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Ovarian Cancer

by Dr. Howard Saul

How common is ovarian cancer?

It is estimated that 1 in 3 women will get some type of cancer in their lifetime. Ovarian cancer, although it receives much press is a rare cancer. To put this into perspective, the risk that a woman will get breast cancer is 1 in 8. The risk that a woman will get ovarian cancer is 1 in 55 to 70. The average age at diagnosis is 63, but women can get this cancer at any age. Currently it is estimated that 21,880 women will be stricken and 13,850 will die of this disease in 2010.

Are there risk factors that increase or decrease one's risk of getting this disease?

Yes. Women who have never had children, infertile women, and women with a family history of breast and ovarian cancer are at increased risk. Having children, breast-feeding, and/or a history of hysterectomy decreases a women's risk. The most important way for a woman to decrease her risk is to take the birth control pill. Being on the pill reduces a women's risk of ovarian and uterine cancer by about 50%. It is estimated that approximately 1700 cases of ovarian cancer are prevented each year by the use of the pill.

How common is inheriting ovarian cancer?

The good news is that only about 5-10% of ovarian cancers are hereditary. The vast majority of cases come once to a family member and never to be seen in the family again. Hereditary ovarian and breast cancers do exist. These cancers can be transmitted from the father's as well as from the mother's side of the family. Mutations of the BRCA gene are the most common type on inherited breast and ovarian cancers. This new genetic knowledge can be very important for families at risk. In some cases genetic testing can be done. It is important that you keep a written and thorough family medical history. Maintaining copies of your medical records is very important.

Why is ovarian cancer so difficult to cure?

The major reason is that most cases of ovarian cancer present in advanced stages when cure is less likely. The good news is that advanced ovarian cancer is very treatable and highly responsive to chemotherapy. The survival rate for advanced ovarian cancer has seen recent improvement.

Is the Pap smear a good screening test for this cancer?

No. The pap smears is a good screening test to find precancer and cancer cells of the cervix. The Pap smear does not detect ovarian cancer cells.

Is there a good screening test for this cancer, I've heard about ultrasound and CA125?

Unfortunately today we do not have a screening test for ovarian cancer. Ultrasound examinations cannot tell with enough accuracy which enlargements of the ovary are benign or malignant. The CA125 may be elevated because of many benign conditions such as endometriosis, and uterine fibroids. One study showed that only 50% of early cases of ovarian cancer have elevated CA125 levels. Currently much research is being done in this area to develop an accurate screening test.

What are the symptoms of ovarian cancer?

The most common symptoms are an enlargement of the ovary or fluid build up (ascites) in the abdomen. The symptoms of bloating, swelling, pain in the abdomen or lower back that persists should be a signal to go to your doctor for a thorough examination, which should include a pelvic examination.

What is the usual treatment for this disease?

Most women undergo surgery to remove as much tumor as possible (debulking surgery) followed by approximately 6 months of chemotherapy.

I've heard a lot about Robotic Surgery. Is it science fiction or reality?

Robotic Surgery was refined by the military for wartime use, and is now used for advanced minimally invasive surgery. It allows the surgeon improved abilities to do advanced surgery through small incisions. We are proud to have been one of the pioneers of the use of Robotic Surgery in South Jersey. Robotic Surgery allows for unprecedented dexterity with 3D vision to reach areas of disease with small hands. We have been on the forefront of the use of Robotic Surgery in ovarian cancer.

Are there any new developments in the surgical and medical management of this disease?

Yes. On the surgical front there are new surgical tools such as the CUSA (an expensive vacuum cleaner type of device), which help surgeons remove as much of the tumor as possible. This valuable tool is now available at many hospitals in the region. On the chemotherapy front we have many new effective agents such as Taxotere, Doxil, Gemcitabine, Topotecan, and Avastin to help in the treatment of this disease.

We also have many new drugs to help combat the side effects of chemotherapy so that most patients get through the treatments with little toxicity. Many patients continue to work and enjoy life while going through treatment. Outpatient chemotherapy has made treatment much more convenient for the patient.

How can I participate in a clinical trial in ovarian cancer?

There are many open clinical trials in ovarian cancer. We at the Center for Cancer are actively involved in national cooperative research groups, such as the Gynecologic Oncology Group (GOG) as well as many industry trials. You may be eligible for participation in some of the latest trials. We would be glad to discuss research treatment options with you.

Do I have to go to a big medical center in Philadelphia to get the best treatment for ovarian cancer?

No. Here in South Jersey patients can receive the same exact state of the art treatment for ovarian cancer as in the major cancer centers without leaving the safety and security of their hometown. This approach makes cancer treatment easier for the patient and her family.

What is a gynecologic oncologist and how can one help me?

A Gynecologic Oncologist is a physician who has taken special fellowship training in the treatment of female pelvic cancers. They are trained in all surgical as well as medical aspects involved in the treatment of the patient with gynecologic cancer. The input of a gynecologic oncologist can be a very important addition to your medical team. They are also available for advice and second opinions.

Are there any dumb questions that I shouldn't ask my doctor?

No. The only dumb questions are those that you did not ask. It is easy to forget an important question while you are in the doctor's office, so I encourage patients and family to try to write down questions ahead of time and ask them as they pop in to your mind. Don't ever be afraid to ask.

About Dr. Saul

Dr. Howard Saul is a board certified gynecologic oncologist. He lives in Cherry Hill with his wife Gail. He has 2 children, Michael and Rochel, a son-in-law, Yisroel, two grandsons, Shneur Zalman and Dov Ber, and a granddaughter, Shoshana Bluma. He has been treating women with gynecologic cancer in South Jersey for over 20 years. His philosophy of practice is to deliver the latest in cancer care to the women of South Jersey. He is on the staff of many area hospitals. He has been involved in many pioneering cancer treatment studies, and is an active invited speaker at many medical meetings and cancer support groups. Most importantly, he believes in giving knowledge, hope, support, compassion and a friendly smile to the many women and their families facing cancer.

Questions? Dr. Saul welcomes your questions on any area of gynecologic oncology. Email him at: HMSAUL@centerforcancer.com.