

Ovarian Cancer:

Reducing the Burden



The Burden of Ovarian Cancer

Thousands Still Die

The American Cancer Society predicts that about 23,300 new cases of ovarian cancer will be diagnosed in 2002, and 13,900 women will die. Among U.S. women, ovarian cancer is the seventh most common cancer and the fifth leading cause of cancer death after lung and

bronchus, breast, colorectal, and pancreatic cancers. A woman in the United States has about a 1 in 60 chance of developing ovarian cancer during her lifetime.

Although the U.S. incidence rate has changed little since 1973, the

mortality rate has decreased by about 12%. The age-adjusted incidence rate was higher in 1999 for white women—17.6 per 100,000—compared with 13.1/100,000 for Asians or Pacific Islanders, 12.0/100,000 for Hispanics, and 11.8/100,000 for blacks.

Who Is at Risk?

Although most cases of ovarian cancer occur in women age ≥ 50 years, the disease can occur in younger women. The most common form—epithelial—is usually diagnosed in women age ≥ 40 years, the age at which risk begins to increase. A woman's

chance of having ovarian cancer increases if she has one or more close relatives (mother, daughter, or sister) with the disease. Rarely, women may inherit genes that increase the risk for ovarian cancer substantially. Women with a history of breast, endometrial, or colon

cancer also have a greater chance of developing ovarian cancer than women who have not had these cancers. Several factors have also been identified that appear to decrease a woman's risk, including childbearing and the use of oral contraceptives.

The Challenges of Reducing Morbidity and Mortality

Only about 25% of ovarian cancers are diagnosed at an early stage. Approximately 60% of cases are diagnosed after the cancer has spread, when the 5-year survival rate is close to 30%. Symptoms of

ovarian cancer tend to be non-specific and can mimic non-gynecologic conditions, such as bloating and abdominal pain. Currently, no screening test has been shown to reduce the risk of dying from

ovarian cancer. However, several potential screening methods are being tested, including transvaginal ultrasound and the measurement of tumor markers such as CA 125.





“Despite the fact that there is not a proven screening method for ovarian cancer, opportunities exist in public health to reduce the burden of the disease.”

*James S. Marks, MD, MPH, Director
National Center for Chronic Disease Prevention
and Health Promotion*

CDC Activities Target Ovarian Cancer

Since 2000, Congressional funding has allowed the Centers for Disease Control and Prevention (CDC) to develop public health activities aimed at reducing ovarian cancer morbidity and mortality. To identify unmet public health needs, CDC convened a workshop in November 2000 of leaders from state health departments and ovarian cancer advocacy groups, as well as physicians and scientists from federal agencies, medical

centers, and cancer treatment programs. Participants identified several priority public health activities and research needs. The report is available on the Internet at <http://www.cdc.gov/cancer/ovarian/workshop.htm>. CDC is using this information to help guide future research and health communication activities related to ovarian cancer.

Ongoing Projects

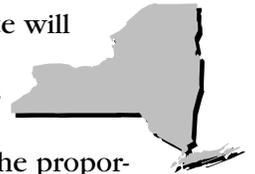
Several studies are already underway at CDC-funded Prevention Research Centers. These include multi-year research projects at the Center for Health Promotion and Prevention Research at the University of Texas in Houston and The School of Public Health at the University of Alabama in Birmingham. The primary objective of these studies is to identify factors that distinguish women in whom ovarian cancer is diagnosed at stages 1 and 2 from those diagnosed at later stages.

The University of Texas in Houston was also funded, along with the Oklahoma University Health Sciences Center, to conduct a multi-year study to identify how women decide to seek medical care for nonspecific symptoms. Through personal interviews these projects will explore the frequency of symptoms similar to those related to ovarian cancer, as well as factors associated with decisions to seek medical care for these symptoms.

CDC has also funded state tumor registries in California, Maryland, and New York to analyze ovarian cancer treatment data obtained



from medical record reviews. Each state will conduct a 3-year study of 500 cases



from its cancer registry. The objectives of the study are to determine the proportion of women treated initially by a gynecologic oncologist and to learn more about the first and second course of cancer treatment provided.

In addition, CDC funded Battelle Centers for Public Health Research and Evaluation to review medical literature on clinical management of nonspecific abdominal and pelvic symptoms potentially caused by ovarian cancer. This review will support development of evidence-based guidelines for primary care providers to evaluate women with nonspecific complaints possibly related to ovarian cancer.

In 2002, CDC will award additional funding to several state health departments to implement ovarian cancer activities that were identified and prioritized in their cancer control plans.

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