

Reading the Signs

Ovarian cancer has symptoms that can be identified early, but you need to know what they are

Carmen Diaz was 57 and an administrator at New York University Law School in March 2003 when the stomach pain and indigestion began.

She visited her primary care physician, who diagnosed heartburn and prescribed the antacid Prilosec. When, after a couple of weeks, the symptoms only worsened, he sent her to a gastroenterologist, who performed an ultrasound and found gallstones. To treat them she had a gallbladder operation, but the stones turned out to be tiny and the symptoms progressed. Most people recover from this sort of surgery in a couple of weeks, but for Diaz it seemed to take months. So she took a Caribbean cruise, hoping the rest and relaxation would do what treatment could not—yet when she stepped off the ship, she felt sicker still. Back

at the gastroenterologist she underwent an endoscopy to peer inside her body. When that showed nothing amiss, the doctor prescribed antibiotics for a possible infection, but they didn't change a thing.

By the end of January 2004 she felt so full that she could hardly eat, but she still kept packing on weight, eventually becoming so swollen, she looked pregnant. The normally svelte Diaz was so troubled by her new look that in April 2004 she signed on for a tummy tuck. After that surgery her stomach went down, but not for long. "Two weeks later my stomach was lumpy and distended," she reports.

The plastic surgeon thought it was a hematoma, a blood clot caused by surgery, and ordered a CAT scan. That's when Diaz finally got to the bottom of things. The results were consistent with ovarian cancer, the radiologist said. A gynecologic oncologist then tested Diaz for cancer antigen (CA) 125; while not recommended as a screen for the general population, CA-125 can provide important insight for women already on the radar for the disease. The highest normal score is 35, but Diaz flew off the chart with a 1,500. After surgery that June, more than a year after her first

symptoms, she was diagnosed with stage IIIC ovarian cancer. Her cancer had metastasized to her liver and abdominal cavity. "Ovarian cancer stages rapidly," says Diaz. "My doctor told me that had I been diagnosed immediately, the cancer would have been at stage I or II." In terms of prognosis, that would have meant a lot: 70 to 90 percent of those with stage I ovarian cancer are still alive five years after diagnosis. Five-year survival falls to about 65 percent in stage II and just 15 to 35 percent in stage III.

Even though Diaz is currently undergoing a second round of chemotherapy for a recurrence of ovarian cancer, she is still spreading the word on early symptoms through a training program for medical students. Relating the maddening details of her missed diagnosis to future physicians at New York University in Manhattan, the Albert Einstein College of Medicine in the Bronx and the University of Medicine and Dentistry of New Jersey (UMDNJ) in Newark, she's part of a movement to raise awareness about the disease.

For most of the 20th century, ovarian cancer was considered silent until the last stages, when it was incurable. But with important new studies

revealing subtle early symptoms, often occurring in patterns, patients like Diaz are speaking out. For ovarian cancer advocates and their doctors, the gynecological oncologists, the education campaign means a chance to catch more patients early and increase the chance they will survive. Yet the effort to inform has been complex: For doctors trained to practice technical, evidence-based medicine, the fear is that the symptoms will be so vague, the reports so fuzzy, they may not trigger investigation until the patient has reached stage III. And for primary care physicians at the frontlines of general care, the symptoms at first glance appear common while ovarian cancer is rare: It strikes only 40 of every 100,000 women, and most primary care doctors may see no more than a case or two in the course of an entire career.

Listening to the Symptoms
Long before studies validated the early symptoms, ovarian cancer patients insisted they were real. Patients in support groups everywhere shared harrowing stories of bloating, urinary problems, fatigue and other assorted ills, all inexplicable until their cancers were ultimately diagnosed. The patients felt, in retrospect, that the symptoms had signaled an early stage of the disease. Listening to the stories was Betty Reiser, a 35-year survivor of ovarian cancer and a founding member of the Ovarian Cancer National Alliance. Reiser, diagnosed at stage I, had had the symptoms, too,



My Story

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— Carmen Diaz, 57
New York, NY

and felt earlier diagnosis would be possible if people were only informed. In the effort to inform women and their doctors, she felt she was racing

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against time: every year some 23,000 women are diagnosed with ovarian cancer, and 14,000 die of it. The major reason for the high fatality rate is failure to diagnose early, when most patients are cured. By grim contrast, almost 80 percent of patients are diagnosed in stage III or IV, when chance of survival is slim.

"We had a critical situation," Reiser states. "There were early symptoms, but they weren't being recognized. How could we turn this around?"

Getting the Proof

An important step for advocates like Reiser was collaborating with experts to prove the

symptoms were real. Patients were in the market for a validating study when, as luck would have it, gynecologic oncologist Barbara Goff, M.D., addressed a course for survivors on the topic of endometrial cancer in 1998. Few women in the audience, consisting largely of ovarian cancer survivors, had interest in Goff's lecture, but they rose up in protest when the next speaker, a physician, said early symptoms were a myth.

