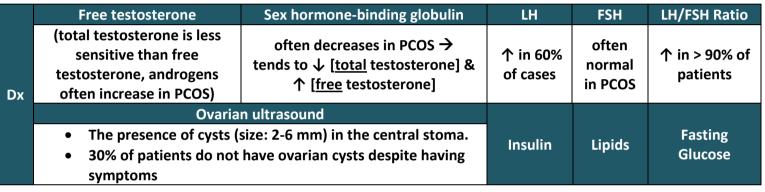
Biomarkers of ovarian cancer and cysts

POLYCYSTIC OVARIAN SYNDROME (PCOS):

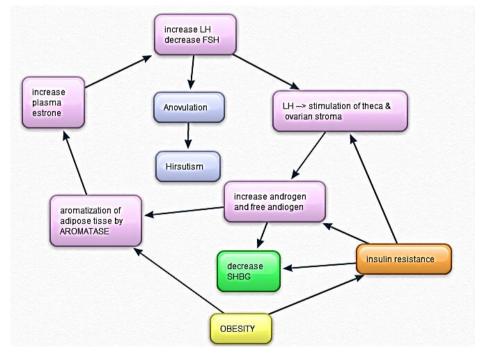
- Formation of multiple small cysts in ovaries
- Affects 5-10% of women (up to 20% in some populations)
- A major cause of **infertility** in women
- <u>Associated with:</u> Obesity (40% of cases) Hirsutism Chronic anovulation Glucose intolerance Hyperlipidemia Hypertension Menstrual disorders Hypersecretion of leutinizing hormone (LH) and androgens
- Exact cause of the syndrome is unknown
- May be multifactorial: Genetic factors and Environmental factors
- Suggested causes:
 - o Insulin resistance (in 50% of patients) and excessive androgen production are very common
 - o Abnormalities in ovaries, adrenal & pituitary glands



Treatment on PCOS: Aim: interrupt cycle

(obesity, insulin resistance, excess androgens...)

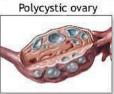
- ↓ [LH] with oral contraceptives
- ↓ weight
- ↑ [FSH] with clomiphene, etc
- Estrogen replacement therapy in select women after careful risk counseling



OVARIAN CANCER:

- A leading cause of death from gynecologic cancer (in USA)
- Results from malignant transformation of ovarian epithelial cells (Most common type of ovarian cancer)





Subtypes:

- Serous (46%): surface epithelial tumors
- o Mucinous (36%): mucinous epithelial tumors
- o Endometrioid (8%): endometrial tumors

Risk factors

- Nulliparity (woman with no child birth or pregnancy)
- Family history of ovarian cancer
- Family history of breast, ovarian, endometrial, or colon cancer (may indicate a familial cancer susceptibility syndrome)
- Mutations in BRCA1 and BRCA2 genes are the most common inherited ovarian cancer susceptibility syndrome.
- Carriers of BRCA1 mutations have a risk of ovarian cancer approaching 44%
- o Premenopausal breast or ovarian cancer indicates higher risk for hereditary ovarian or breast cancer
- Ashkenazi Jews: have higher risk of ovarian cancer

Biomarkers and diagnosis:

- Epithelial ovarian cancer is commonly diagnosed at a later stage
- Due to non-specific symptoms such as abdominal pain, bloating, early satiety, nausea, etc...
- Most patients (75%) have advanced-stage tumor upon diagnosis
- <u>Diagnosis includes:</u> History taking Physical examination Ultrasound Determination of serum CA-125 levels

Cancer antigen 125 (CA-125)

- The only serum marker of epithelial ovarian cancer
- A cell surface glycoprotein
- Normal ovarian epithelial cells do not express CA-125
- Normally absent in serum
- CA-125 is elevated in ovarian cancer
- >35 U/ml is considered positive
- Recommended as an annual test for women with family history of ovarian cancer
- CA-125 correlates with ovarian cancer stage
- Elevated in:
 - o 50% of patients with stage I
 - o 90% of patients with stage II
 - >90% of patients with stage III and IV
- It is not specific enough:
 - o False positive CA-125 conc. are found in benign conditions:
 - Endometriosis
 - Uterine leiomyoma
 - Pelvic inflammatory disease, peritonitis, cirrhosis, ascites
 - During the first trimester of pregnancy
 - During menstruation
 - Some patients (< 50 years) have elevated CA-125 due to unrelated malignant mass
 - CA-125 is not a marker of choice for ovarian cancer screening in asymptomatic individuals due to:
 - Low prevalence of ovarian cancer
 - High false-positive rate
 - Useful in:
 - Monitoring chemotherapy
 - Monitoring success of surgery (de-bulking procedures)
 - Annual testing for women with family history of ovarian cancer