

0:00:00 -> 0:00:02.38 Support for Yale Cancer Answers
0:00:02.38 -> 0:00:04.76 comes from AstraZeneca providing
0:00:04.842 -> 0:00:07.552 important treatment options for women
0:00:07.552 -> 0:00:10.262 living with advanced ovarian cancer.
0:00:10.27 -> 0:00:12.31 Learn more at astrazeneca-us.com.
0:00:14.36 -> 0:00:15.808 Welcome to Yale Cancer
0:00:15.808 -> 0:00:17.256 Answers with your host
0:00:17.26 -> 0:00:19.07 Doctor Anees Chagpar.
0:00:19.07 -> 0:00:21 Yale Cancer Answers features the
0:00:21 -> 0:00:23.373 latest information on cancer care by
0:00:23.373 -> 0:00:24.893 welcoming oncologists and specialists
0:00:24.893 -> 0:00:27.442 who are on the forefront of the
0:00:27.442 -> 0:00:29.194 battle to fight cancer. This week
0:00:29.2 -> 0:00:31.01 it's a conversation about ovarian
0:00:31.01 -> 0:00:32.82 cancer with doctor Elena Ratner.
0:00:32.82 -> 0:00:34.806 Doctor Ratner is an associate professor
0:00:34.806 -> 0:00:36.8 in the Department of obstetrics,
0:00:36.8 -> 0:00:37.184 gynecology,
0:00:37.184 -> 0:00:38.72 and Reproductive Sciences at
0:00:38.72 -> 0:00:40.64 the Yale School of Medicine
0:00:40.703 -> 0:00:42.701 where doctor Chagpar is a
0:00:42.701 -> 0:00:44.033 professor of surgical oncology.
0:00:45.22 -> 0:00:47.3 Maybe you could start off by telling
0:00:47.3 -> 0:00:50.066 us a little bit more about ovarian cancer.
0:00:50.07 -> 0:00:52.815 I know that a lot of people have heard
0:00:52.815 -> 0:00:55.213 about it, but they may not know as much
0:00:55.213 -> 0:00:57.949 about it as they know about other cancers.
0:00:57.95 -> 0:00:59.46 So what exactly is it?
0:00:59.46 -> 0:01:01.278 How common is it, and who
0:01:01.28 -> 0:01:03.098 gets it?
0:01:03.1 -> 0:01:04.756 Perfect questions to start with

0:01:04.756 -> 0:01:07.157 and it is so wonderful to be able
0:01:07.157 -> 0:01:09.373 to discuss this with you today and
0:01:09.373 -> 0:01:11.564 with our listeners as it is ovarian
0:01:11.564 -> 0:01:13.594 cancer month and we're trying to
0:01:13.594 -> 0:01:15.349 raise awareness for this cancer.
0:01:15.35 -> 0:01:17.59 Ovarian cancer overall
0:01:17.59 -> 0:01:19.82 is not very common,
0:01:19.82 -> 0:01:22.05 only 1.4% of lifetime risk
0:01:22.05 -> 0:01:23.834 of getting the cancer,
0:01:23.84 -> 0:01:26.522 and this cancer is more prevalent
0:01:26.522 -> 0:01:27.863 in certain groups.
0:01:27.87 -> 0:01:30.155 Genetic predisposition plays a very
0:01:30.155 -> 0:01:32.892 important role as to some other
0:01:32.892 -> 0:01:35.884 factors that I'm sure you and I will
0:01:35.884 -> 0:01:39.036 discuss today during our conversation.
0:01:39.04 -> 0:01:41.465 But the important thing about
0:01:41.465 -> 0:01:43.89 ovarian cancer is that unfortunately
0:01:43.963 -> 0:01:45.798 it still continues to be
0:01:45.8 -> 0:01:47.129 a very deadly cancer.
0:01:47.129 -> 0:01:49.787 24,000 women get this cancer yearly
0:01:49.787 -> 0:01:52.925 in the United States and as high as
0:01:52.925 -> 0:01:55.318 16,000 women die from this cancer
0:01:55.318 -> 0:01:58.097 and the reason for that is because,
0:01:58.1 -> 0:01:58.484 unfortunately,
0:01:58.484 -> 0:02:01.172 this is a cancer that is very
0:02:01.172 -> 0:02:03.019 difficult to diagnose early.
0:02:03.02 -> 0:02:06.71 We used to say that this is the cancer
0:02:06.71 -> 0:02:07.662 that whispers,
0:02:07.662 -> 0:02:10.042 and during our conversation today
0:02:10.042 -> 0:02:13.189 I would like to prove to you that
0:02:13.189 -> 0:02:15.364 is not the case, but nevertheless,

0:02:15.364 -> 0:02:16.66 these cancers, unfortunately
0:02:16.66 -> 0:02:20.128 are frequently diagnosed at a later stage.
0:02:20.13 -> 0:02:22.216 And even though most of them respond
0:02:22.216 -> 0:02:24.4 very nicely to chemotherapy upfront,
0:02:24.4 -> 0:02:26.18 this is a very, very smart
0:02:26.18 -> 0:02:27.716 cancer and unfortunately they
0:02:27.716 -> 0:02:30.02 learn how to resist the treatment
0:02:30.088 -> 0:02:31.168 that we give them.
0:02:31.17 -> 0:02:33.3 And again, during our conversation today,
0:02:33.3 -> 0:02:35.281 I would like to discuss with you
0:02:35.281 -> 0:02:37.953 as to how the treatment for this
0:02:37.953 -> 0:02:39.705 cancer is really improving,
0:02:39.71 -> 0:02:41.798 and there's so many new treatments
0:02:41.798 -> 0:02:43.985 and new ways of management that
0:02:43.985 -> 0:02:46.519 we are using now that we didn't
0:02:46.519 -> 0:02:48.967 have six months ago, two years ago.
0:02:48.97 -> 0:02:49.76 So the
0:02:49.76 -> 0:02:52.525 outlook for this cancer looks very bright,
0:02:52.53 -> 0:02:54.426 but this is a very important
0:02:54.426 -> 0:02:56.7 cancer to be aware of because we,
0:02:56.7 -> 0:02:58.71 as women are our best advocates
0:02:58.71 -> 0:03:01 and we are fighters for our own
0:03:01 -> 0:03:02.475 lives and our own bodies.
0:03:02.48 -> 0:03:05.048 And that's why it's very important to know
0:03:05.05 -> 0:03:06.982 about this cancer and to know
0:03:06.982 -> 0:03:08.58 what symptoms to look out for.
0:03:09.28 -> 0:03:11.935 A lot to cover
0:03:11.935 -> 0:03:14.519 in this show and I'm really
0:03:14.519 -> 0:03:16.714 excited to talk about this.
0:03:16.72 -> 0:03:18.946 So let's start with risk factors.
0:03:18.95 -> 0:03:20.81 Who gets ovarian cancer?