"There were all these women without hair pouncing angrily on this poor man," Goff, director of gynecologic oncology at the University of Washington in Seattle recalls. Goff was stunned because, had she been giving the lecture, she would have said the same thing. Instead, she got to talking with the women, and a study to investigate their experience was hatched.

In the study, published in the journal *Cancer* in 2000, Goff surveyed 1,725 U.S. and Canadian women with ovarian cancer. Based on answers to a detailed questionnaire, she found that 95 percent of the patients had symptoms prior

to diagnosis, everything from abdominal bloating to pelvic pain to bleeding, but because the symptoms had so many possible explanations, they hadn't been seen as cancer warnings.

"The remarkable finding was that 89 percent of those with stage I and stage II disease had the symptoms," Goff says. The findings were confirmed by Memorial Sloan-Kettering and published in *Obstetrics & Gynecology*.

With two credible studies documenting the early symptoms, Goff set out to see if she could define them more precisely, or perhaps find a pattern particularly predictive of the disease. After all, with ovarian cancer so rare and the symptoms so common, it was hard for a general practitioner to know just what they meant: constipation, a sense of bloating during menstruation, exhaustion, and other symptoms on the list were common to a great many women.

Could Goff differentiate between what was merely typical and the symptoms of ovarian cancer? What could be done to help family doctors, gynecologists, and patients themselves decide when further evaluation—which could involve procedures as invasive as

surgery—was worth all the trouble and risk?

Goff addressed the issue, in part, in a study published in the *Journal of the American Medical Association* in 2004. It was the *pattern*, Goff reported, that distinguished ovarian cancer from garden variety ills. Three common symptoms—a sense of internal bloating or fullness, change in abdominal size (i.e., a swollen belly causing pants to feel snug) and urinary frequency or urgency—occurred together in 44 percent of those diagnosed with ovarian cancer compared to just 8 percent without the disease. The longer the symptoms lasted and the worse they became, the higher the chance it was ovarian cancer. Other important clues included onset of other symptoms on Goff's list (see box) and the persistence of those symptoms virtually every day for three to six months.

Compared to other women seeking medical attention, ovarian cancer patients had more recurrences of those symptoms and more symptoms existing at the same time. For instance, women reporting to the doctor for general discomfort had an average of four symptoms, two of them recurrent. Women with ovarian cancer had eight symptoms on

Warning Signs of Ovarian Cancer

Whenever they appear, recognizing the symptoms of ovarian cancer can translate to earlier diagnosis, more successful surgery and longer survival. Here's what to watch for:

● A feeling of abdominal bloating and fullness.

May be extremely mild in early disease, if felt at all, but may increase in intensity over time. This is the most common symptom of ovarian cancer. For some patients, the stomach may feel bloated even after a drink of water, or when they've eaten almost nothing at all.

● **Changes in urinary frequency and function.** The most important gauge here is your personal baseline. If you always urinated three to four times a day and now must urinate eight times a day, the change is significant.

● **Abdominal swelling.** If you find you haven't gained weight but your pants are tight, do check it out.

● **Eating irregularities.** If you can't eat normally, suffer indigestion, heartburn or acid reflux, feel nauseated or vomit after a meal, check it out.

● **Unexplained changes** in bowel habits, including constipation or diarrhea.

● **Unexplained abdominal or pelvic pain.**

● **Unexplained weight loss or gain** over a period of a couple of months.

● **Shortness of breath when exercising**, especially if the same activity level was easy just weeks or months before.

● **Pain during intercourse** may occur deep inside the vagina or abdomen, indicating, among other possibilities, a swelling of the ovaries.

● **Swollen legs.**

My Story

"From our perspective, doctors are not picking ovarian cancer up early enough. They say the symptoms don't emerge until stage III, but it's because they don't know how to look."

—Betty Reiser
35-year survivor



Goff's list with four that recurred. Women who suffered the symptoms as a result of menstruation reported recurrences two to three times a month, but ovarian cancer patients had the symptoms virtually every day.

Getting the Word Out

As evidence accumulated, advocates like Reiser moved to get the news out. At first Reiser arranged meetings between groups of survivors and physicians at grand rounds. But then one of the doctors suggested she take her program to medical students. Starting at Newark's UMDNJ in 2002, that's just what she did.

Reiser's innovative program, *Survivors Teaching Students: Saving Women's Lives*, brings ovarian cancer survivors to 41 of the nation's 125 accredited medical schools to educate future physicians about early signs of the disease.

Each participating medical school gets a tag team of three survivors like Diaz, who are trained to tell their stories to third-year students. The women focus on describing the common early symptoms that their doctors misunderstood or missed.

"When bloating, swelling, abdominal pain, urinary problems, bleeding or diarrhea, among other persistent symptoms are present," Reiser explains, "we want the doctors to at least entertain the possibility that ovarian cancer could be a cause. Most of the time the patient will not have ovarian cancer, but early diagnosis is crucial to survival."

