



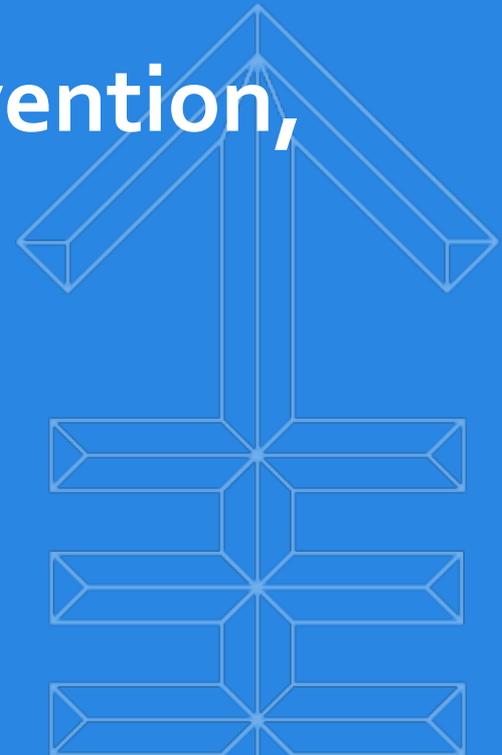
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# Ovarian Cancer in 2015: Advances in Screening, Prevention, and Reasons for Hope

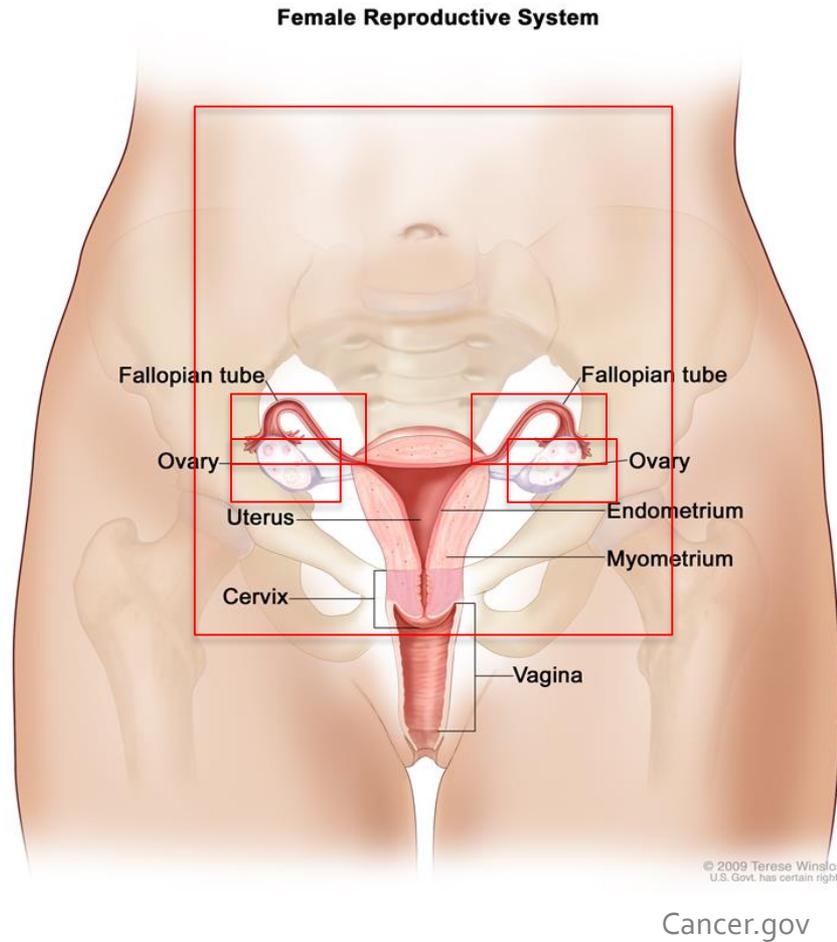
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Department of Surgery, Gynecology Service



# Ovarian Cancer in 2015



- Ovary, fallopian tube, peritoneum
  - Does it all start in the fallopian tube?
- Stages:
  - I – limited to ovaries
  - II – spread to pelvis
  - III – spread to upper abdomen or lymph nodes
  - IV – distant spread



# Ovarian Cancer in 2015

Incidence: 21,290  
(2.6%)