0:03:20.81 -> 0:03:23.242 Are all women equally at risk or are
0:03:23.242 -> 0:03:25.647 there some things that really predispose
0:03:25.647 -> 0:03:28.245 some women to getting ovarian cancer?
0:03:28.25 -> 0:03:30.11 You mentioned for example, genetics.
0:03:31.6 -> 0:03:33.705 Yes, there's definitely factors that
0:03:33.705 -> 0:03:36.839 increase your risk of getting ovarian cancer.
0:03:36.84 -> 0:03:39.095 We now understand that genetics
0:03:39.095 -> 0:03:41.83 play such an important role in
0:03:41.83 -> 0:03:43.835 the old cancers most likely,
0:03:43.84 -> 0:03:46.456 but definitely for ovarian cancer,
0:03:46.46 -> 0:03:49.724 and it's not just for women who have
0:03:49.724 -> 0:03:52.138 family history of ovarian cancers.
0:03:52.14 -> 0:03:54.672 We know that there's genetic mutations
0:03:54.672 -> 0:03:57.268 that increase your risk of ovarian
0:03:57.268 -> 0:03:59.764 cancer and breast cancer and pancreatic
0:03:59.764 -> 0:04:02.708 cancer and melanoma and prostate cancer in men.
0:04:02.71 -> 0:04:05.798 When we talk about genetic
0:04:05.798 -> 0:04:07.655 predisposition and when I talk
0:04:07.655 -> 0:04:09.677 to women about their risks,
0:04:09.68 -> 0:04:11.69 I don't just ask whether somebody
0:04:11.69 -> 0:04:14.089 in the family had ovarian cancer,
0:04:14.09 -> 0:04:16.292 even though of course that itself
0:04:16.292 -> 0:04:17.76 would be a risk factor,
0:04:17.76 -> 0:04:19.896 but it's more what other cancers
0:04:19.896 -> 0:04:22.874 run in the family. Is there a
0:04:22.874 -> 0:04:25.094 family member who had breast cancer?
0:04:25.1 -> 0:04:27.46 Is there anybody who is a male who
0:04:27.46 -> 0:04:29.742 had breast cancer and those
0:04:29.742 -> 0:04:32.178 cancers are suspicious for BRCA
0:04:32.251 -> 0:04:33.169 gene mutation.
0:04:33.17 -> 0:04:35.634 There's been quite a bit in the

0:04:35.634 -> 0:04:37.72 news about the BRCA gene mutation over
0:04:37.72 -> 0:04:40.06 the past five years or so,
0:04:40.06 -> 0:04:41.23 as you remember,
0:04:41.23 -> 0:04:42.01 Angelina Jolie,
0:04:42.01 -> 0:04:44.086 who has one of these mutations
0:04:44.086 -> 0:04:46.446 and a number of different
0:04:46.446 -> 0:04:48.246 New York Times Editorials,
0:04:48.25 -> 0:04:49.81 talking about her experience
0:04:49.81 -> 0:04:50.98 with the Mutation.
0:04:50.98 -> 0:04:53.71 So it's called the Angelina Jolie effect.
0:04:53.71 -> 0:04:56.286 And now there's much more known about
0:04:56.286 -> 0:04:58.886 this mutation and about how women with
0:04:58.886 -> 0:05:01.538 this mutation have a higher risk of
0:05:01.538 -> 0:05:04.238 developing ovarian cancer and breast cancer,
0:05:04.24 -> 0:05:04.956 for example.
0:05:04.956 -> 0:05:06.746 But there's a mutation is
0:05:06.746 -> 0:05:09.04 just one of those mutations.
0:05:09.04 -> 0:05:11.025 There's many other mutations that
0:05:11.025 -> 0:05:13.57 predispose you to getting these cancers.
0:05:13.57 -> 0:05:16.286 That's why nowadays it is so important
0:05:16.286 -> 0:05:19.435 to know your family history and to
0:05:19.435 -> 0:05:22.771 know where you come from and to know
0:05:22.771 -> 0:05:25.021 what possible genetic mutations you
0:05:25.021 -> 0:05:27.578 might have that might predispose you
0:05:27.578 -> 0:05:30.05 to having higher risk of different
0:05:30.05 -> 0:05:32.11 cancers. In particular, ovarian cancer.
0:05:32.11 -> 0:05:34.17 So that's important.
0:05:34.17 -> 0:05:36.564 But you know, for women who may
0:05:36.564 -> 0:05:39.175 not have a BRCA gene mutation
0:05:39.175 -> 0:05:41.511 running in their family, or
0:05:41.511 -> 0:05:44.159 who may not have a family history of

0:05:44.159 -> 0:05:47.043 any cancers or for those who really
0:05:47.043 -> 0:05:49.38 don't know their family history,
0:05:49.38 -> 0:05:51.366 maybe they were adopted
0:05:51.366 -> 0:05:53.617 or have come from families where
0:05:53.617 -> 0:05:56.173 they really haven't gotten any of
0:05:56.173 -> 0:05:58.629 that knowledge passed on to them
0:05:58.629 -> 0:06:00.544 before people passed away,
0:06:00.55 -> 0:06:02.71 are there other risk factors that
0:06:02.71 -> 0:06:05.169 also play into your ovarian cancer
0:06:05.17 -> 0:06:07.93 risk?
0:06:07.93 -> 0:06:09.946 Yes, and so much of this
0:06:14.288 -> 0:06:15.347 is truly individualized.
0:06:15.35 -> 0:06:17.11 You know there's no formula.
0:06:17.11 -> 0:06:19.228 There's no specific check list.
0:06:19.23 -> 0:06:21.598 It is really just talking to women and
0:06:21.598 -> 0:06:24.517 kind of understanding what are their risks.
0:06:24.52 -> 0:06:26.806 What are the protective things that
0:06:26.806 -> 0:06:29.883 they bring to the table when we
0:06:29.883 -> 0:06:32.64 look for the risks of ovarian cancer.
0:06:32.64 -> 0:06:33.585 So for example,
0:06:33.585 -> 0:06:36.53 women who have had a lot of children,
0:06:36.53 -> 0:06:38.318 it is very protective.
0:06:38.318 -> 0:06:41.88 For anybody who has had five children,
0:06:41.88 -> 0:06:44.76 that decreases their risk to 50%.
0:06:44.76 -> 0:06:47.598 Anybody who breastfed each one
0:06:47.598 -> 0:06:50.573 of their five children for five
0:06:50.573 -> 0:06:53.063 years cumulatively has a decreased
0:06:53.063 -> 0:06:55.829 risk of ovarian cancer by 50%.
0:06:55.83 -> 0:06:58.71 Women who use birth control pills, those
0:07:00.153 -> 0:07:03.039 are incredibly protective for ovarian cancer.
0:07:03.04 -> 0:07:05.445 Every opportunity I get and every

