

Ovarian Cancer:

Reducing the Burden



The Burden of Ovarian Cancer

The American Cancer Society predicts that in 2003, about 25,400 new cases of ovarian cancer will be diagnosed and 14,300 women will die of the disease. 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. Ovarian cancer causes more deaths than any other type of gynecologic cancer and accounts for 5% of all cancer deaths among women.

Although the U.S. incidence rate has

changed little since 1973, the mortality rate has decreased by about 12%. In 1999, the age-adjusted incidence rate for white women—17.6 cancers per 100,000 women—was higher than the corresponding rates for Asians/Pacific Islanders (13.1), Hispanics (12.0), and blacks (11.8).

Who Is at Risk?

Although most cases of ovarian cancer occur in women aged 50 years or older, the disease can occur in younger women. The most common form—epithelial—is usually diagnosed in women aged 40 years or older; risk for all forms of the disease begins to increase at age 40.

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 substantially increase the risk for ovarian cancer. 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. These include 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% are diagnosed after the cancer has spread, when the 5-year survival rate is close to 30%. Symptoms of ovarian cancer,

such as bloating and abdominal pain, are often similar to those of other health conditions.

No screening test has yet 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 Targets Ovarian Cancer

In 2000, the Centers for Disease Control and Prevention (CDC) began to develop public health activities aimed at reducing ovarian cancer morbidity and mortality. CDC convened a workshop in November of that year entitled "Identifying Public Health Opportunities to Reduce the Burden of Ovarian Cancer." Attendees included 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. These experts agreed

that although a satisfactory screening test for ovarian cancer was not yet available, there were important opportunities to reduce illness and death caused by the disease.

A copy of the workshop report is available at the CDC ovarian cancer Web site (<http://www.cdc.gov/cancer/ovarian/index.htm>). Information developed at this workshop is being used to guide research and health communication activities related to ovarian cancer.

Ongoing Projects

Several studies are under way at CDC-funded Prevention Research Centers. These include multiyear research projects at the University of Texas Health Science Center at Houston and at the University of Alabama at Birmingham. The primary objective of these studies is to identify factors that distinguish women with ovarian cancers that were diagnosed at stages I and II from those with cancers diagnosed at later stages.

The University of Texas Health Science Center at Houston is also funded, along with the University of Oklahoma Health Sciences Center, to conduct multiyear studies of how women decide to seek medical care for nonspecific symptoms such as those related to ovarian cancer. These projects are investigating the frequency of symptoms as well as factors associated with decisions to seek medical care.

completeness of registry data on ovarian cancer staging will also be evaluated.

Battelle Centers for Public Health Research and Evaluation has received CDC funding to review medical literature on clinical management of nonspecific abdominal and pelvic symptoms potentially caused by ovarian cancer. This review is supporting the development of evidence-based guidelines for primary care providers.

In 2002, CDC funded Alabama, Colorado, and West Virginia to implement ovarian cancer projects identified in each state's comprehensive cancer control plan. The Alabama Cancer Prevention and Control Program is developing targeted messages to 1) enhance public understanding of familial risk factors associated with ovarian and breast cancers, and 2) educate primary care providers about the subtle symptoms associated with ovarian cancer.

CDC is funding state tumor registries in California, Maryland, and New York to analyze ovarian cancer treatment data obtained from medical record reviews. This is a 3-year study to determine the proportion of women treated initially by gynecologic oncologists and to learn more about the first and second courses of treatment, their outcomes, and survival. The quality and

The Colorado Comprehensive Cancer Prevention and Control Program is educating medical providers about ovarian cancer so they can provide quality advice and care to patients. And in West Virginia, the Bureau for Public Health's Comprehensive Cancer Control Program is increasing public awareness of ovarian cancer and its early, subtle signs and symptoms.

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