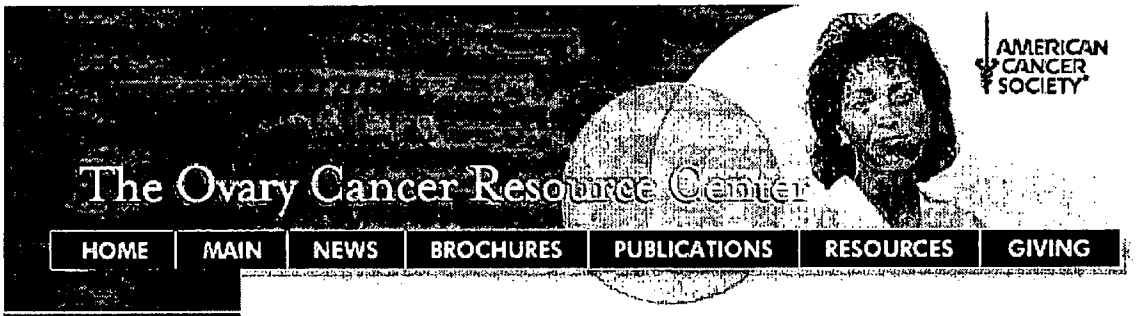

What is it?
Prevention and Risk Factors
Detection and Symptoms
Treatment
Survivorship
Cancer Drugs
Glossary
FAQ
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Print Document
Contact ACS for more information: 1-800-ACS-2345 or by E-mail.

OVARIAN CANCER - OVERVIEW

What Is Cancer?

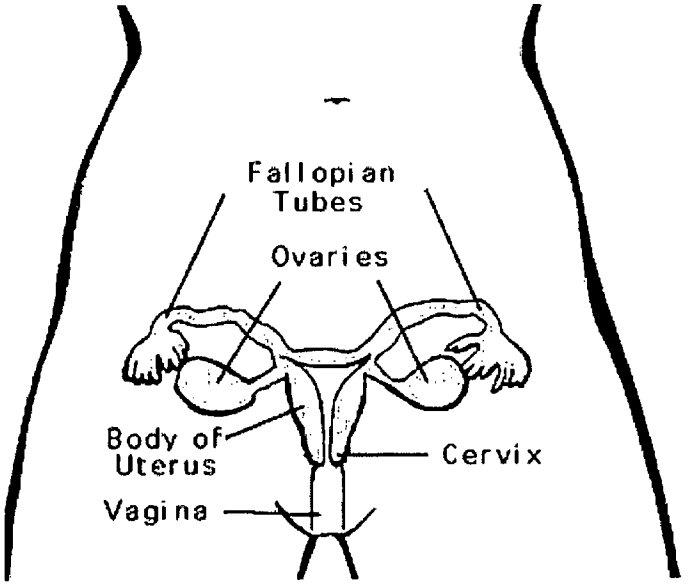
Cancer is not just one disease but rather a *group* of diseases. All forms of cancer cause cells in the body to change and grow out of control. Most types of cancer cells form a lump or mass called a *tumor*. Cells from the tumor can break away and travel to other parts of the body where they can continue to grow. This spreading process is called *metastasis*. When cancer spreads, it is still named after the part of the body where it started. For example, if breast cancer spreads to the lungs, it is still breast cancer, not lung cancer.

Another word for cancerous is *malignant.* So a cancerous tumor is called malignant. But not all tumors are cancer. A tumor that is not cancer is called *benign*. Benign tumors do not grow and spread the way cancer does and they are usually not a threat to life. A few cancers, such as blood cancers (leukemia), do not form a tumor.

What Is Ovarian Cancer?

Most cancers are named after the part of the body where the cancer first starts. Ovarian cancer starts in a woman's ovaries. There are two ovaries, one on each side of the pelvis. The ovaries produce eggs and are the main source of the female hormones estrogen and progesterone.

by 1996 – 36.5 each
1997 - 39
99 – 41.8



Many kinds of tumors can start in the ovaries. Some are benign, and some are malignant. The outlook for a person who has a malignant tumor depends on the kind of tumor and how far it has spread.