0:07:05.445 -> 0:07:07.85 girlfriend that I talk to,
0:07:07.85 -> 0:07:09.038 I always tell
0:07:09.038 -> 0:07:11.414 my listeners and my patients and
0:07:11.414 -> 0:07:14.612 my friends
0:07:14.612 -> 0:07:17.415 try to use birth control
0:07:17.415 -> 0:07:20.121 pills for five years if they can.
0:07:20.121 -> 0:07:22.347 Anybody who uses birth control pills
0:07:22.347 -> 0:07:24.242 for five years decreases their
0:07:24.242 -> 0:07:26.72 risk of ovarian cancer by 50%.
0:07:26.72 -> 0:07:29.429 Anybody who uses it for 10 years
0:07:29.429 -> 0:07:31.858 decreases it for as high as 80%.
0:07:31.86 -> 0:07:34.122 Anybody who uses for 15 years
0:07:34.122 -> 0:07:36.628 decreases it for as high as 90%.
0:07:36.63 -> 0:07:39.282 So the benefit is really quite
0:07:39.282 -> 0:07:41.988 astounding as to what we can do.
0:07:41.99 -> 0:07:44.342 Women who had their
0:07:44.342 -> 0:07:46.184 fallopian tubes removed,
0:07:46.184 -> 0:07:48.508 in the older days we used to
0:07:48.508 -> 0:07:50.219 do tubal ligations.
0:07:50.22 -> 0:07:50.57 Now,
0:07:50.57 -> 0:07:52.67 in many cases we actually would
0:07:52.67 -> 0:07:55.173 take out the fallopian tube and
0:07:55.173 -> 0:07:57.005 that significantly decreases your
0:07:57.005 -> 0:07:59.602 risk for as high as 70%.
0:07:59.602 -> 0:08:00.326 The hysterectomy,
0:08:00.326 -> 0:08:02.86 even if there is some left behind
0:08:02.922 -> 0:08:05.117 that significantly decreases their risk,
0:08:05.12 -> 0:08:07.856 so there's a number of different
0:08:07.856 -> 0:08:10.091 protective factors that one can
0:08:10.091 -> 0:08:12.415 do to try to decrease the risk.
0:08:17.484 -> 0:08:19.194 There's two different ways that

0:08:19.194 -> 0:08:21.549 we now think about ovarian cancer,
0:08:21.55 -> 0:08:23.415 the traditional theory of ovarian
0:08:23.415 -> 0:08:26.006 cancer was that the more times that
0:08:26.006 -> 0:08:27.98 the woman ovulates, the more
0:08:27.98 -> 0:08:30.218 risk of developing cancer of the
0:08:30.218 -> 0:08:32.492 ovaries and that's why anytime when
0:08:32.5 -> 0:08:34.69 you are not ovulating whether
0:08:34.69 -> 0:08:36.146 it's pregnancy or breastfeeding
0:08:36.146 -> 0:08:37.966 or your birth control pills,
0:08:37.97 -> 0:08:39.434 that decreases your risk.
0:08:39.434 -> 0:08:41.63 The newer thought is that ovarian
0:08:41.697 -> 0:08:43.157 cancers might not actually
0:08:43.157 -> 0:08:44.982 be ovarian cancers at all.
0:08:44.99 -> 0:08:46.89 They actually might be fallopian
0:08:46.89 -> 0:08:48.78 tube cancers that then subsequently
0:08:48.78 -> 0:08:51.06 spread to the ovaries and that's
0:08:51.06 -> 0:08:52.986 why it is so important that
0:08:52.986 -> 0:08:54.84 if you're having hysterectomy,
0:08:54.84 -> 0:08:57.5 fallopian tubes do not have a purpose.
0:08:57.5 -> 0:08:57.878 Ovaries,
0:08:57.878 -> 0:09:00.902 of course do because they give you hormones,
0:09:00.91 -> 0:09:01.999 but fallopian tubes,
0:09:01.999 -> 0:09:04.177 the only purpose
0:09:04.177 -> 0:09:06.482 is for pregnancy so many times
0:09:06.482 -> 0:09:07.982 where women have hysterectomies
0:09:07.982 -> 0:09:10 their ovaries left behind.
0:09:10 -> 0:09:11.182 It is very,
0:09:11.182 -> 0:09:13.152 very important that the fallopian
0:09:13.152 -> 0:09:15.159 tubes are removed as well.
0:09:15.16 -> 0:09:17.876 Or, if the fallopian tubes are tied,
0:09:17.88 -> 0:09:19.88 that it gets

0:09:19.88 -> 0:09:21.88 removed rather than just tying
0:09:21.949 -> 0:09:24.457 it, because we now know that a great
0:09:24.457 -> 0:09:26.463 number of these cancers originate
0:09:26.463 -> 0:09:29.52 in the fallopian tubes. So if those
0:09:29.52 -> 0:09:31.455 are removed, then the risk
0:09:31.455 -> 0:09:32.616 is significantly decreased.
0:09:32.62 -> 0:09:33.814 All great information.
0:09:33.814 -> 0:09:36.202 Now let's suppose you've tried to
0:09:36.202 -> 0:09:38.006 minimize your risk, but still,
0:09:38.006 -> 0:09:40.91 one of the things that you
0:09:40.997 -> 0:09:44.091 mentioned is that the part of ovarian
0:09:44.091 -> 0:09:46.849 cancer that causes death is because
0:09:46.85 -> 0:09:49.636 it's caught late, and
0:09:49.64 -> 0:09:52.433 we know for many cancers that there
0:09:52.433 -> 0:09:54.03 is effective screening, right?
0:09:54.03 -> 0:09:55.63 We're heading into October.
0:09:55.63 -> 0:09:56.818 Breast cancer awareness.
0:09:56.818 -> 0:10:00.12 We all know that mammograms help us find
0:10:00.12 -> 0:10:01.788 breast cancer early.
0:10:01.788 -> 0:10:03.456 What do we have
0:10:03.46 -> 0:10:06.106 or do we have anything in terms
0:10:06.106 -> 0:10:08.707 of screening to help women to
0:10:08.707 -> 0:10:10.547 find ovarian cancer early?
0:10:10.55 -> 0:10:11.38 So that's
0:10:11.38 -> 0:10:13.876 exactly the trouble with ovarian cancer,
0:10:13.88 -> 0:10:16.498 and that's why we talk so much
0:10:16.498 -> 0:10:18.623 about ovarian cancer prevention with
0:10:18.623 -> 0:10:21.395 identifying risks and trying to do
0:10:21.395 -> 0:10:24.31 anything you can to decrease your risk,
0:10:24.31 -> 0:10:25.118 because unfortunately,
0:10:25.118 -> 0:10:27.946 we do not have as good of

