AEBP
ALTA EAST BAY PATHOLOGY

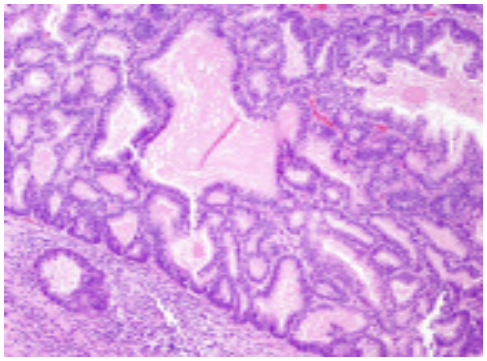
Ovarian Cancer

Endometrioid Carcinoma

What is an ovarian endometrioid tumor?

Endometrioid tumors make up about 2 to 4 percent of all ovarian tumors. Most endometrioid tumors (about 80 percent) are malignant and represent 10 to 20 percent of all ovarian carcinomas. In some cases, endometrioid carcinomas of the ovary appear synchronously with an endometrial carcinoma (epithelial cancer of the uterus) and/or endometriosis (presence of endometrial tissue outside the uterus).

Ovarian endometrioid carcinomas are the second most common type of epithelial ovarian cancer, which is the most common ovarian cancer. According to the American Cancer Society, ovarian cancer accounts for 3 percent of all cancers among women. The overall five-year survival rate for women with endometrioid carcinoma is 83 percent. If the disease is found at an early stage (with no spread outside the ovary), the survival rate is about 95 percent.



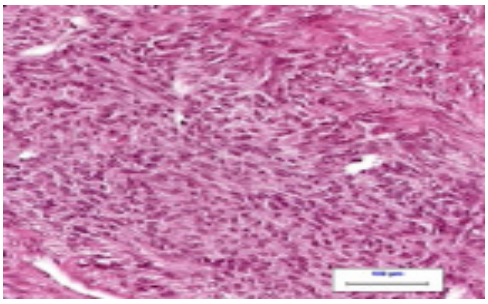
As ovarian endometrioid carcinoma cells multiply, they crowd out healthy cells.

Who is most likely to have ovarian endometrioid carcinoma?

Endometrioid carcinoma occurs primarily in women who are between 50 and 70 years of age. Women with a personal or family history of colon or endometrial cancer (Lynch Syndrome 2 or hereditary non-polyposis colon cancer) have a higher risk of developing endometrioid carcinomas of the ovary. Risk factors include age; use of high-dose estrogen for long periods without progesterone; or uninterrupted ovulation due to infertility, no pregnancies, or no use of birth control.

What characterizes ovarian endometrioid carcinoma?

Ovarian cancer often does not present clear physical symptoms. Some signs of ovarian cancer include persistent (more than two weeks) pelvic or abdominal pain or discomfort; bloatedness, gas, nausea and indigestion; vaginal bleeding; frequent or urgent urination with no infection; unexplained weight gain or loss; fatigue; and changes in bowel habits. If you have a known history of endometriosis involving the ovary and there is a change in the intensity or type of symptoms that you are experiencing, let your doctor know.



Normal ovarian cells.

How is ovarian endometrioid carcinoma diagnosed?

Women should have a comprehensive family medical history taken by a physician knowledgeable about the risks of ovarian cancer. In addition, a ***rectovaginal examination*** and ***pelvic examination,*** conducted by your primary care physician, may detect some abnormalities. If any abnormalities are found, your primary care physician may prescribe a ***transvaginal ultrasound*** or a tumor marker blood test called the ***CA-125.*** Higher than normal levels of CA-125 can point to ovarian cancer, although other non-cancer related conditions may also be associated with an elevation of the CA-125.

In cases of abdominal swelling, your primary care physician may withdraw fluid from your belly to look for cancer cells. This may be done through different procedures including ***culdocentesis*** (where fluid is removed from the space surrounding the ovaries) or

(continued on next page)

Definitions

Endometrial: Excessive growth of cells in the endometrium, the tissue that lines the uterus.

Epithelial: Relating to the epithelium, tissue that lines the internal surfaces of body cavities or external body surfaces of some organs, such as the ovary.

Malignant: Cancerous and capable of spreading.

Pathologist: A physician who examines tissues and fluids to diagnose disease in order to assist in making treatment decisions.

What kinds of questions should I ask my doctors?

Ask any question you want. There are no questions you should be reluctant to ask. Here are a few to consider:

• Can you please tell me about the type of cancer I have and what treatment options are available.

• What stage is the cancer?

• What are the chances to be cured?

• What treatment options do you recommend? Why do you believe these are the best treatments?

• What are the pros and cons of these treatment options?

• What are the side effects?

• Can you provide me with information about the physicians and others on the medical team?

(continued from previous page)

paracentesis (where fluid is removed from the abdominal cavity). ***CT (computed tomography)*** or ***MRI (magnetic resonance imaging) scans*** also may be used to allow physicians to view inside the body and specifically in the abdominal region where the ovaries are found.

If you have a family history of ovarian cancer, you may have a higher genetic risk of having ovarian cancer, and your primary care physician or specialist may recommend that you take advantage of other new blood marker tests in the developmental stages.

What does the pathologist look for?

The pathologist studies the specimen(s) removed during surgery. By examining these tissues, the pathologist will assess whether or not the tumor is cancer and, if so, what kind of cancer it is and whether or not it has spread outside the ovary. After reviewing all the specimens, your pathologist will assign a pathologic ***stage*** to your ovarian cancer, which will impact treatment recommendations made by your doctor. Stage I ovarian endometrioid carcinomas are confined to one or both ovaries, and stage 4 carcinomas have spread far away from the ovary. If a carcinoma is stage 2 or 3, it is between these two extremes.

How do doctors determine what surgery or treatment will be necessary?

Once ovarian cancer is suspected or confirmed, your primary care physician or specialist will refer you to a surgeon. The initial ***surgery*** will remove as much of the suspicious tissue as possible. In clearing cancerous tissue from the abdominal cavity, the surgeon may remove not only the ovary involved but also the uterus, the other ovary, fallopian tubes, omentum, lymph nodes, and other tissues to assess if the cancer may have spread; sometimes, cancer deposits are small and must be removed to be found.

After surgery, your primary care physician or specialist will most likely recommend ***chemotherapy,*** usually ***intraperitoneal chemotherapy (IP)*** (directed inside the abdominal cavity). According to a study published by the New England Journal of Medicine, IP chemotherapy resulted in women having a median survival time 16 months longer, especially when administered with certain chemotherapy drugs such as cisplastin and paclitaxel, than women who received intravenous (IV) chemotherapy. Studies show that cisplastin and paclitaxel remain active longer in the abdomen than other chemotherapeutic agents.

Radiation therapy (using pinpointed high-energy beams) is sometimes used with chemotherapy to treat ovarian cancer. Radiation therapy can be used to shrink tumors before surgery or to destroy cancer cells that remain after surgery. This treatment is also used to relieve the symptoms of advanced cancer.

Patients who experience relapse or who have carcinomas that are resistant to treatment may benefit from additional surgical procedures, secondary chemotherapy agents, biological therapies, or other types of treatments.

Clinical trials of new treatments may be found at www.cancer.gov/clinicaltrials. These treatments are highly experimental in nature but may be a potential option for advanced cancers.

For more information, go to www.cancer.gov (National Cancer Institute) or www.oncologychannel.com. Type the keywords ***ovarian endometrioid tumors*** or ***ovarian cancer*** into the search box.

Healing begins with the pathologist's diagnosis. Pathologists are core members of your patient care team.