Mortality: 14,180  
(5%)

## Estimated New Cases

		Males		Females		
Prostate	220,800	26%		Breast	231,840	29%
Lung & bronchus	115,610	14%		Lung & bronchus	105,590	13%
Colon & rectum	69,090	8%		Colon & rectum	63,610	8%
Urinary bladder	56,320	7%		Uterine corpus	54,870	7%
Melanoma of the skin	42,670	5%		Thyroid	47,230	6%
Non-Hodgkin lymphoma	39,850	5%		Non-Hodgkin lymphoma	32,000	4%
Kidney & renal pelvis	38,270	5%		Melanoma of the skin	31,200	4%
Oral cavity & pharynx	32,670	4%		Pancreas	24,120	3%
Leukemia	30,900	4%		Leukemia	23,370	3%
Liver & intrahepatic bile duct	25,510	3%		Kidney & renal pelvis	23,290	3%
<b>All Sites</b>	<b>848,200</b>	<b>100%</b>		<b>All Sites</b>	<b>810,170</b>	<b>100%</b>

## Estimated Deaths

		Males		Females		
Lung & bronchus	86,380	28%		Lung & bronchus	71,660	26%
Prostate	27,540	9%		Breast	40,290	15%
Colon & rectum	26,100	8%		Colon & rectum	23,600	9%
Pancreas	20,710	7%		Pancreas	19,850	7%
Liver & intrahepatic bile duct	17,030	5%		<b>Ovary</b>	<b>14,180</b>	<b>5%</b>
Leukemia	14,210	5%		Leukemia	10,240	4%
Esophagus	12,600	4%		Uterine corpus	10,170	4%
Urinary bladder	11,510	4%		Non-Hodgkin lymphoma	8,310	3%
Non-Hodgkin lymphoma	11,480	4%		Liver & intrahepatic bile duct	7,520	3%
Kidney & renal pelvis	9,070	3%		Brain & other nervous system	6,380	2%
<b>All Sites</b>	<b>312,150</b>	<b>100%</b>		<b>All Sites</b>	<b>277,280</b>	<b>100%</b>

