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Simple ovarian cancer symptom survey that checks for six warning signs may improve early detection

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A simple three-question paper-and-pencil survey, given to women in the doctor's office in less than two minutes, can effectively identify those who are experiencing symptoms that may indicate ovarian cancer, according to a study by researchers at Fred Hutchinson Cancer Research Center. The study represents the first evaluation of an ovarian cancer symptom-screening tool in a primary care setting among normal-risk women as part of their routine medical-history assessment. The results are published online in the *Open Journal of Obstetrics and Gynecology*.

Early detection of ovarian cancer is key to survival. Cure rates for those diagnosed when the disease is confined to the ovary are approximately 70 percent to 90 percent. However, more than 70 percent of women with ovarian cancer are diagnosed with advanced-stage disease, when the survival rate is only 20 percent to 30 percent.

The researchers evaluated the effectiveness and feasibility of several different symptom screening surveys. After a few tweaks to formatting and content, the version that proved most effective contained three questions that asked whether a woman was currently experiencing one or more of the following symptoms, all of which have been identified previously as potentially indicative of ovarian cancer:

- Abdominal and/or pelvic pain

- Feeling full quickly and/or unable to eat normally
- Abdominal bloating and/or increased abdomen size

The survey also asked about the frequency and duration of these symptoms: how many days a month and for how long?

"Symptoms such as pelvic pain and abdominal bloating may be a sign of ovarian cancer but they also can be caused by other conditions. What's important is to determine whether they are current, of recent onset and occur frequently," said lead author M. Robyn Andersen, Ph.D., a member of the Hutchinson Center's Public Health Sciences Division. Previous research by Andersen and colleagues has found that about 60 percent of women with early-stage ovarian cancer and 80 percent of women with advanced disease report symptoms that follow this distinctive pattern at the time of diagnosis.

"Women with symptoms that are frequent, continual and new to them in the past year should talk to their doctor, as they may be candidates for further evaluation with ultrasound and blood tests that measure markers of ovarian cancer such as CA-125," she said. "Recent research indicates that approximately one in 140 women with symptoms may have ovarian cancer. Aggressive follow-up of these symptoms can lead to diagnosis when ovarian cancer can be caught earlier and more effectively treated."

The study involved 1,200 women, age 40 to 87, who were seen in a Seattle women's health clinic. More than half of the study participants reported being postmenopausal and approximately 90 percent were white. About half of the clinic visits were for a current health concern or for follow-up of a health problem reported at an earlier visit. The other half were for routine appointments such as mammography screening.

Of those surveyed, 5 percent had a positive symptom score that indicated the need for further testing. Of this group of about 60 women,

one was diagnosed with ovarian cancer shortly thereafter. Of the 95 percent of women who tested negative on the symptom survey, none developed ovarian cancer during a 12-month follow-up period, which attests to the accuracy of the screening tool.

Those who reported current symptoms on the questionnaire or reported other medical concerns scored higher than those who did not. Non-white women were also about twice as likely to receive a positive symptom score as compared to white women.

"If ovarian cancer screening using symptoms is widely adopted, maximizing the specificity of screening programs will be important," the authors wrote. "Until better biomarkers are identified and tested, collecting information about symptoms appears to have promise."

The bottom line, Andersen said, is that the screening tool can be used easily in a primary-care setting, is acceptable to patients and providers, and identifies women with symptoms that are worthy of concern with minimal false-positive results.

The study questionnaire that was tested in the clinic was based on a symptom-screening index developed in 2006 by Andersen and co-author Barbara Goff, M.D., professor and director of Gynecologic Oncology at the University of Washington School of Medicine.

Provided by Fred Hutchinson Cancer Research Center

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