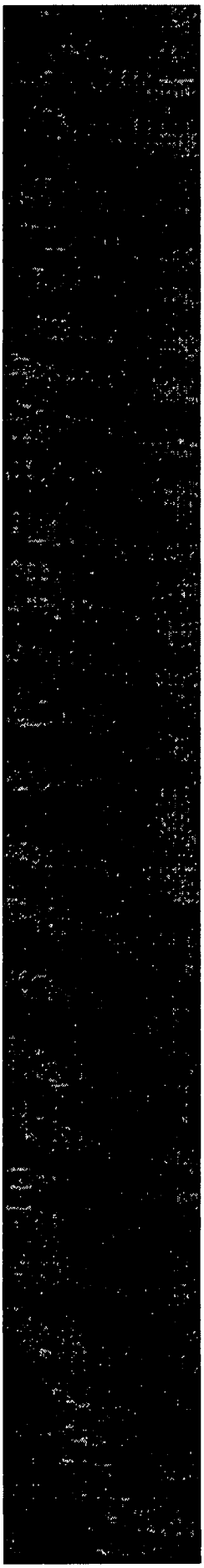
There are three main types of ovarian tumors. They are named for the kind of cells they start from. The most common type of tumor begins in the cells that cover the surface of the ovary, called the *epithelial* cells. Most epithelial ovarian tumors are harmless, but some are cancerous. Most ovarian cancers are the epithelial type.

The second kind of tumor starts in the *germ cells* that form the eggs in the ovary. As used here, the word *germ* refers to an early or seed cell. Most germ cell tumors are also benign, although some are cancerous. Germ cell cancers account for about 5% of ovarian cancers.

The third type of tumor starts from the tissue that holds the ovary together and produces female hormones. These are called *stromal cell tumors*. Stromal tumors are fairly rare, accounting for only about 5% of ovarian tumors.

How Many Women Get Ovarian Cancer?

Ovarian cancer is the sixth most common cancer (other than skin cancer) in women. It ranks fifth as the cause of cancer death in women. The American Cancer Society predicts that there will be about 23,100 new cases of ovarian cancer in this country in the year 2000. About 14,000 women will die of the disease. Ovarian cancer causes more deaths than any other reproductive organ cancer. Most women who have ovarian cancer are older. In fact, over half of all ovarian cancers are found in women over age 65.



The chances of survival from ovarian cancer are better if the cancer is found early. If the cancer is found and treated before it has spread outside the ovary, 95% of women will survive at least five years. However, only 25% of ovarian cancers are found at this early stage.

About 78% of all women with ovarian cancer survive at least one year after the cancer is found, and over half survive longer than five years.

What Causes Ovarian Cancer? Can It Be Prevented?

We do not yet know what causes ovarian cancer. But we do know some of the risk factors involved. A *risk factor* is something that increases a person's chance of getting a disease. Some risk factors, such as smoking, can be controlled. Others, like a person's age or race, can't be changed.

Most cases of ovarian cancer are not explained by any known risk factors. It is important to remember that while risk factors increase the odds of getting a disease, they do not guarantee it will occur.

Here are some of the risk factors for the most common type of ovarian cancer:

- *Age:* Most ovarian cancers develop after menopause. Half of all ovarian cancers are found in women over 65.
- *Fertility drugs:*Some studies have found that long-time use of the fertility drug *clomiphene citrate,* without achieving pregnancy, may increase a woman's risk for having a type of tumor called *LMP* tumor (low malignancy potential). A woman taking this drug should discuss the issue with her doctor.
- *Menstrual history:*Women who started having periods at an early age (before age 12), who go through menopause late, who have no children (or who had their first child after age 30), may have an increased risk of ovarian cancer. There seems to be a relationship between the number of menstrual cycles in a woman's lifetime and her risk of developing ovarian cancer. More monthly periods may be related to an increased risk. Breastfeeding may lower the risk since menstrual periods often stop during breastfeeding.
- *Family history of ovarian cancer:*Having a mother, sister, or daughter with ovarian cancer increases the risk, especially if they developed the cancer at a young age. A woman can inherit a higher risk for ovarian

