

Cancer diagnosis that need no longer be hopeless

The Record

EDITORIAL

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By KAREN IRIS TUCKER

THE EDGES of the leaves are browning, and I've shuddered in the season's first rude wind. It's around this time of year I remember my mother's closest friend Marilyn, who died nine years ago of ovarian cancer at 57.

She and my mother met four decades ago while wheeling respective strollers down Ocean Avenue in Brooklyn. Marilyn's divorce and my father's death brought them closer together in later years, when they developed a long-standing Sunday ritual that never varied.

Mom would edge her car several row houses down our block, on which Marilyn incidentally also lived. Marilyn would wait outside her garden apartment. They would journey five minutes to the local diner for lox and lightly toasted bialys.

I'd join them when I visited my mother on the weekends, and was there the Sunday the comforting mundanity of that ritual was lost. My mother dropped Marilyn off, turned to me in the back seat and said, "She doesn't look good."

I remember Marilyn complaining of minor things: feeling "bloated" or "full." Digging deeper into memory, I realized she mentioned those seemingly innocuous problems often.

Last year, the Ovarian Cancer National Alliance released an agreed-upon list of the disease's very subtle symptoms: These include bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, and urgent or frequent urination.

Warning signs

Women who have these problems for more than a few weeks are advised to see their doctor. Many times, they indicate advanced stages of the disease in those who are ultimately diagnosed.

The Kaleidoscope of Hope foundation raised \$170,000 this month with its ovarian cancer walkathons in Avon, Morris and Lyndhurst. As we get ready to wave off September, National Ovarian Cancer Awareness month, it is appropriate to mull the facts: Fifty-five percent of women diagnosed die within five years; the estimated number of new cases yearly in New Jersey is 730, and the estimated number of yearly deaths here is 480.

Unlike with cervical cancer, for example, which can be detected with a Pap smear, there is no reliable screening test for ovarian cancer. Most women are diagnosed with late-stage disease – all the more frustrating when you consider the survival rate for women diagnosed at Stage 1: greater than 90 percent.

Many newly diagnosed women still think of

comedienne Gilda Radner, who has made the greatest impact culturally on the disease. She openly discussed her illness, radical for the mid-Eighties, and succumbed to it at just 42. Radner's valiant experience, however, doesn't reflect today's incremental advances in treatment. It doesn't give enough hope.

Dr. Darlene Gibbon, clinical director of gynecologic oncology at the Cancer Institute of New Jersey, wants women to know, "There is hope. We are not where we want to be, but we are doing better than we were five and 10 years ago."

Gibbon cites progress in treating recurrent ovarian cancer with intervals of chemotherapy. Most women with advanced disease will have a recurrence of the cancer after initial treatment. For many of those women, Gibbon says, "We can actually make it a more of a chronic illness, where they may be on and off therapy for a period of time. We are adding years onto life expectancy."

Other treatments

Dr. Daniel Tobias, director of the Women's Cancer Center at the Carol G. Simon Cancer Center at Morristown Memorial Hospital and Overlook Hospital, is encouraged by what he considers a new standard of care: intraperitoneal chemotherapy (where the drugs are given directly into the abdomen) and traditional intravenous chemotherapy, in tandem. He said, "There's still some controversy about it, but there is a fair amount of data that shows it seems to improve survival."

Progress has also been made in identifying women who are at an increased risk from personal and family history. At-risk women may opt for preventive "prophylactic" surgeries – mastectomy and removal of the ovaries and Fallopian tubes.

Another choice might be birth control pills, which have been proven to decrease a woman's risk for ovarian cancer by 50 percent after five years' use.

So, too, there has been a breakthrough in funding. As of this writing, President Bush is expected to sign a bill allocating \$20 million for ovarian cancer research. This is a coup for advocates: Until now just about \$10 million had been appropriated yearly since the Ovarian Cancer Research Program was created in 1997.

All this, of course, comes too late for Marilyn. But many of those who conquered the disease are keeping the import of her life fresh. As one eight-year survivor named Judith Gordon recently told me, "I represent women who are not here."

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