# Tina's Wish



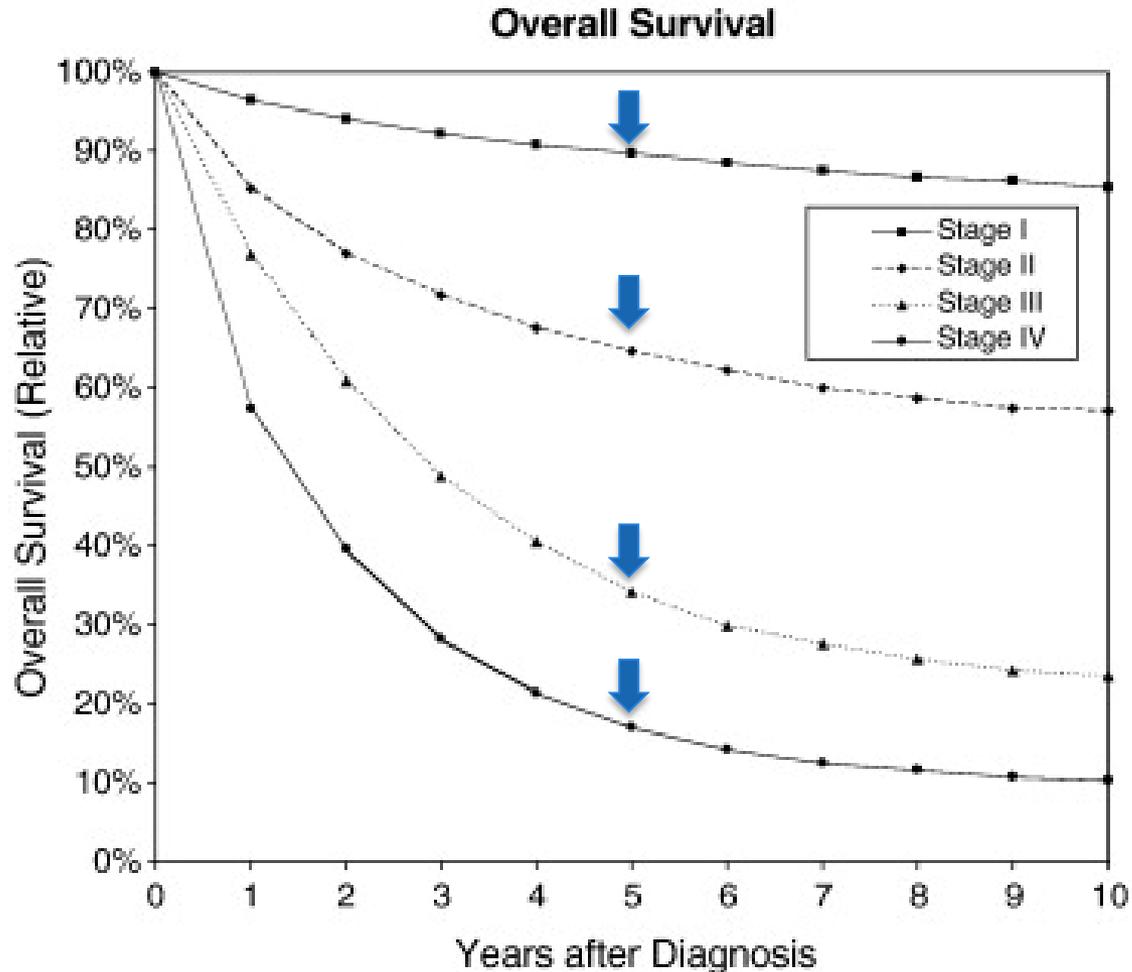
Know Early. Know Hope.™  
Tina's Wish



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# Knowing Early

## Stage at Diagnosis



Ten-year (relative) overall survival curves in ovarian cancer patients by American Joint Committee on Cancer (AJCC) stage.



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# Knowing Early: Screening

## Where we have been . . .

“Currently, it appears that the best way to detect early ovarian cancer is for both the patient and her clinician to have a high index of suspicion of the diagnosis in the symptomatic woman”

- ACOG Committee Opinion March 2011

Stage I-II HGSC	NR	NR	2 (17%)	2 (22%)
Prevalence (%)	0.084	0.074	0.069	0.756
Prevalence ratio (95% CI)†	9.1 (4.6-17.9)	10.2 (5.4-19.4)	11.0 (5.2-22.9)	1 (reference)

RCT=randomised controlled trial. OC=ovarian cancer. HGSC= high-grade serous cancer. NR=not reported. \* Collectively, the trials enrolled around 340 000 women, including controls. †Prevalence ratio estimates include cancers detected and not detected by screening tests.



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# Signs and Symptoms

Abdominal or pelvic pain

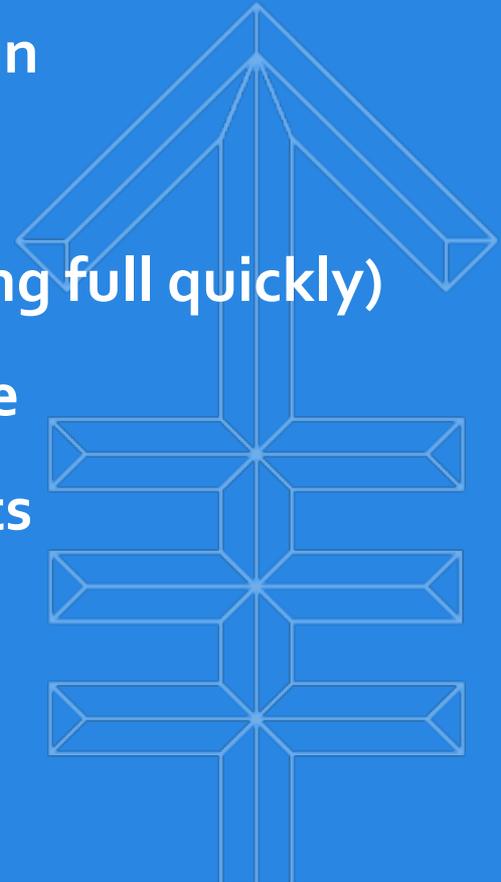
Bloating

Early satiety (difficulty eating, feeling full quickly)