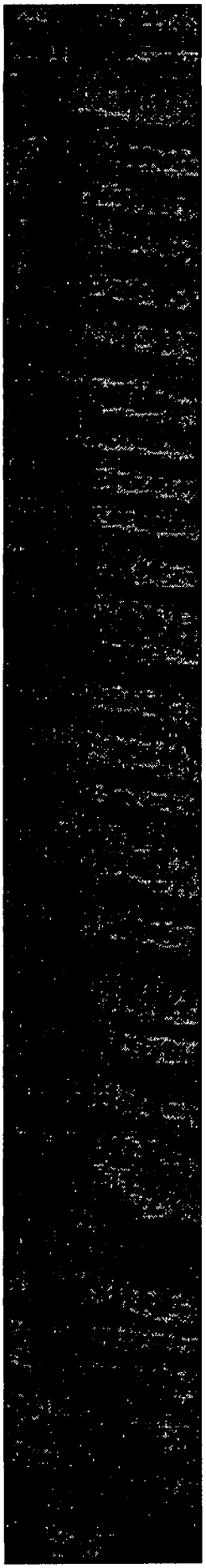
cancer from either her mother's or her father's side of the family. About 7% of ovarian cancers result from inherited risks. Gene changes (mutations) are involved in these cancers.

- *Breast cancer*: Women with breast cancer are more likely to have ovarian cancer.
- *Diet:* The American Cancer Society recommends choosing most foods from plant sources (fruits, vegetables, whole grain products) and limiting intake of high fat foods, especially those from animal sources.

Most women will have one or more of these risk factors, but that does not mean they will develop ovarian cancer. So far, knowledge about risk factors has not been translated into practical ways to prevent most cases of ovarian cancer. Some of the actions listed below may reduce the risk only slightly, while others decrease it much more.

If you are concerned about your risk of ovarian cancer, especially if you have a family history of this cancer, you should discuss this information with your doctor.

- *Birth control pills*: Women who have taken birth control pills for at least five years seem to have a lower risk of ovarian cancer.
- *Tubal ligation or hysterectomy:* Women who have had their tubes "tied" to prevent pregnancy or who have had a hysterectomy (removal of the uterus) may have a lower risk of ovarian cancer. However, these operations should only be done when there is a valid medical reason, and not simply for their potential effect on ovarian cancer risk.
- *Pregnancy and breast feeding*: Pregnancy and breastfeeding seem to lower the risk, especially when a woman has her first baby before age 30. But choices about when to have a child should not be made solely for the purpose of reducing ovarian cancer risk, especially since using birth control pills will have a similar impact.
- Women with a family history of ovarian cancer might want to consider genetic counseling and possibly testing. Before deciding on testing, a woman should discuss the benefits and possible drawbacks with her doctor. Genetic testing can tell if you carry certain gene changes (mutations) that cause a high risk of ovarian cancer. Learning that you do not have the mutation can be a great relief, while finding out that you do can be quite stressful. But the information can be helpful in considering prevention strategies.
- These strategies could include surgery to remove the



ovaries or the use of birth control pills. Removing the ovaries lowers the risk of ovarian cancer a great deal but does not eliminate it entirely since cancer can still form in the lining cells of the pelvic cavity where the ovaries were located.

How Is Ovarian Cancer Found?

Early cancers of the ovary usually have no symptoms. Because the ovaries lie deep within the pelvis, early tumors are hard for even skilled doctors to find. Tumors on the ovary cannot usually be found through the Pap test. For all these reasons, only 24% of ovarian cancers are found at an early stage.

All women should have the following examinations:

- If you are 18-40, have a pelvic exam by your doctor every 1-3 years
- If you are over 40, have a yearly check-up with a pelvic exam

If you have any of the following symptoms, contact your doctor. There can be causes for the symptoms other than ovarian cancer.

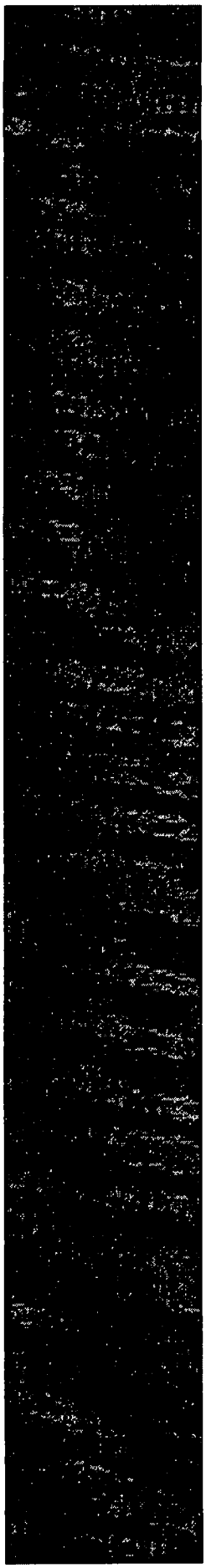
- swelling of stomach (abdomen)
- problems such as gas, bloating, long-term stomach pain, or indigestion
- unusual vaginal bleeding
- feeling of pressure in the pelvis
- leg pain