0:10:27.946 -> 0:10:30.378 a test for ovarian cancer
0:10:30.38 -> 0:10:33.418 as we do for breast cancer with
0:10:33.418 -> 0:10:36.48 mammograms and there
0:10:36.48 -> 0:10:40.199 is a lot of literature that shows that
0:10:40.199 -> 0:10:43.583 there's really no benefit to doing
0:10:43.583 -> 0:10:46.316 routine ultrasounds for normal risk
0:10:46.316 -> 0:10:48.444 population because unfortunately
0:10:48.444 -> 0:10:50.952 ultrasounds even in combination with
0:10:50.952 -> 0:10:54.28 a tumor marker blood test called CA 125,
0:10:54.28 -> 0:10:56.87 there's literature that in the
0:10:56.87 -> 0:10:59.46 normal population that does not
0:10:59.553 -> 0:11:01.978 help you detect cancer early.
0:11:01.98 -> 0:11:03.768 And on the contrary,
0:11:03.768 -> 0:11:06.003 pushes women to have more
0:11:06.003 -> 0:11:07.15 unnecessary surgery.
0:11:07.15 -> 0:11:11.38 But that's not the case for high risk women.
0:11:11.38 -> 0:11:14.98 For women who are at higher risk for whatever
0:11:14.98 -> 0:11:18.426 risk factors that we discussed previously,
0:11:18.43 -> 0:11:20.895 then ultrasounds combined with this
0:11:20.895 -> 0:11:24.538 blood test called CA 125 are a benefit,
0:11:24.54 -> 0:11:27.36 but unfortunately still very limited.
0:11:27.36 -> 0:11:30.622 That's why it is so important for
0:11:30.622 -> 0:11:32.99 this ovarian cancer awareness
0:11:32.99 -> 0:11:35.496 to exist and for women to know
0:11:35.496 -> 0:11:37.39 the signs and symptoms for
0:11:37.39 -> 0:11:39.355 ovarian cancer because that is
0:11:39.355 -> 0:11:41.816 really the best screening or the
0:11:41.816 -> 0:11:43.946 best early detection and risk
0:11:43.946 -> 0:11:46.439 reduction is through awareness of the
0:11:46.439 -> 0:11:48.587 symptoms and listening to your body.
0:11:48.59 -> 0:11:50.99 And so one of the things

0:11:50.99 -> 0:11:53.678 that you said at the outset is that
0:11:53.678 -> 0:11:56.169 for many years ovarian cancer was
0:11:56.169 -> 0:11:58.779 thought about as the cancer that
0:11:58.863 -> 0:12:01.747 whispers because so many of the signs
0:12:01.747 -> 0:12:04.214 and symptoms may be things that
0:12:04.214 -> 0:12:05.846 women may shrug off,
0:12:05.85 -> 0:12:08.838 but they may not be really aware of as
0:12:08.838 -> 0:12:12.198 being potential red flags for ovarian cancer.
0:12:12.2 -> 0:12:15.232 So tell us more about those signs and
0:12:15.232 -> 0:12:17.62 symptoms that women should be aware
0:12:17.62 -> 0:12:20.54 of to be thinking about.
0:12:20.54 -> 0:12:22.922 And when should they be going
0:12:22.922 -> 0:12:24.51 in and seeing their gynecologist?
0:12:24.51 -> 0:12:27.678 For generations we used to say,
0:12:27.68 -> 0:12:30.459 there's just nothing you can
0:12:30.459 -> 0:12:33.05 do for ovarian cancer. It's what it is.
0:12:33.05 -> 0:12:35.15 You just cannot diagnose it early
0:12:35.226 -> 0:12:37.606 because there's no early symptoms,
0:12:37.61 -> 0:12:39.362 but we know that
0:12:39.362 -> 0:12:41.552 that is not the case.
0:12:41.56 -> 0:12:43.88 Multiple very good studies have
0:12:43.88 -> 0:12:46.6 been published to show that yes,
0:12:46.6 -> 0:12:49.27 the majority of women, 97% percent of
0:12:49.27 -> 0:12:51.64 women with advanced ovarian cancer,
0:12:51.64 -> 0:12:53.014 will have symptoms,
0:12:53.014 -> 0:12:57.647 but 89% of women with stage one and two
0:12:57.647 -> 0:13:01.419 cancers will also have have symptoms.
0:13:01.42 -> 0:13:04.596 The trouble is exactly how you said
0:13:04.596 -> 0:13:08.142 that these are also normal symptoms that
0:13:08.142 -> 0:13:10.812 these are symptoms of perimenopause.
0:13:10.82 -> 0:13:14.58 Is this a symptom of having a period?

0:13:14.58 -> 0:13:17.172 There's hormonal changes so the
0:13:17.172 -> 0:13:20.339 majority of the women who have the
0:13:20.339 -> 0:13:22.609 symptoms are actually completely normal
0:13:22.609 -> 0:13:25.629 and the symptoms that we're talking
0:13:25.629 -> 0:13:28.671 about is bloating,
0:13:28.68 -> 0:13:29.62 some Constipation,
0:13:29.62 -> 0:13:32.41 some diarrhea, bladder symptoms, weight gain.
0:13:32.41 -> 0:13:34.23 Clothes not fitting well.
0:13:34.23 -> 0:13:36.33 Feeling like you need to get
0:13:36.33 -> 0:13:37.73 bigger clothes because they're
0:13:37.792 -> 0:13:39.808 not fitting well around the waist.
0:13:39.81 -> 0:13:41.086 The important thing again,
0:13:41.086 -> 0:13:43.818 and this is I think the most important
0:13:43.818 -> 0:13:46.074 thing of our conversation today is
0:13:46.074 -> 0:13:48.586 the great majority of the women
0:13:48.586 -> 0:13:51.327 who are listening to this today we all
0:13:51.327 -> 0:13:53.77 experience symptoms and a great majority of
0:13:53.77 -> 0:13:55.52 these symptoms are completely normal.
0:13:55.52 -> 0:13:58 The symptoms that we need to pay attention
0:13:58 -> 0:14:00.58 to are the symptoms that don't just
0:14:00.58 -> 0:14:03.18 happen during periods or during ovulation.
0:14:03.18 -> 0:14:05.538 Those are the symptoms that happen
0:14:05.538 -> 0:14:07.899 every single day for two weeks,
0:14:07.9 -> 0:14:09.86 and also symptoms
0:14:09.86 -> 0:14:11.036 that happen together,
0:14:11.04 -> 0:14:13.398 let's say bowel and bladder symptoms,
0:14:13.4 -> 0:14:15.436 bloating and bladder symptoms.
0:14:15.436 -> 0:14:19.679 Those are the symptoms to pay attention to.
0:14:20.46 -> 0:14:23.022 We are going to dig into all of those
0:14:23.022 -> 0:14:25.41 symptoms and how we can actually
0:14:25.41 -> 0:14:28.238 make a diagnosis right after we take