Pain during intercourse

Changes in bowel habits

Urinary symptoms

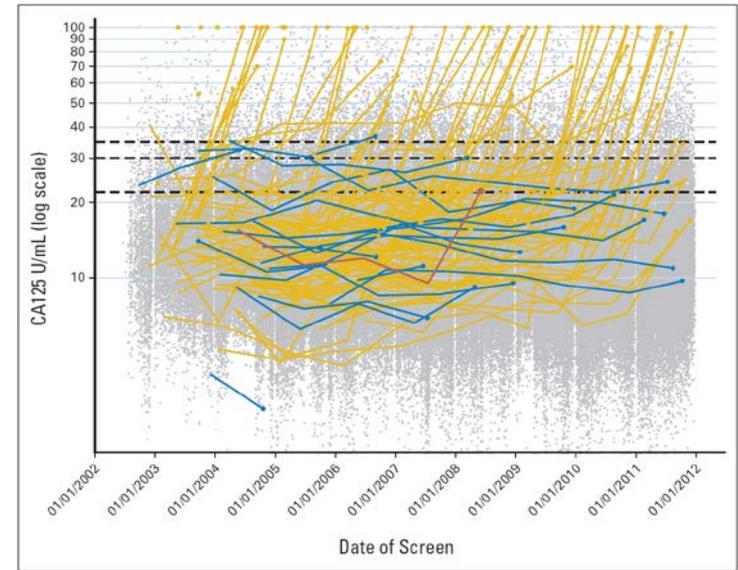


Risk Algorithm Using Serial Biomarker Measurements  
Doubles the Number of Screen-Detected Cancers Compared  
With a Single-Threshold Rule in the United Kingdom  
Collaborative Trial of Ovarian Cancer Screening

- Study of over 46,000 women over age 50 in the UK
- Multimodal strategy using annual CA125 and the Risk of Ovarian Cancer Algorithm (ROCA)
  - Risk as determined by a complex calculation incorporating age and change in CA125 over time

# Screening: UKCTOCS

- Annual CA125 blood test
- Further evaluation prompted by Risk of Ovarian Cancer Algorithm
  - Normal risk
  - Intermediate risk
  - Elevated risk

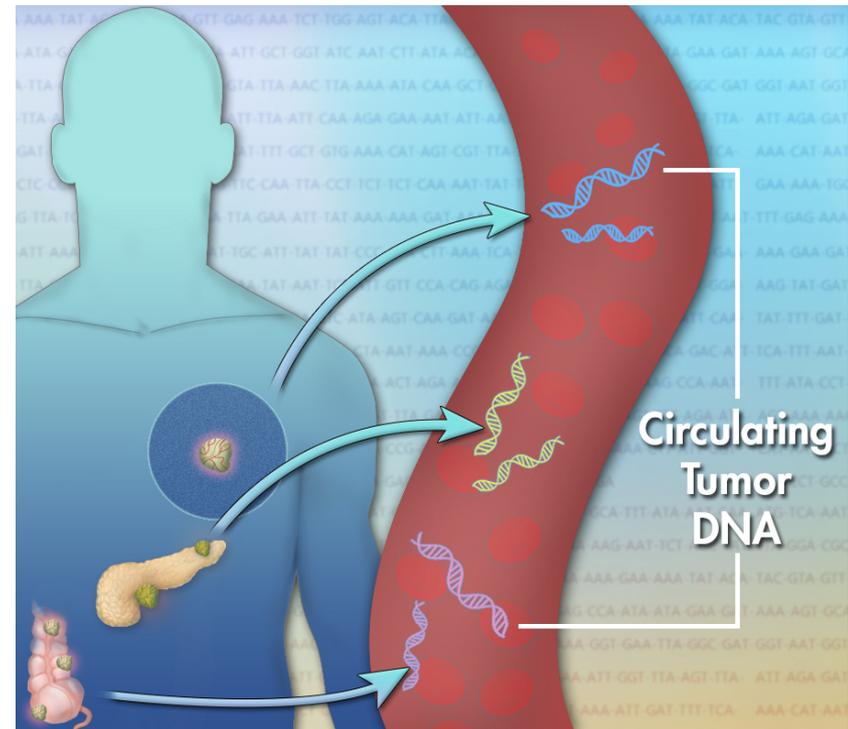


**Doubled the number of screen detected ovarian cancers  
(41% early stage)**

# Novel Screening Strategies

## Circulating tumor DNA (ctDNA)

- DNA fragments released into the bloodstream by dying tumor cells
- Can monitor tumor dynamics
- Novel biomarker for ovarian cancer
  - Surgical outcome
  - Monitor for disease recurrence
  - Response to therapy
  - **Early detection??**
- Under-developed at MSK



