



Prevention

Ovarian Cancer Awareness Month September 2019

REDUCING MORTALITY FROM OVARIAN CANCER

Summary: Well-established screening tools for ovarian cancer have been shown to be ineffective at reducing ovarian cancer mortality. Cancer prevention now focuses on surgical risk reduction by surgical removal of ovaries and tubes. Novel strategies focus on alternate screening strategies and other molecular markers.

SCREENING and PREVENTION GUIDELINE UPDATES

Screening: In February 2018 the US Preventive Services Task Force **updated its recommendation against screening (grade D) for ovarian cancer**

Risk assessment: Women with **germline BRCA1 or BRCA2 mutations** are excluded from screening guidelines. Women with **family history of breast, ovarian, tubal or peritoneal cancer** should **undergo risk assessment** with one of several screening tools (e.g., Ontario Family History Assessment Tool, Manchester Scoring System and Referral Screening Tool) and referred for genetic counseling and possible testing. **All patients with ovarian cancer, breast cancer before age 45 and triple-negative (ER, PR and her2/neu) before age 60** are referred for genetic counseling and testing

Prevention: BRCA-mutation-positive patients may consider several risk reduction options for breast cancer and **preventive oophorectomy** to prevent ovarian cancer.

OVARIAN CANCER PRIMARY PREVENTION

Prophylactic oophorectomy appears to be more effective than ultrasonography screening. In a prospective study of BRCA1-mutated women, the 10-year mortality was 2.0% in the screening group and 0.5% in the oophorectomy group (HR 0.23 95%CI 0.05-0.97).¹

OVARIAN CANCER SCREENING

Conventional screening methods, including pelvic ultrasonography, bimanual palpation of ovaries² and the CA-125 blood test, were found ineffective in the US Prostate, Lung, Colorectal and Ovarian Cancer (PLCO) screening trial.³ All three interventions did not improve survival and caused substantial harm from overtreatment. Alternative strategies include a 2-stage screening process and novel markers.

2-stage screening: An alternative to CA-125 screening is tracking CA-125 over time to find rising but not yet elevated levels (to increase sensitivity) and then subject only women with rising CA-125 to transvaginal ultrasound (to increase specificity).⁴ Supportive data do not yet exist.⁵

Novel biomarkers: Alternative markers of potential use in screening include fatty acid metabolites⁶ and circulating microRNAs.

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The Strang Cancer Prevention Cookbook

Peach and Blueberry Crisp

Reduce your Risk for Cancer by Eating a Healthy Diet!

Peach and Blueberry Crisp * 6 Servings



6 medium peaches, peeled, pitted, and cut into large chunk's, 2 cups blueberries, 1/4 cup plus 1 tablespoon all- purpose flour, 1/3 cup granulated sugar, juice 1/2 lemon, 1/2 cup quick cooking cereal, 1/4 cup packed brown sugar, 1/2 teaspoon ground cinnamon, 2 table- spoons melted unsalted butter. Vanilla frozen yogurt, optional.

Preheat oven to 375 F. Spray a baking/casserole dish, at least 6 cup capacity, with canola oil/cooking spray or lightly rub w canola oil.

In a medium bowl, combine peaches, blueberries, 1 tablespoon of flour, sugar and lemon juice. Toss with your hands to combine thor- oughly. Spread the fruit out in the baking pan. In a separate bowl, prepare the topping. Mix together the oatmeal, remaining 1/4 cup of flour, brown sugar and cinnamon. Drizzle with the melted butter, and then rub the topping together with you hands until it resembles a coarse meal. Entirely spread the topping over the fruit and bake for 35 minutes or until the fruit is bubbling and the topping is browned lightly. Remove and let cool slightly. Serve warm or room temperature. Top with vanilla frozen yogurt.

Calories 261, Protein 3 g, Carbohydrates 49 g, Fat 6 g, Cholesterol 5 mg, Dietary fiber 4 g Saturated fat 3 g

Major sources of Potential Cancer fighters: Phytochemicals: plant polyphenols (flavonoids, phenolic acids), terpenes (carotenoids)

Source: cookbook page 307.

Recipe by Laura Pensiero, R.D., **Strang** Nutrition Consultant
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THIS NEWSLETTER IS DEDICATED TO DIANNE TASHMAN ZOLA

The Dianne Zola Ovarian Cancer Research Fund was established in 2014



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