0:14:28.325 -> 0:14:31.048 a short break for a medical minute.
0:14:31.05 -> 0:14:33.234 Please stay tuned to learn more
0:14:33.234 -> 0:14:35.75 about the treatment and diagnosis of
0:14:35.75 -> 0:14:37.318 ovarian cancer with my
0:14:37.318 -> 0:14:38.886 guest doctor Elena Ratner.
0:14:38.89 -> 0:14:41.134 Support for Yale Cancer Answers comes
0:14:41.134 -> 0:14:43.098 from AstraZeneca providing important
0:14:43.098 -> 0:14:45.113 treatment options for patients with
0:14:45.113 -> 0:14:47.121 different types of lung, bladder,
0:14:47.121 -> 0:14:49.076 ovarian, breast and blood cancers.
0:14:49.08 -> 0:14:51.828 More information at astrazeneca-us.com.
0:14:51.83 -> 0:14:55.046 This is a medical minute about breast cancer,
0:14:55.05 -> 0:14:57.055 the most common cancer in
0:14:57.055 -> 0:14:58.659 women. In Connecticut alone
0:14:58.66 -> 0:15:00.69 approximately 3000 women will be
0:15:00.69 -> 0:15:03.09 diagnosed with breast cancer this year,
0:15:03.09 -> 0:15:05.1 but thanks to earlier detection,
0:15:05.1 -> 0:15:06.303 non invasive treatments,
0:15:06.303 -> 0:15:07.506 and novel therapies,
0:15:07.51 -> 0:15:10.296 there are more options for patients to
0:15:10.296 -> 0:15:12.729 fight breast cancer than ever before.
0:15:12.73 -> 0:15:14.745 Women should schedule a baseline
0:15:14.745 -> 0:15:17.208 mammogram beginning at age 40 or
0:15:17.208 -> 0:15:19.506 earlier if they have risk factors
0:15:19.506 -> 0:15:21.18 associated with breast cancer.
0:15:21.18 -> 0:15:23.544 Digital breast tomosynthesis or 3D
0:15:23.544 -> 0:15:25.74 mammography is transforming breast screening
0:15:25.74 -> 0:15:27.956 by significantly reducing unnecessary
0:15:27.956 -> 0:15:30.172 procedures while picking up
0:15:30.172 -> 0:15:32.462 more cancers and eliminating
0:15:32.462 -> 0:15:34.682 some of the fear and anxiety,

0:15:34.69 -> 0:15:36.103 many women experience.
0:15:36.103 -> 0:15:37.987 More information is available
0:15:37.987 -> 0:15:38.929 at yalecancercenter.org.
0:15:38.93 -> 0:15:42.986 You're listening to Connecticut public radio.
0:15:42.99 -> 0:15:43.34 Welcome
0:15:43.34 -> 0:15:45.07 back to Yale Cancer Answers.
0:15:45.07 -> 0:15:46.942 This is doctor Anees Chagpar
0:15:46.942 -> 0:15:49.031 and I'm joined tonight by
0:15:49.031 -> 0:15:50.966 my guest doctor Elena Ratner.
0:15:50.97 -> 0:15:52.68 We're talking about ovarian cancer
0:15:52.68 -> 0:15:54.79 and right before the break Elena,
0:15:54.79 -> 0:15:56.841 you started to tell us some of
0:15:56.841 -> 0:15:58.873 the signs and symptoms that women
0:15:58.873 -> 0:16:01.393 should really be aware of in terms
0:16:01.463 -> 0:16:03.701 of trying to find ovarian cancer
0:16:03.701 -> 0:16:05.894 early because we simply do not
0:16:05.894 -> 0:16:07.629 have really good screening tests.
0:16:07.63 -> 0:16:09.856 So it's really up to women to
0:16:09.856 -> 0:16:11.789 pay attention to their bodies.
0:16:11.79 -> 0:16:14.028 But one of the things that
0:16:14.028 -> 0:16:15.52 struck me was that
0:16:15.52 -> 0:16:17.816 many of the symptoms you mentioned,
0:16:17.82 -> 0:16:19.46 a little bit of bloating,
0:16:19.46 -> 0:16:21.095 a little change in bowel
0:16:21.095 -> 0:16:22.403 habits or bladder function,
0:16:22.41 -> 0:16:23.722 a little bit of weight
0:16:23.722 -> 0:16:25.69 gain, your pants not fitting,
0:16:25.69 -> 0:16:27.502 I mean those happen to all
0:16:27.502 -> 0:16:29.619 of us all the time right?
0:16:29.62 -> 0:16:32.095 You go out for a big meal and you
0:16:32.095 -> 0:16:34.538 feel a little bloated after that.

0:16:34.54 -> 0:16:36.508 You might have a little bit
0:16:36.508 -> 0:16:37.82 of Constipation or diarrhea.
0:16:37.82 -> 0:16:39.77 Your pants don't fit right and
0:16:39.77 -> 0:16:41.43 you think Oh my God,
0:16:41.43 -> 0:16:43.95 I'm gaining weight.
0:16:43.95 -> 0:16:45.58 But should women be going
0:16:45.58 -> 0:16:46.558 to their gynecologist
0:16:46.56 -> 0:16:48.528 every time one of those things
0:16:48.528 -> 0:16:50.649 happens? Tell us more about
0:16:50.649 -> 0:16:52.494 what are really the triggers
0:16:52.494 -> 0:16:54.737 that you would say you know what
0:16:54.737 -> 0:16:56.992 this has gone on a bit too long,
0:16:56.992 -> 0:16:59.6 you really need to get to your gynecologist,
0:16:59.91 -> 0:17:01.46 you need to advocate for
0:17:01.46 -> 0:17:03.105 yourself that this is something
0:17:03.105 -> 0:17:05.139 that needs to be looked into.
0:17:06.63 -> 0:17:08.71 Yes, that's exactly correct.
0:17:08.71 -> 0:17:11.31 You really nailed it
0:17:11.31 -> 0:17:13.648 when we discussed before
0:17:14.763 -> 0:17:16.618 all of us experiencing it.
0:17:16.62 -> 0:17:17.643 It's totally normal.
0:17:17.643 -> 0:17:20.485 The key is to know what is normal
0:17:20.485 -> 0:17:23.124 for you and then be aware when
0:17:23.124 -> 0:17:25.101 something happens is not
0:17:25.101 -> 0:17:27.006 within what's norm for you.
0:17:27.01 -> 0:17:29.257 So usually what I tell women
0:17:29.257 -> 0:17:31.127 is pretty much consistent symptoms
0:17:31.127 -> 0:17:34.053 when you wake up every single day,
0:17:34.06 -> 0:17:36.37 and it's something that you are
0:17:36.37 -> 0:17:38.32 aware of constantly and that
0:17:38.32 -> 0:17:40.36 lasts for two to three weeks.