Graphic Credit: Jonathan Bailey, NHGRI



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# Knowing Your Risk

## Increased Risk

- Family history
- Age
- Infertility
- Personal history of breast cancer

## Decreased Risk

- Removal of ovaries and fallopian tubes
- Oral contraceptive pills
- Pregnancy
- Breast-feeding
- Tubal ligation



# Knowing Your Risk

## *Family history is the most important risk factor*

- Family history of ovarian, breast, uterine, or colon cancer may indicate increased risk
- Genetic evaluation:
  - *BRCA1* and *BRCA2* mutations (15%)
  - Other inherited mutations (5-6%)
    - Lynch syndrome (*MLH1*, *MSH2*, *MSH6*, *PMS2*)
    - *ATM*, *BARD1*, *BRIP1*, *CDH1*, *CHEK2*, *EPCAM*, *MRE11A*, *MUTYH*, *NBN*, *NF1*, *PALB2*, *PTEN*, *RAD50*, *RAD51C*, *RAD51D*, *SMARCA4*, *STK11*, *TP53*



# Genetic testing

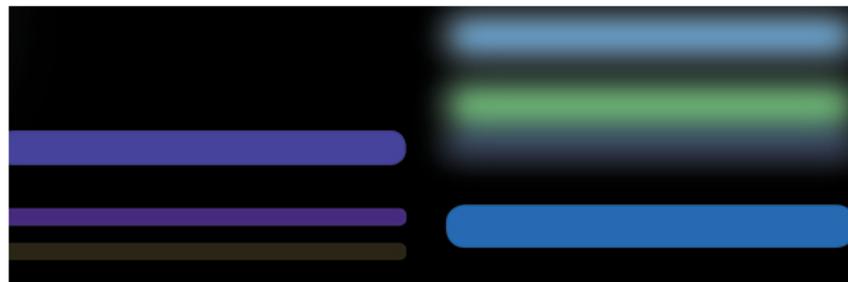
## Multi-gene panels

- Next generation sequencing
- Commercially available or institution based
- *PROS*
  - Inexpensive
  - Efficient
  - Valuable information
- *CONS*
  - Varying levels of provider involvement
  - Increasing complexity of results
    - Genes rarely act alone
    - Results with uncertain significance

## Genomic Testing: The Risk of Knowing Too Much

*Sophisticated tests can generate a wealth of information about a patient's cancer or disease risk. But they also raise serious questions.*

By Alexandra Goho



Cancertodaymag.org

*-Family history should guide management when results unclear*

*-A close relationship with a provider experienced in the care of high-risk women is key to success*

# Knowing Hope

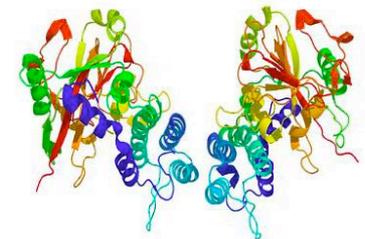
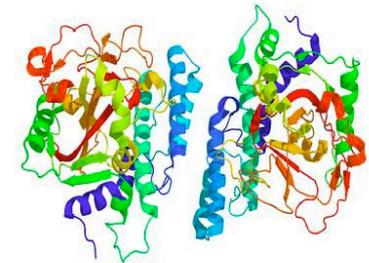
## *Decreasing Your Risk*

1. Women with ovarian cancer should have genetic testing
2. Oral contraceptive pills
3. Preventative surgery
  - High risk women should have their ovaries and fallopian tubes removed (by age 40)
    - 90% decreased risk of ovarian cancer and a 50% decreased risk of breast cancer
  - Consider at least removal of the fallopian tubes
4. Average risk women undergoing any pelvic surgery should consider removal of the fallopian tubes

# Knowing Hope

## *Better Treatments*

- Advances in surgical treatment
  - Increasing the rate of complete gross resection
  - Optimizing recovery and minimizing risk
- Advances in chemotherapy
  - HIPEC (Heated Intraperitoneal chemoperfusion)
- Advances in biologic and targeted agents
  - Bevacizumab (Avastin)
  - PARP inhibitors



Bioscion.com



# Knowing Hope...



**July 2004**



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