Straining to Hear

In the face of possibly telltale symptoms, what should a patient do? Practical advice comes from Bobbie Gostout, a gynecologic oncologist at the Mayo Clinic. "If a patient has the symptoms on any given Monday, she should go on with life on Tuesday as if nothing at all is wrong. But if two weeks pass and the symptoms persist or get worse, she should see her gynecologist and request a pelvic-rectal exam, which is more sensitive to changes in the ovary than a pelvic exam alone."

If that exam suggests a nodule or abnormality in the ovary, it may be wise to consult a gynecological oncologist right

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then and there. But no matter which doctor is in charge, this is the time to test CA-125 levels and obtain a transvaginal ultrasound, performed with a handheld device that fits in a woman's vagina. Some gynecologists are trained to perform

these tests and have equipment in the office. Others refer to a radiologist. If the pelvic-rectal exam turns up nothing but the symptoms persist or worsen without any explanation, patients should have a CA-125 test and transvaginal ultrasound. "If the first CA-125 and transvaginal ultrasound turn up negative, repeat them two months later," Gostout states. "If the second tests are normal, assume that ovarian cancer is highly unlikely to be the cause."

If you are still concerned but haven't yet consulted a gynecological oncologist, this may be the time to do so—getting a clean bill of health from one of these specialists will be the best way to put your worry safely to rest.

If no explanation is forthcoming, says Reiser, seek a second opinion, and a third. "Time is of the essence," she adds.

With a variety of symptoms on the list, experts and survivor groups still debate over which ones mean most. But Goff says research may clarify the confusion as time goes on. "The symptoms may seem vague," she states, "but the more we learn about their patterns, the more we are able to quantify them and use them to decide who goes on for further diag-



My Story

Nine-year survivor
Lorraine Bajada's ovarian cancer symptoms were mild—just vaginal bleeding between periods and pelvic pain. "I'd feel some discomfort if I leaned against a desk," she explains. Her doctor thought it was perimenopause.

Ovarian Cancer Resources

For more information on symptoms of ovarian cancer, the following resources may help:

The Ovarian Cancer Research Fund. www.ocrf.org/
Gynecologic Cancer Foundation. www.wcn.org
(800-444-4441)

National Ovarian Cancer Coalition.
www.ovarian.org (888-OVARIAN)

Ovarian Cancer National Alliance. www.ovarian-cancer.org (202-331-1332)

FORCE: Facing Our Risk of Cancer Empowered.
www.facingourrisk.org

Ovarian Cancer Family History Registry at Roswell
Park Cancer Institute. www.ovariancancer.com

Society of Gynecologic Oncologists.
www.sgo.org (312-644-6610)

nostic tests. When duration of the symptoms is factored in routinely, we'll have a better, more predictive guide. Until we develop an early screening technology, this is the best tool we have."

Goff says the day may be near when a simple questionnaire based on sophisticated statistical analysis of the symptoms will accurately select the small group of women to be sent for further tests.

Mary B. Daly, M.D., of the Fox Chase Cancer Center in Philadelphia, adds that part of the screening process needs to be "listening to the patient." It's communication itself that patients and doctors have to pay attention to. Let's face it, Daly notes, patients are asking doctors to listen to the symptoms at a time when doctors are relying more frequently on objective tests. "There's no getting around the reality that early diagnosis depends on clinical judgment and the abili-

ty of the doctor to truly hear what the patient says. It is the ongoing process of communication between patients and doctors, including the taking of a thorough history and thoughtful discussion during an appointment, that will aid diagnosis most."

Patients are asking doctors to listen to symptoms but doctors are relying more frequently on objective tests.

It can get confusing. Take Lorraine Bajada, 53, a volunteer with Diaz in Reiser's group. At first she had pelvic pain, but it was hardly severe. "I'd feel some discomfort if I leaned against a desk," she reports.

She also experienced breakthrough bleeding, but since her mother and sister had gone

through early menopause, her doctor conjectured that Bajada, then 42, was in the throes of perimenopause, too. It was only after a year, when the bleeding lasted for 16 days straight, that her gynecologist performed a transvaginal ultrasound and the ovarian cancer was found. Bajada, a 9-year survivor of her cancer, had such mild symptoms at first that even doctors familiar with the symptoms of ovarian cancer might not have pursued her case as they should have.

The question remains: Would more women be successfully treated if they were diagnosed earlier? Betty Reiser insists they would be. "From our perspective," she says, "doctors are not picking this up early enough. They say the symptoms don't emerge until stage III, but that's because they don't know how to look for them."

"No one claims that the symptoms, alone, reliably detect early ovarian cancer," Gostout clarifies. "We will need a blood or imaging test in the future to pick up many of these people in time.

"What we are aiming for by listening to symptoms," she continues, "is finding the cancer as early as we can. We don't want multiple workups of the GI tract when ovarian cancer was there and should have been investigated early on. The earlier we operate, the more success we have. What we want to avoid is finding the cancer at a more advanced stage than need be, when treatment is more difficult and survival time is cut short." *