

BEAUTY & HEALTH

Silent No More

At last there's consensus about symptoms that could allow ovarian cancer to be detected at an earlier, more treatable stage. *By Lorie A. Parch*

SYMPTOMS

For years ovarian cancer has been known as “the silent killer” because its stealthy approach usually meant that diagnosis came too late; 16,000 women in the U.S. will die of it this year. But last summer, health experts issued a list of symptoms they say are likely to occur in women who have the disease, even in the early stages, when it's far more curable. (Ninety percent of women treated in stage 1 will survive beyond the five-year mark.) These signs include bloating, pelvic or abdominal pain, having difficulty eating or feeling full quickly, and frequent urination or feeling the urge to empty one's bladder often. The problem: many women have these symptoms without having cancer, particularly before their menstrual period or during perimenopause, says Elizabeth Poynor, M.D., a gynecologic oncologist in New York City. “But if there is something new and different for you and the symptoms persist [almost daily for more than a few weeks], you need to search out a medical provider who will pay attention to them.” If your doctor doesn't, consider finding another. Tuning in to your body and checking out any of these lingering signs—even if they seem vague—may make the difference between an early diagnosis and cure and a far more dire outcome. “You have to be very, very astute to the subtle changes that are happening,” stresses actress Fran Drescher, the founder of Cancer Schmancer (cancerschmancer.org) and a uterine-cancer survivor. “If you wait until the symptoms become really blatant, a gynecological cancer can become more advanced than you want it to be.”

DIAGNOSIS

Figuring out whether those nagging signs do indeed indicate cancer is no simple matter. “We don't have tests for the disease that are sensitive and specific,” says Linda Duska, M.D., a gynecologic oncologist at Massachusetts General Hospital, in Boston, and a member of the National Ovarian Cancer Coalition medical advisory board (ovarian.org). That means the most-used tests for diagnosing ovarian cancer—a transvaginal ultrasound, a rectovaginal exam (in which a physician inserts her fingers into the vagina and the rectum to feel for swelling, growths or tenderness) and a CA-125 test (which measures the

level of a cancer antigen in the blood)—are imperfect. They're not accurate at finding the disease early, and results may indicate that you have cancer when you don't. Whatever you do, don't skip your yearly pelvic exam, which can help spot ovarian cancer, says Duska. (A Pap smear detects cervical cancer.)

Screening is a different story for women in high-risk groups, meaning those with a family history of breast or ovarian cancer or those who may harbor the BRCA1 or BRCA2 gene mutation. “In these groups,” says Poynor, “a CA-125 and an ultrasound might be [more] useful for early detection.” Women at high risk should be tested every six months or however often their physician recommends, and they can consider having their ovaries removed once they've finished having children (an option that postmenopausal women, too, may want to discuss with their doctors).

TREATMENT

“The cornerstone of treatment for ovarian cancer remains surgical removal of the tumor, along with chemotherapy,” Poynor says. “Most recently, intraperitoneal therapy, in which chemotherapy is delivered directly to the abdomen, has been demonstrated to help women survive longer.” A study in the *New England Journal of Medicine* found that women with stage 3 cancer who received chemotherapy abdominally—versus through a traditional IV—lived about a year longer. (Unlike with other types of cancer, radiation is rarely used.) Experts are optimistic, too, about the drug bevacizumab (Avastin), which is being tested in clinical trials on epithelial ovarian cancer (the most common kind in older women); they're also hopeful about using proteomics, the large-scale study of proteins, to uncover biomarkers, which can help with diagnosis. “With one drop of blood or saliva we can screen for any protein aberrations that are specific for ovarian cancer,” explains Benedict Benigno, M.D., the founder and CEO of the Ovarian Cancer Institute, in Atlanta (ovariancancerinstitute.org). “The exact antidote to the protein will target and kill only cancer cells and harm not a hair on the patient's head,” Benigno says. “That is right around the corner in my opinion, in five or ten years.” ❧

Since 1997, L'Oréal Paris has raised more than \$13 million for the Ovarian Cancer Research Fund (ocrf.org). Support the company's campaign by purchasing products in its new Color of Hope Cosmetics Collection.