0:17:40.36 -> 0:17:43.807 That is the time to just get checked out.
0:17:44.478 -> 0:17:46.482 I'm a huge proponent that just
0:17:46.482 -> 0:17:48.743 talking to somebody or getting things
0:17:48.743 -> 0:17:51.023 checked out is of such benefit.
0:17:51.03 -> 0:17:52.725 The interesting thing is when
0:17:52.725 -> 0:17:55.185 I speak to women with ovarian
0:17:55.185 -> 0:17:57.607 cancer and then in their minds they
0:17:57.607 -> 0:18:00.058 go back to when everything began.
0:18:06.19 -> 0:18:07.89 It just wasn't considered by
0:18:07.89 -> 0:18:10.043 them to be anything that they
0:18:10.043 -> 0:18:11.968 should really pay attention to.
0:18:14.12 -> 0:18:15.56 The other important thing
0:18:15.56 -> 0:18:17.72 is that a lot of women,
0:18:17.72 -> 0:18:19.16 when these things happen,
0:18:19.16 -> 0:18:21.32 actually do not go to gynecologist.
0:18:21.32 -> 0:18:23.48 Most women go to urologists because
0:18:23.48 -> 0:18:24.92 they having bladder symptoms.
0:18:24.92 -> 0:18:27.139 They go to a gastroenterologist because
0:18:27.139 -> 0:18:29.239 they're getting bowel symptoms, interestingly
0:18:29.588 -> 0:18:31.676 a lot of women go to chiropractors
0:18:31.676 -> 0:18:33.512 because they having this discomfort
0:18:33.512 -> 0:18:36.074 and they're trying to make that better.
0:18:36.08 -> 0:18:38.162 So we actually do
0:18:38.162 -> 0:18:40.04 education not just to women,
0:18:40.04 -> 0:18:41.192 but to providers.
0:18:41.192 -> 0:18:43.88 I actually do tons of talks
0:18:43.963 -> 0:18:46.267 in the state of Connecticut to
0:18:46.27 -> 0:18:48.46 different physicians and different providers.
0:18:48.46 -> 0:18:50.884 We have this designation that
0:18:50.884 -> 0:18:53.428 we created to certify physicians and
0:18:53.428 -> 0:18:56.41 providers who know how to

0:18:56.41 -> 0:18:58.968 identify symptoms for varying cancer,
0:18:58.97 -> 0:19:00.722 because unfortunately not all
0:19:00.722 -> 0:19:03.35 of this is just women symptoms.
0:19:03.35 -> 0:19:04.238 Many times,
0:19:04.238 -> 0:19:06.458 women go to the physicians
0:19:06.458 -> 0:19:08.699 appropriately because they know that what
0:19:08.699 -> 0:19:10.794 they are experiencing is not normal,
0:19:10.8 -> 0:19:13.422 and that provider checks out this
0:19:13.422 -> 0:19:16.084 area, and clears that up.
0:19:16.084 -> 0:19:17.428 But unfortunately they don't
0:19:17.428 -> 0:19:18.65 piece things together,
0:19:18.65 -> 0:19:20.42 and this delay in diagnosis continues,
0:19:20.42 -> 0:19:22.478 and this is actually a very persistent problem,
0:19:22.48 -> 0:19:24.632 and something that a lot of women
0:19:24.632 -> 0:19:26.557 feel so passionate about
0:19:26.557 -> 0:19:28.543 that we started this whole program
0:19:28.605 -> 0:19:30.733 where we are doing a lot of Education,
0:19:30.74 -> 0:19:31.856 not just for women,
0:19:31.856 -> 0:19:33.53 but for providers to make sure
0:19:33.589 -> 0:19:35.149 that they know exactly what
0:19:35.149 -> 0:19:36.94 symptoms and how to identify it,
0:19:36.94 -> 0:19:39.108 and when to refer and
0:19:39.108 -> 0:19:41.069 when to order an ultrasound.
0:19:41.07 -> 0:19:41.829 But you know,
0:19:41.829 -> 0:19:43.984 at the end of the day this should
0:19:43.984 -> 0:19:45.88 not be yet another thing that
0:19:45.88 -> 0:19:47.848 we don't have to worry about.
0:19:47.85 -> 0:19:49.686 You know it's important to know
0:19:49.69 -> 0:19:52.354 your body and listen to your body.
0:19:52.36 -> 0:19:54.148 It's important to be your advocate,
0:19:54.15 -> 0:19:56.215 but at the end of the day

0:19:56.22 -> 0:19:58.122 we need to assure that providers
0:19:58.122 -> 0:20:00.2 also know the symptoms and know how
0:20:00.2 -> 0:20:02.09 to piece things together and
0:20:02.09 -> 0:20:03.224 take best care.
0:20:04.542 -> 0:20:06.51 But I can imagine that many
0:20:06.585 -> 0:20:08.89 providers are thinking
0:20:08.89 -> 0:20:11.445 things are common and so really
0:20:11.445 -> 0:20:14.226 having patients say,
0:20:14.226 -> 0:20:16.872 I agree that things are common,
0:20:16.88 -> 0:20:19.148 but this isn't common for me,
0:20:19.15 -> 0:20:21.79 so I think that while you're quite
0:20:21.79 -> 0:20:24.203 right that it's important that providers
0:20:24.203 -> 0:20:26.729 really know the signs and symptoms,
0:20:26.73 -> 0:20:28.62 it's also really critical that
0:20:28.62 -> 0:20:30.132 women advocate for themselves.
0:20:30.14 -> 0:20:33.164 So Elena is the first step in diagnosis
0:20:33.17 -> 0:20:35.2 getting an ultrasound or CT?
0:20:35.2 -> 0:20:37.186 What should women expect
0:20:37.186 -> 0:20:39.854 when they go to their family doctor
0:20:39.854 -> 0:20:41.969 or their gynecologist or their
0:20:41.97 -> 0:20:44.978 GI doc or somebody
0:20:44.98 -> 0:20:47.23 with these vague symptoms and we're
0:20:47.23 -> 0:20:49.487 trying to rule out ovarian cancer.
0:20:49.487 -> 0:20:50.618 Yeah, so the important
0:20:50.62 -> 0:20:53.58 part is to be seen by a gynecologist
0:20:53.58 -> 0:20:55.878 and to do a pelvic exam.
0:20:55.88 -> 0:20:57.61 Those are always very important
0:20:57.61 -> 0:20:59.741 and there's a lot of information
0:20:59.741 -> 0:21:01.697 that we as providers can get
0:21:01.697 -> 0:21:04.149 out of a physical examination.
0:21:04.15 -> 0:21:07.106 Pelvic examination. Second step would

0:21:07.106 -> 0:21:08.766 be together just an ultrasound.
0:21:08.77 -> 0:21:11.185 You know cat scans and mris are
0:21:11.185 -> 0:21:12.909 usually not necessary and actually
0:21:12.909 -> 0:21:15.405 not the best test for these at all.
0:21:15.41 -> 0:21:17.727 So we would get as a trans
0:21:17.727 -> 0:21:18.389 vaginal ultrasound.
0:21:18.39 -> 0:21:21.118 And usually we would not do tumor marker
0:21:21.118 -> 0:21:23.71 unless we have two 2 markerS called CA
0:21:23.71 -> 0:21:25.696 125 and it is not a great test.
0:21:25.7 -> 0:21:27.94 There's a lot of times that is
0:21:27.94 -> 0:21:29.642 falsely positives or false negative
0:21:29.642 -> 0:21:31.664 so we won't order it always.
0:21:31.67 -> 0:21:32.998 We order it in circumstances,
0:21:32.998 -> 0:21:34.658 but only after the ultrasound.
0:21:34.66 -> 0:21:36.646 So that's what you would expect.
0:21:37.54 -> 0:21:38.605 Great and
0:21:38.605 -> 0:21:40.38 let's suppose you do that.
0:21:40.38 -> 0:21:42.51 You've been having these vague symptoms.
0:21:42.51 -> 0:21:44.29 You go to your doctor.
0:21:44.29 -> 0:21:46.42 Your doctor says, you know,
0:21:46.42 -> 0:21:48.544 maybe we ought to send you
0:21:48.544 -> 0:21:49.606 to your gynecologist.
0:21:49.61 -> 0:21:51.205 The gynecologist does a pelvic
0:21:51.205 -> 0:21:53.52 exam and a trans vaginal ultrasound,
0:21:53.52 -> 0:21:55.245 and they think that they
0:21:55.245 -> 0:21:56.97 feel something or they
0:21:57.044 -> 0:21:58.839 see something in the ovary.
0:21:58.84 -> 0:21:59.908 Now, what happens?
0:22:01.49 -> 0:22:03.57 So women with ovarian cancer,
0:22:03.57 -> 0:22:06.475 women for whom we suspect of having cancer,
0:22:06.48 -> 0:22:09.385 are managed usually by team of doctors.

