Role of Surgery in Ovarian Cancer Prevention

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Description

Women identified as carrying the BRCA1 or BRCA2 mutation are at high risk for developing ovarian cancer as well as breast cancer. The lifetime risk of developing ovarian cancer for a woman with a BRCA1 mutation is approximately 30% to 60%, although some estimates are as high as 85%. Patients with BRCA2 mutations have an estimated lifetime ovarian cancer risk of approximately 10% to 20%. The optimal management strategy for a woman with an inherited susceptibility to ovarian cancer is unclear. To date, no convincing evidence demonstrates that surveillance for ovarian cancer is effective. This may reflect the low ovarian cancer incidence of approximately 1 in 70 women in the general population. Screening for ovarian carcinoma has been hampered by the low sensitivity and specificity of the available techniques, which include pelvic examination, serum CA-125 determinations, and transvaginal ultrasound. In addition, a laparoscopy or a laparotomy is required to make the diagnosis. Currently, routine screening in the general population has not been shown to impact on the morbidity and mortality associated with ovarian cancer, and it is not recommended.

The utility of increased surveillance for patients with BRCA1 and BRCA2 mutations has not been thoroughly investigated. It is known, however, that approximately 70% of patients diagnosed with ovarian cancer have stage III or IV disease and that these patients generally have poor 5-year median survival rates. Faced with a lack of effective