifies (left - diagnostic of a LMP tumour). Epithelium in a frond-like architecture is seen at the top of image. Credit: Nephron /Wikipedia. CC BY-SA 3.0

Ovarian cancer is estimated to affect more than 22,000 women each year and is the fifth leading cause of cancer deaths among women, according to American Cancer Society.

Unlike other gynecologic cancers, there are no screening tests for ovarian cancer. While some [women](#) diagnosed with ovarian cancer have elevated levels of the CA 125 protein, the associated blood test is not accurate enough for ovarian cancer screening, as many noncancerous conditions can increase the CA 125 level.

Ovarian cancer is hard to detect in its early stages due to its vague symptoms. Women may experience constipation, bloating, early satiety after eating and back pain. While ovarian cancer tends to occur in [post menopausal women](#), anyone can be at risk. A number of factors, including smoking, endometriosis, polycystic ovary disease, and obesity can raise a woman's risk for the disease.

About 20 percent of all [ovarian cancers](#) are caused by a genetic mutation. The genes most likely to increase the risk of ovarian cancer are BRCA1 and BRCA2. These genes also affect a woman's risk of breast cancer. Genetic mutations that cause Lynch syndrome, an inherited condition associated with colon cancer, also raise a woman's risk of ovarian cancer.

Over the past two decades, there were few options to treat ovarian cancer other than surgery and chemotherapy. And recurrence of the disease was common.

"Ovarian cancer, thankfully, does respond really nicely to surgery and chemotherapy. But unfortunately, in roughly 70 percent of patients, we do see recurrence," says Dr. Andrea Wahner Hendrickson, a Mayo Clinic oncologist.

But thanks to research by Wahner Hendrickson and her colleagues, patients now have additional—and sometimes more effective—options for treatment, including individualized medical therapy and immunotherapy.

Currently there are more than 1,350 clinical trials for ovarian cancer, including a vaccine trial aimed at preventing recurrence.

Since not all tumors respond to every treatment, Dr. Wahner Hendrickson recommends all ovarian cancer patients undergo genetic testing to see which therapy might work best for them.

"Thanks to the innovations, I think there's a lot of promise and hope in the treatment of ovarian [cancer](#)," says Wahner Hendrickson.

She encourages women of all ages to see their physician if they experience abnormal signs or symptoms.

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