0:22:09.39 -> 0:22:11.058 You know, the gynecologist,
0:22:11.058 -> 0:22:13.56 of course plays a very important role
0:22:13.628 -> 0:22:16.01 and then works together with other
0:22:16.01 -> 0:22:18.13 colleagues like myself,
0:22:18.13 -> 0:22:20.56 who specializes in treatment and surgeries
0:22:20.56 -> 0:22:22.71 and chemotherapy for these cancers.
0:22:22.71 -> 0:22:25.63 So the point I wanted to make is
0:22:25.63 -> 0:22:28.231 how much better things are today
0:22:28.231 -> 0:22:31.44 than they have been in the past.
0:22:31.44 -> 0:22:33.184 We now truly provide
0:22:33.184 -> 0:22:34.496 personalized care.
0:22:42.75 -> 0:22:45.24 I now can do surgeries laparoscopically
0:22:45.24 -> 0:22:47.33 or robotically where women
0:22:47.33 -> 0:22:50.381 can go home the same day whereas four
0:22:50.381 -> 0:22:53.426 years ago they will stay in the
0:22:53.426 -> 0:22:55.999 hospital for a week if not longer.
0:22:56 -> 0:22:56.936 So surgically
0:22:56.936 -> 0:22:59.744 if you were concerned about ovarian
0:22:59.744 -> 0:23:02.42 cancer you would have a hysterectomy
0:23:02.42 -> 0:23:05.34 and then you would get a
0:23:05.34 -> 0:23:08.14 biopsy and we would look
0:23:08.14 -> 0:23:08.858 under a microscope,
0:23:08.858 -> 0:23:11.371 to try to identify the cells and
0:23:11.371 -> 0:23:13.56 that's how a diagnosis would be made,
0:23:13.56 -> 0:23:15.75 but everything now starts
0:23:15.75 -> 0:23:17.969 from that first step where you
0:23:17.969 -> 0:23:20.384 have surgery and again now we do
0:23:20.384 -> 0:23:22.234 everything truly in the personalized
0:23:22.234 -> 0:23:24.382 fashion where most women are
0:23:24.39 -> 0:23:26.195 now great candidates for this
0:23:26.195 -> 0:23:28.36 robotic surgery and they

0:23:28.36 -> 0:23:30.484 go home
0:23:30.484 -> 0:23:33.302 same day and they go back to work
0:23:33.302 -> 0:23:35.753 within a week and then extending to
0:23:35.753 -> 0:23:38.039 chemotherapy where we no longer treat
0:23:38.039 -> 0:23:41.44 women the same way that we used to treat.
0:23:41.44 -> 0:23:43.708 We no longer treat somebody the
0:23:43.708 -> 0:23:46.066 same way just because they have
0:23:46.066 -> 0:23:48.37 the same cancer as somebody else.
0:23:48.37 -> 0:23:49.567 We truly study
0:23:49.567 -> 0:23:51.961 their mutations and truly understand what
0:23:51.961 -> 0:23:54.916 is driving and causing the cancer in
0:23:54.92 -> 0:23:55.688 particular women,
0:23:55.688 -> 0:23:58.376 and then the treatment that we recommend
0:23:58.38 -> 0:24:00.305 and then we provide is
0:24:00.305 -> 0:24:01.845 based specifically on that.
0:24:01.85 -> 0:24:04.93 So we use a lot of targeted therapies.
0:24:04.93 -> 0:24:07.618 We use a lot of pills nowadays.
0:24:07.62 -> 0:24:09.316 You know some chemotherapies
0:24:09.316 -> 0:24:13.127 are still through IV how they used to be.
0:24:13.13 -> 0:24:16.037 But a lot of them now are just oral
0:24:16.037 -> 0:24:18.329 pills that you don't even have
0:24:18.329 -> 0:24:20.849 to come into the office to get.
0:24:20.85 -> 0:24:22.61 You can get from home.
0:24:22.61 -> 0:24:23.663 There's immunotherapy.
0:24:23.663 -> 0:24:26.12 There's a lot of these targeted achievements,
0:24:26.12 -> 0:24:27.87 again specifically for that patient,
0:24:27.87 -> 0:24:30.678 and I think that's the key to success.
0:24:30.68 -> 0:24:32.44 And more and more
0:24:32.44 -> 0:24:35.24 of these cancers are going to be cured.
0:24:35.24 -> 0:24:36.584 So that's really encouraging.
0:24:36.584 -> 0:24:39.459 I want to take a step back though,

0:24:39.46 -> 0:24:41.917 so at the point where you've gone
0:24:41.917 -> 0:24:43.814 to the gynecologist, they felt
0:24:43.814 -> 0:24:45.924 something they've done an ultrasound.
0:24:45.93 -> 0:24:48.1 in many of the cancers
0:24:48.1 -> 0:24:50.408 that we talk about on this show,
0:24:50.41 -> 0:24:52.33 the next step is a biopsy,
0:24:52.33 -> 0:24:54.402 but it sounds like that might not
0:24:54.402 -> 0:24:56.807 always be the case in ovarian cancer.
0:24:56.81 -> 0:24:57.695 Is that right?
0:24:57.695 -> 0:25:00.33 Do we always get a biopsy before surgery?
0:25:00.33 -> 0:25:02.89 Or do we kind of sometimes just say,
0:25:02.89 -> 0:25:05.45 well you're at a certain age.
0:25:05.45 -> 0:25:07.12 You can have a hysterectomy
0:25:07.12 -> 0:25:08.79 instead and that will accomplish
0:25:08.855 -> 0:25:10.25 two goals with one stone.
0:25:10.25 -> 0:25:11.53 How does that work?
0:25:11.53 -> 0:25:12.49 That's an excellent
0:25:12.49 -> 0:25:13.77 question because
0:25:13.77 -> 0:25:15.37 in many other cancers
0:25:15.37 -> 0:25:17.61 we would not proceed to surgery directly.
0:25:17.61 -> 0:25:20.546 We usually will try to get a biopsy.
0:25:20.55 -> 0:25:22.855 Ovarian cancer is the exception
0:25:22.855 -> 0:25:25.631 to that because of where the
0:25:25.631 -> 0:25:27.959 ovaries are and how they are.
0:25:27.96 -> 0:25:30.105 We never biopsy ovaries because
0:25:30.105 -> 0:25:32.25 you can rupture an ovary and
0:25:32.323 -> 0:25:34.939 potentially you can make that worse
0:25:34.94 -> 0:25:37.12 if cancer cells are present,
0:25:37.12 -> 0:25:39.731 so most of the time if something
0:25:39.731 -> 0:25:42.021 looks suspicious on the ultrasound
0:25:42.021 -> 0:25:43.659 and pelvic examination,

