



Prevention

Ovarian Cancer Awareness Month September 2023

OVARIAN CANCER AWARENESS MONTH

Note to Readers: Innovation is essential to cancer prevention. Genomic data support **precision prevention** as well as precision medicine. Strang is increasingly focused on innovation in cancer prevention. We will continue to highlight novel approaches.

Innovation in Ovarian Cancer Prevention: Can replacing tubal ligation with salpingectomy prevent ovarian cancer? Reducing ovarian cancer risk by salpingectomy: High-grade serous ovarian cancers, which usually present late with a poor prognosis, usually **arise from Fallopian tubes**. Guidelines now recommend **salpingectomy** rather than tubal ligation **for permanent contraception** to possibly **reduce ovarian cancer risk**.

PRIMARY PREVENTION Salpingectomy to reduce ovarian cancer risk?: Bilateral ovarian resection reduces ovarian cancer risk by about **75%** for **very high risk women** with the BRCA1 mutation,¹ although modeling suggests **benefit** for an ovarian cancer **risk above 4%**, which can arise from family history or other known mutations.² However, oophorectomy is **too morbid and costly** for a **normal-risk population**. **Salpingectomy for permanent contraception** may reduce the risk of high-grade serous ovarian cancer, the **most common and poor-prognosis form of ovarian cancer**. **Observational studies** in Denmark and Sweden found that bilateral salpingectomy **reduced ovarian cancer risk by 42%³ and 65%⁴**, respectively. However, the results are based on small numbers of cancers. A recent study in **Ontario** found that bilateral salpingectomy had a **non-significant 45% reduction** in ovarian cancer after an average follow-up of 5.2 years.⁵ Their study was highly underpowered by short follow-up. Salpingectomy for permanent contraception is a recent innovation performed on younger women at low risk of ovarian cancer. With longer follow-up in older women, we will determine whether bilateral salpingectomy prevents ovarian cancer. If so, a less morbid option to reduce ovarian cancer would be available

SCREENING and PREVENTION GUIDELINES Screening for normal risk women is likely harmful (US Preventive Services Task Force D rating, updated February 2018). Early detection could benefit high-risk women most, but in trials screening has not reduced ovarian cancer deaths (see below). **Summary of Screening Trials: The US Prostate, Lung, Colorectal and Ovarian Cancer (PLCO) screening trial** found that transvaginal ultrasonography, bimanual palpation of ovaries⁶ and the CA-125 blood test, did not reduce ovarian cancer mortality.⁷ Long term results of the **United Kingdom Collaborative Trial of Ovarian Cancer Screening (UKCTOCS)** found that annual multimodality screening (MMS) or transvaginal ultrasound screening did not reduce ovarian cancer mortality.⁸ The MMS arm used a novel screening strategy based on the risk of ovarian cancer algorithm (ROCA).⁹ **Preventive oophorectomy** reduced 10-year ovarian cancer mortality by 75% in BRCA1-mutated patients. Guidance for patients should be based on risk, including family history and genetics (see discussion above). **Risk assessment: Genetic counseling** recommended for patients with **ovarian cancer, breast cancer before age 45 or triple-negative breast cancer before age 60. Risk assessment** recommended for women with **family history of breast, ovarian, tubal or peritoneal cancer**.

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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 oat-meal, 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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