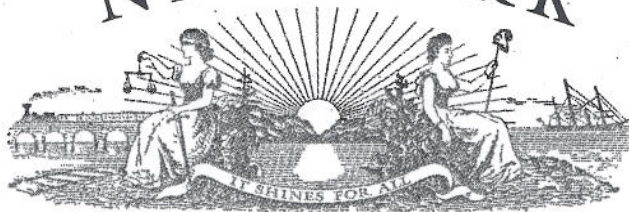


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With Ovarian Cancer, Awareness Can Be a Key

By **KAREN IRIS TUCKER**
Special to the Sun

Standing among shutterbug tourists and lunching Wall Streeters, Judith Gordon may have looked unremarkable in a black shirt and khaki shorts, but her very presence must be considered exceedingly remarkable: She is an eight-year survivor of ovarian cancer who is disease free.

Fifty-five percent of women diagnosed with ovarian cancer die within five years, according to the National Ovarian Cancer Alliance. It is a weighty statistic to ponder in September, National Ovarian Cancer Awareness Month.

The gravity of it isn't lost on Ms. Gordon, 64.

Seated amid the lunch crowd, she recalled the night eight years ago when she had a slight stomach ache and couldn't eat dinner. That odd sensation was coupled with bladder pressure.

"I had absolutely no thought of cancer," Ms. Gordon, who now directs support services for women with ovarian and breast cancer at SHARE (sharecancersupport.org), said. A CAT scan detected a large pelvic mass, later removed by a gynecologic oncologist.

Ms. Gordon hasn't had a recurrence of ovarian cancer; most women do. She is grateful her doctor recognized the subtle symptoms: bloating, pelvic or abdominal pain, difficulty eating, and urinary frequency.

Unlike cervical cancer, which can be detected with a Pap smear, there is no screening test for ovarian cancer. Most women are diagnosed in the late stages.

The director of gynecologic oncology at NYU Cancer Institute, Dr. David Fishman, researches early detection. "Only about a gracious 15% of patients with advanced-stage cancer are alive five years later," he said, adding that "90% of women with early-stage ovarian cancer survive."

Research indicates the most significant risk factor for ovarian cancer is an inherited genetic mutation in the BRCA1 and BRCA2

genes. It is also a risk factor for breast cancer. Ashkenazic Jewish women, for example, are at higher risk of carrying BRCA mutations.

Mr. Fishman said at-risk women may elect preventive "prophylactic" surgeries — mastectomy and removal of the ovaries and fallopian tubes.

Short of surgery, Mr. Fishman said, another choice is birth control pills, which have been proven to decrease a woman's risk for ovarian cancer by 50% after five years' use.

"We deal with the young woman who has never had children, with no partner, who is thinking about having breast and ovarian cancer," a genetic counselor at NYU, Elsa Reich, said. "She needs help and support to make decisions."

Why some at-risk women never develop breast or ovarian cancer is the focus of an NYU study funded by the Jewish Women's Foundation of New York. Researchers are gathering DNA from Ashkenazic Jewish women older than 70 who have never had cancer. They will then isolate the samples with BRCA mutations.

"Some people with BRCA mutations never develop cancer and live to a ripe old age," the director of the Human Genetics Program at NYU, Dr. Harry Ostrer, who is involved in the study, said. "Whatever those people have is what you and I want."

The director of medical oncology at NYU, Dr. Franco Muggia, said another key element to research is recurrent ovarian cancer. "If the disease recurs in five years after initial onset, you can have another very long remission," Mr. Muggia said. However, if it recurs within two years, remission is only possible by maintaining chronic chemotherapy treatment.

Ms. Gordon avoided a more serious outcome partly because her doctor was so vigilant. "Women complain of these symptoms sometimes for months and months, and they're not taken seriously," she said.