

Ovarian Cancer - To Screen or Not to Screen

Arlene Evans-De Beverly, PA-C

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Every few years, there is an e-mail that makes the rounds. It is a very sad story of a young woman who was diagnosed far too late in the ovarian cancer process, to save her life. Certainly, ovarian cancer is a deadly disease. Symptoms generally occur when the cancer is spreading and is not easily treated or cured.

Several of you, each month, will ask me about being tested to prove that you do not have cancer of the ovaries.

Almost always I recommend that you do not go through testing. There are many good reasons for this. It is enough of an issue that I want to give you some current factual information on this subject. I hope that it will help increase your understanding regarding my general recommendation to not perform screening testing for ovarian cancer like we perform Pap smears to screen for cervical cancer.

Many if you have heard of the test called CA 125. This test was never designed to be a screening test for ovarian cancer like the Pap test is for cervical cancer. Many different processes can cause this test to have elevated levels and give us a "false-positive" reading that would require a full medical workup, sometimes, including surgery. Of course, a "false-negative" result could reassure you, causing you to believe that you were fine when you might actually be in danger.

False-Positives - There are many common conditions that can cause an elevation of CA 125 in the blood. Some of these are normal ovulation, endometriosis, pelvic inflammatory disease, early pregnancy, fibroid tumors and other sources of inflammation in the abdominal and pelvic organs such as liver disease or inflammation of the pancreas. Also, cervical, endometrial and other cancers including breast, colon and lung cancer can sometimes cause a rise in CA 125.

This list, though far from complete, does give you an idea of the type of things that may cause a false-positive result. Medically, it is easy to see that they fall in two main categories: conditions normally found in young women of childbearing age and those commonly found in older women. Certainly, if you had any of these conditions, you would want to know about them. However, the CA 125 test is not a clear marker that

points to any specific disease process. Scientists are now at work trying to find ways to use the CA 125 to provide more accurate screening information.

False-negatives - Another problem with using the CA 125 for general screening is that it has an unacceptable rate of false-negatives. This means that a woman can have a normal test result and still have ovarian cancer. This is especially true in the earliest stages of the disease - which is exactly when you want a screening test to work well! At least half of women with stage 1 ovarian cancer have normal levels CA 125 test results.

When is CA 125 testing usually used?

It is most helpful to obtain these levels if a woman has an unusual ovarian mass or persistent symptoms of the disease. It can help us to decide how best to proceed with evaluating the mass or disease and the type of surgery needed to safely make a proper diagnosis. The other time that CA 125 is commonly used is after a woman has been treated for ovarian cancer. Then, the test can help us determine whether or not the disease is under control.

Is CA 125 ever used for screening?

Yes. Women known to be at high risk for ovarian cancer are sometimes screened regularly, using a combination of the CA 125 test, transvaginal ultrasound and a pelvic examination with a rectal examination. If you have reason to think you have a high risk for ovarian cancer, you should ask your provider about this. The most significant risk factor is having close relatives with histories of ovarian and/or breast cancer, particularly if they were younger than 50.

I promised you current and factual information that supports the concept of not screening women at average risk, so let's begin:

From late 1993 through mid-2001, U.S. investigators for the Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Trial randomized 78,216 women ranging in age from 55-75 years of age to one of 2 groups.

Group 1: Screening. These women underwent yearly screening with the CA 125 test plus vaginal ultrasound.

Group 2: Usual Care. These women underwent the routine annual well woman examination that would typically include a pelvic examination and rectal examination.

The percentage of the *Screening* group detected with ovarian cancers that were late-stage was only slightly lower than the percentage of cancers detected at late stages in the *Usual Care* group, 69% and 78%, respectively. In other words, 9% more ovarian cancers were detected in the *Screening* group. However, ovarian cancer deaths occurred in 118 of the women diagnosed in the *Screening* group and 100 ovarian cancer deaths occurred in the *Usual Care* group. For those of you are statisticians, ovarian cancer death rates were; 3.1 and 2.6 per 10,000 person-years, respectively.

There were 3285 women with false-positive screening results. Of these, 1080 underwent surgical follow-up; 163 of these women, 15%, experienced one or more serious complications.

Annual screening did not help: The authors of the study did note that their findings might reflect the rapid progression cancerous ovarian tumors, making detection with annual screening ineffective. Moreover, some screen-detected tumors might never have been destined to cause clinical problems. Finally, the serious complications associated with evaluating the false-positive screening results are sobering. Although effective screening approaches might emerge someday, the findings of this study should strengthen our current resolve to "just say no" to ovarian cancer screening in women who are not at significant increased risk for the disease.

What else can I do to protect myself from ovarian cancer?

First, remember that for most women, ovarian cancer is not a common cancer. Most of the life changes that are protective against ovarian cancer are fairly major, so they would always have to be weighed against the odds. For example, if you are trying to decide between oral contraceptives and some other form of contraception, you might want to take into consideration that oral contraceptives have a protective effect with regard to ovarian cancer. Otherwise, you might not want to go out of your way to take extra hormones. The most important things you can do are to 1) familiarize yourself with the risks as well as the symptoms of ovarian cancer, and 2) get a pelvic exam (including a recto-vaginal exam) every year.

Can ovarian cancer be found early?

About 20% of ovarian cancers are found at an early stage. When ovarian cancer is found early, about 94% of patients live longer than 5 years after diagnosis. Several large studies are in progress to learn the best ways to find ovarian cancer in its earliest stage.

Regular women's health exams

During a pelvic exam, your healthcare provider feels the ovaries and uterus for size, shape, and consistency. A pelvic examination is recommended because it can find some reproductive system cancers at an early stage, but most early ovarian tumors are difficult or impossible for even the most skilled examiner to feel. However, pelvic examinations may help identify other cancers or gynecologic conditions. The Pap test is an effective test to discover cervical pre-cancer but it isn't a test for ovarian cancer. Rarely ovarian cancer is found through Pap test, but when it is, the cancer is usually in an advanced stage.

See a doctor if you have symptoms

Early cancers of the ovaries tend to cause symptoms that are more commonly caused by other things. These symptoms include abdominal swelling or bloating that is caused by a mass or an accumulation of fluid. Pelvic pressure or abdominal pain, difficulty eating or feeling full quickly, and/or urinary symptoms having to go urgently or often, may also be signs of a problem. But remember, most of these symptoms are usually caused by other less serious conditions. When the symptoms are caused by ovarian cancer they tend to be more severe and are a change from how a woman usually feels. If any of these symptoms last longer than 2 weeks, or become severe, you should see healthcare your provider.

Remember, your health is our concern. Keep learning. Be a partner in your care, not a passenger!