



Strang Cancer Prevention Institute

Dedicated to Promoting Cure by Early Detection and Research to Prevent Cancer since 1993

Prevention

Ovarian Cancer Awareness Month September 2026

OVARIAN CANCER: INNOVATION IN PREVENTION AND EARLY DETECTION

Note to Readers

Innovation is essential for cancer prevention. New analytic, diagnostic, and treatment methods, including precision medicine and artificial intelligence, continue to transform early detection and risk reduction. The Strang Cancer Prevention Institute, whose mission since 1933 has been to promote the cure of cancer through early detection and research, will continue to highlight important advances that improve patient outcomes and expand access to life-saving care.

Summary

For many years, ovarian cancer was assumed to begin primarily in the ovaries. Research now shows that many high-grade serous ovarian cancers, the most common and lethal form of the disease, likely begin in the fallopian tubes. This shift in understanding is changing how researchers approach both prevention and early detection. New evidence suggests that removing the fallopian tubes during other pelvic surgery can substantially reduce ovarian cancer risk. Researchers are also studying whether high-risk women can have their fallopian tubes removed before their ovaries and whether early molecular changes can be detected directly within the fallopian tubes.

Many Ovarian Cancers May Begin in the Fallopian Tube

High-grade serous ovarian cancer accounts for most ovarian cancer deaths. Research has shown that many of these cancers appear to begin as abnormal cells in the fallopian tubes.¹ Precancerous lesions known as serous tubal intraepithelial carcinomas (STICs) have been identified in the tubes and can share the same genetic alterations as later ovarian cancers.¹

This has shifted prevention efforts toward the fallopian tube as a potential site where cancer may be prevented before it reaches the ovary.

Fallopian Tube Removal May Substantially Reduce Ovarian Cancer Risk

One prevention strategy is opportunistic bilateral salpingectomy, or removal of both fallopian tubes during another pelvic operation while leaving the ovaries in place.

A 2026 study of more than 85,000 women in British Columbia found that women who underwent salpingectomy had about a 78% lower risk of developing serous ovarian cancer compared with women who underwent hysterectomy alone or tubal ligation.²

Because the ovaries remain, women can retain ovarian hormone production until natural menopause. The findings strengthen evidence that fallopian tube removal during appropriate surgery may offer meaningful cancer prevention.

A Two-Step Strategy Is Being Studied for Women at High Genetic Risk

Women with BRCA1 or BRCA2 pathogenic variants often consider preventive removal of both the fallopian tubes and ovaries. Removing the ovaries before natural menopause, however, causes immediate surgical menopause.

Researchers are studying whether high-risk women could instead have the fallopian tubes removed first and delay removal of the ovaries.³ Large trials, including the NCI-supported SOROCK study, are evaluating whether this approach can provide similar cancer protection while allowing women to retain ovarian function longer.⁴

The strategy remains investigational, and removal of both the tubes and ovaries remains the established preventive approach for appropriate high-risk women.

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Detecting Cancer at Its Earliest Site of Origin

The fallopian tube may also offer a new opportunity for early detection.

A 2026 study investigated fallopian tube lavage, a technique that collects cells and biological material directly from the tube. Researchers analyzed these samples for molecular changes associated with pre-invasive ovarian cancer.⁵

A research study at Memorial Sloan Kettering Cancer Center (Louis Diaz MD) is studying whether DNA from ovarian cancers could be detected in a liquid biopsy of cervical fluid collected during Pap tests.

These approaches remains experimental, but it reflects a broader change in ovarian cancer research: instead of searching only for an established ovarian tumor, researchers are beginning to look for disease at the site where it may first develop.

Together, these advances suggest that the fallopian tube may become an increasingly important focus of ovarian cancer prevention and early detection. As research progresses, targeting disease closer to its site of origin may help prevent more cancers or identify them before they spread.

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IMPORTANT LINKS FROM THE STRANG WEB SITE

<https://www.strang.org>

OVARIAN CANCER SCREENING AND PREVENTION

<https://www.strang.org/ovarian-cancer>

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NCI (National Cancer Institute) CANCER CENTERS BY STATE

<https://www.strang.org/us-cancer-centers>

STRANG CANCER PREVENTION COOKBOOK

<https://www.strang.org/strang-cookbook>

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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 tablespoons 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 thoroughly. 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
Chef, Dietitian, Restaurateur, Author
Owner, Gigi Hudson Valley Trattoria & Catering Rhinebeck, New York

THIS NEWSLETTER IS DEDICATED TO DIANNE TASHMAN ZOLA

The Dianne Zola Ovarian Cancer Research Fund was established in 2014

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Prevention newsletter has been made possible by the Lottie French Lewis endowed fund at the Community Foundation of Palm Beach and Martin Counties



September is Ovarian Cancer Awareness Month



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