CORRESPONDENCE

Ovarian Cancer: Diagnosis and Treatment

by Dr. med. Alexander Burges, Prof. Dr. med. Barbara Schmalfeldt
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Ovarian Cancer: Diagnosis and Treatment

We wish to mention three studies that advocate better prevention of ovarian cancer, since the disease is fatal in six of 10 affected women after several years (9600 new cases and 5500 deaths every year).

- Early detection for a better prognosis by means of screening is not in sight, according to a randomized controlled study (1) of transvaginal ultrasound with tumor marker test CA 125. The mortality in the screening group was 3.1 per 10 000 women years; the rate achieved by usual preventive care measures was 2.6/10 000. Screening 20 000 women would therefore lead to one less death due to ovarian cancer. The study investigated 80 000 women over 12 years.
- A possible preventive intervention in women at high risk of being carriers of BRCA mutations is bilateral adnexectomy at age 30, for example. This would be associated with an acceleration of all aging processes by 20 years, with sequelae including osteoporosis, coronary heart disease, neurodegenerative disorders. For carriers of the BRCA1 mutation, a US study (2) calculated the following: castration at age 40 can be expected to result in a 15% higher total survival rate (absolute value) in the following 30 years of life. Even earlier castration would not entail any further reduction in the risk of cancer (2).
- This means that hormonal prevention of ovarian cancer is very important. In women taking the contraceptive pill for 10 years the cancer risk is reduced by 50%. This also applies to BRCA carriers, who do not have a higher risk of breast cancer as a result. A meta-analysis of 15 studies (3) compared 2855 breast cancer patients with 2954 healthy carriers of the BRCA mutation. Such a positive study result could not be expected before 1975, when pill dosages were double the current amount. Nowadays, doctors mostly prescribe pills of 20 mg **ethinylestradiol**, which can be used in the prevention of ovarian cancer. These co-indications of the contraceptive pill should be addressed in women at increased risk of ovarian cancer.

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

We thank the correspondent for mentioning the recent publication about the value of screening reported by Buys; the recently published Health Technology Assessment report 113 from the German Institute of Medical Knowledge and Information (*Deutsches Institut für Medizinische Dokumentation und Information*, DIMDI) (1) regarding individual health services also refers to this study.

Prophylactic adnexectomy in carriers of the BRCA mutation is recommended only for women older than 40 as the risk of developing ovarian cancer suddenly increases, whereas earlier oophorectomy seems to be associated with a rise in other disorders (2).

In our opinion, nothing conclusive can be said about hormone replacement therapy in carriers of the mutation. Short term therapy does not seem to have any negative effects on the risk of breast cancer (3).

Because of the contradictory conclusions reached by the meta-analyses with regard to the contraceptive pill and risk of breast cancer in women carrying the mutation, the consortium can currently not make any recommendation in favor of taking oral contraception (personal communication).

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