0:25:43.66 -> 0:25:47.575 or if women get a cat scan and MRI,
0:25:47.58 -> 0:25:50.13 or there's some sort of imaging
0:25:50.13 -> 0:25:52.75 that shows us especially suspicious
0:25:52.75 -> 0:25:54.736 we would just remove it.
0:25:54.74 -> 0:25:56.896 We would just take out the ovary
0:25:56.896 -> 0:25:59.295 and then be able to look at
0:25:59.295 -> 0:26:01.045 it at the microscope directly
0:26:01.05 -> 0:26:02.046 without the biopsy.
0:26:02.046 -> 0:26:03.706 And so when that's done,
0:26:03.71 -> 0:26:05.034 is a hysterectomy always
0:26:05.034 -> 0:26:06.689 done at the same time?
0:26:06.69 -> 0:26:08.556 Or does it matter where the
0:26:08.556 -> 0:26:10.68 woman is in her life cycle?
0:26:10.68 -> 0:26:12.335 So young woman versus an
0:26:12.335 -> 0:26:13.672 older woman, for example?
0:26:13.672 -> 0:26:16.65 Or is that just part and parcel of the
0:26:16.65 -> 0:26:17.568 same surgery?
0:26:17.568 -> 0:26:20.639 Exactly the same as what we talked before,
0:26:20.64 -> 0:26:22.08 everything is truly individualized.
0:26:22.08 -> 0:26:24.632 I have a lot of women in their
0:26:24.632 -> 0:26:26.618 30s who have had this diagnosis
0:26:26.62 -> 0:26:28.86 and I would never remove the ovaries
0:26:28.86 -> 0:26:31.42 I always allow them to continue
0:26:31.42 -> 0:26:33.66 how it was meant to be,
0:26:33.66 -> 0:26:36.27 and we certainly can do a lot of these
0:26:36.27 -> 0:26:38.351 surgeries and
0:26:38.351 -> 0:26:40.448 remove that normal ovary
0:26:40.448 -> 0:26:42.618 other things that we have to remove,
0:26:42.62 -> 0:26:44.396 but allow them to continue their
0:26:44.396 -> 0:26:46.321 normal lives and have normal fertility
0:26:46.321 -> 0:26:48.373 and be able to carry pregnancies.

0:26:48.38 -> 0:26:50.3 There's times where that's not possible,
0:26:50.3 -> 0:26:53.288 but most times with the young
0:26:53.288 -> 0:26:56.057 women we find a way to make it happen.
0:26:56.06 -> 0:26:58.09 If the woman is older
0:26:58.09 -> 0:27:00.785 then yes,
0:27:00.79 -> 0:27:03.233 of course we would remove the uterus
0:27:03.233 -> 0:27:05.81 as well and do a total hysterectomy
0:27:05.81 -> 0:27:07.74 but not the younger women.
0:27:07.74 -> 0:27:10.435 And so when you do that surgery,
0:27:10.44 -> 0:27:12.684 you had mentioned
0:27:12.684 -> 0:27:15.043 that many of these
0:27:15.043 -> 0:27:16.998 cancers are not caught early
0:27:17 -> 0:27:19.082 unfortunately and that's one of the
0:27:19.082 -> 0:27:21.815 things that leads to the high mortality
0:27:21.815 -> 0:27:23.945 rate associated with ovarian cancer.
0:27:23.95 -> 0:27:26.194 How many of these cancers have
0:27:26.194 -> 0:27:28.182 spread outside the ovary when
0:27:28.182 -> 0:27:29.866 their first diagnosed?
0:27:29.87 -> 0:27:32.294 What impact does that have in
0:27:32.294 -> 0:27:34.77 terms of treatment and prognosis?
0:27:36.07 -> 0:27:38.828 So at this point a lot of them,
0:27:38.83 -> 0:27:41.818 the great majority of them 75% or so
0:27:41.818 -> 0:27:44.33 spread to outside of the ovary at
0:27:44.414 -> 0:27:47.046 the time of diagnosis and because of
0:27:47.046 -> 0:27:49.676 that once we complete their surgery
0:27:49.676 -> 0:27:53.001 women need some sort of additional
0:27:53.01 -> 0:27:55.285 treatment which is usually chemotherapy
0:27:55.285 -> 0:27:58.434 or some sort of targeted therapy but
0:27:58.434 -> 0:28:00.822 myself among with many other experts
0:28:00.822 -> 0:28:03.888 who now spend so much of our
0:28:03.888 -> 0:28:06.406 time just doing surgery and not

0:28:06.406 -> 0:28:08.37 just doing chemotherapy, but really
0:28:08.37 -> 0:28:11.1 providing education to women.
0:28:14.53 -> 0:28:16.588 The future will be that more and
0:28:16.588 -> 0:28:18.747 more of these cancers will be
0:28:18.747 -> 0:28:20.355 found earlier and localized and
0:28:20.36 -> 0:28:23.104 surgery will be able to cure them.
0:28:23.11 -> 0:28:24.109 The key again,
0:28:24.109 -> 0:28:26.107 is just knowing your body and
0:28:26.107 -> 0:28:28.212 listening to your body and then
0:28:28.212 -> 0:28:30.318 seeing the physicians and seeing the
0:28:30.318 -> 0:28:32.37 providers and getting the
0:28:32.37 -> 0:28:35.184 care that you deserve, not turning away.
0:28:44.192 -> 0:28:46.53 And with that more and more of
0:28:46.604 -> 0:28:48.872 these cancers will be found early
0:28:48.872 -> 0:28:50.384 and the nature of
0:28:50.39 -> 0:28:51.738 this disease will change.
0:28:51.738 -> 0:28:53.76 Doctor Elena Ratner is an associate
0:28:53.824 -> 0:28:56.146 professor in the Department of obstetrics,
0:28:56.15 -> 0:28:57.59 gynecology, and Reproductive Sciences
0:28:57.59 -> 0:28:59.75 at the Yale School of Medicine.
0:28:59.75 -> 0:29:01.194 If you have questions,
0:29:01.194 -> 0:29:02.638 the address is canceranswers@yale.edu
0:29:02.638 -> 0:29:04.634 and past editions of the program
0:29:04.634 -> 0:29:06.458 are available in audio and written
0:29:06.51 -> 0:29:08.028 form at Yalecancercenter.org.
0:29:08.03 -> 0:29:10.946 We hope you'll join us next week to learn
0:29:10.946 -> 0:29:13.54 more about the fight against cancer.
0:29:13.54 -> 0:29:15.864 Here on Connecticut public radio.