

Unmasking a Silent Killer: Ovarian Cancer

By Yadira Galindo | September 01, 2017

After spending 35 years as a community college counselor, Jo-Anne Lesser retired and was looking forward to traveling with her husband, Norman. Her plans were derailed when abdominal pains had her doubled over in agony.

For seven months, Lesser saw multiple physicians in an attempt to treat pain, constipation and bloating. They were treating her for suspected gastrointestinal problems with laxatives and dietary changes. The medications and prunes helped only mildly but not long term.

“I continued to be incredibly uncomfortable,” recalls Lesser. “I couldn’t even pass enough to fill a stool sample vial.”

When symptoms did not improve, Lesser requested an ultrasound to rule out an abdominal aortic aneurysm — when an area of the aorta bulges and risks rupturing — which runs in her family. The ultrasound found no aneurysm but it did reveal findings suggestive of advanced stage ovarian cancer. One of her ovaries was the size of a grapefruit prompting additional imaging, which showed evidence that the cancer had metastasized — or spread — to nearby lymph nodes and her liver.

“I should not have been so polite. I should have insisted on tests earlier,” said Lesser. “Thank goodness my mom had an abdominal aortic aneurysm or I would not have been diagnosed.”

Ovarian cancer has been termed the silent killer because its presenting symptoms are often mistaken for other benign conditions, particularly the ones that affect the gastrointestinal system, or simply changes in a woman's body as she ages. Previous studies, however, have shown that ovarian cancer does present symptoms, even in early stages. In addition to the signs Lesser experienced, persistent urinary urgency, pelvic pressure, pelvic pain and early feelings of fullness when eating could all be indications of this cancer.

“Jo-Anne’s symptoms are commonly seen in patients with ovarian cancer, but these are unfortunately considered nonspecific, so they are frequently ignored or attributed to other age-





related problems, like constipation, irritable bowel or indigestion, resulting in delayed diagnosis,” said [Ramez Eskander, MD](#), a board-certified gynecologic oncologist who is now treating Lesser. “It is important to educate patients so that they are aware that ovarian cancer is not a silent disease. If patients develop new and persistent symptoms similar to those discussed, they should be evaluated by their physicians and cancer should be considered as a possible cause.”

Unfortunately, due to the lack of an effective screening strategy, ovarian cancer is often diagnosed at an advanced stage. Only 20 percent of ovarian cancers are found at an early stage. However, if found early a woman has a 92 percent chance of a five-year survival.

“One of the principle issues is that ovarian cancer is not considered as a possible reason for these symptoms,” said Eskander. “This results in a significant delay from the onset of symptoms to diagnosis. Even with early stage disease, 89 percent of women complain of symptoms prior to diagnosis. If we educate families and physicians, we may be able to identify this disease earlier facilitating intervention and treatment.”

Approximately 1.3 percent of women will be diagnosed with ovarian cancer in their lifetime. Compared to breast cancer, which affects 12.4 percent of women, that’s not a big number. But according to the National Cancer Institute, the five-year survival rate of women with ovarian cancer is 45.6 percent compared to 89.7 percent for women with a breast malignancy.

Lesser’s cancer was diagnosed at stage IV, which means it has already advanced. She will undergo a minimum of three months of chemotherapy, at which time her case will be re-evaluated for next steps, including surgery and additional chemotherapy, said Eskander.

National Comprehensive Cancer Network guidelines call for women considered at high risk for ovarian cancer to have pelvic ultrasounds and serum CA 125 measurements (a tumor marker found in the blood) every six months and a pelvic exam with an experienced clinician yearly, although these are not considered effective screening strategies.

A CA 125 test measures the amount of the protein CA 125 found in person’s blood. Women with certain types of ovarian cancer have elevated levels of this protein, but high CA 125 can also be caused by other health conditions, including endometriosis and uterine fibroids. Some women with cancer do not have elevated CA 125. Lesser did. A normal range is 0 to 38, her CA 125 was 5,000.

“If an ultrasound had been done earlier to look for the cause of her symptoms this may have been discovered earlier,” said Norman Lesser, Jo-Anne’s husband, as he expressed the need to be more aware of symptoms and advocate for oneself. “Instead of simply treating symptoms you need to find the source.”

Perhaps the most valuable thing a woman can do is be aware of changes to her body and talk to her physician about her personal risk for ovarian cancer, said Eskander.

“Make sure you have annual examinations with your gynecologist,” said Eskander. “In addition, understand your family cancer history from both your maternal and paternal sides. Your physician may advise a more personalized screening plan, including genetic testing, if there is a strong family history of cancer.”



Risk factors for ovarian cancer include:

- → Age (peaks in the eighth decade)
- → Women who have never had children
- → Women who have had breast cancer or have a family history of breast or ovarian cancer
Inherited genetic mutations in the BRCA1 or BRCA2 genes
- → Hereditary non-polyposis colon cancer (HNPCC) or Lynch Syndrome
- → Obesity: Excess body fat as measured by BMI (body mass index), including during the teen years
- → Hormone replacement therapy, also called hormone therapy (risk may be different for estrogen-only therapy and estrogen-progestin replacement therapy)

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