If a pelvic exam or other tests show that you may have ovarian cancer, you should see a surgeon who specializes in treating women with cancers of the reproductive system. This kind of doctor is called a *gynecologic oncologist.*

The doctor will use your medical history and certain tests to learn more. Imaging tests like x-rays, computerized tomography (CT) scans, magnetic resonance imaging (MRI), and ultrasound can show a picture of a tumor. A tissue sample from the tumor (biopsy) may also be taken. From these tests and also from direct observation during surgery, your doctor will be able to decide the stage of your cancer.

After the Tests: Staging

Staging is the process of finding out how far the cancer has spread. This is very important because your treatment and the



outlook for your recovery depend on the stage of your cancer.

Surgery and an examination of your tissues under a microscope will help your cancer care team decide the stage of the tumor. The FIGO system (International Federation of Gynecologists and Obstetricians) is used to describe the stages of ovarian cancer. These stages range from stage I to stage IV (stage 1-4). The smaller the number, the less the cancer has spread.

Stage I tumors are early cancers that are contained within the ovary (or ovaries).

Stage II tumors have spread to other organs in the pelvis.

Stage III tumors have spread to the lining of the abdomen or to the lymph system.

Stage IV cancer have spread to distant organs, such as the liver.

Treatment for Ovarian Cancer

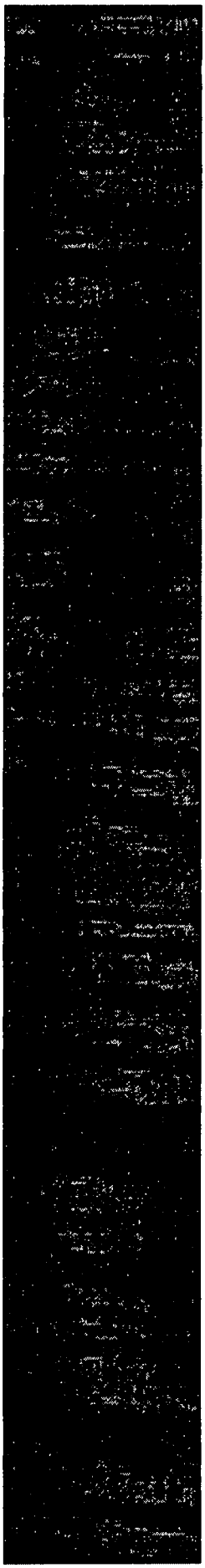
There is a lot for you to think about when choosing the best way to treat or manage your cancer. Often there is more than one treatment to choose from. You may feel that you need to make a decision quickly. But give yourself time to absorb the information you have learned. Talk to your cancer care team. Look at the list of questions at the end of this piece to get some ideas. Then add your own.

You may want to get a second opinion. Your doctor should not mind your doing this. In fact, some insurance companies require you to get a second opinion. You may not need to have tests done again since the results can often be sent to the second doctor. If you are in an HMO (health maintenance organization), find out about their policy concerning second opinions.

Each type of treatment has benefits and drawbacks. There may be side effects. Your age, your overall health, and the stage of your cancer are all factors to consider in deciding on a treatment plan.

There are three main types of treatment for ovarian cancer: surgery, chemotherapy, and radiation therapy. These are explained below. Then, treatments for specific types of ovarian cancer are discussed.

Surgery



How much surgery you have depends on how far your cancer has spread and on your general health. The best way to treat your disease may be to remove one or both ovaries and any other involved organs. If you are a young woman with early-stage ovarian cancer, you may still have plans to have a family. In this case, your cancer care team will try to treat your disease without removing both ovaries and the uterus. Ask your doctor to explain your surgery in terms you understand.

Side Effects of Surgery

If you are still having periods and both ovaries and/or the uterus are removed, you will begin menopause. You will not be able to become pregnant.

Chemotherapy

Chemotherapy refers to the use of anti-cancer drugs to kill cancer cells. The drugs are given in the form of shots or pills. They reach all parts of the body through the blood. They are especially useful when cancer has spread beyond the ovaries. A combination of drugs is usually more helpful than one drug alone. Chemotherapy is usually given in cycles of treatment followed by a rest period.

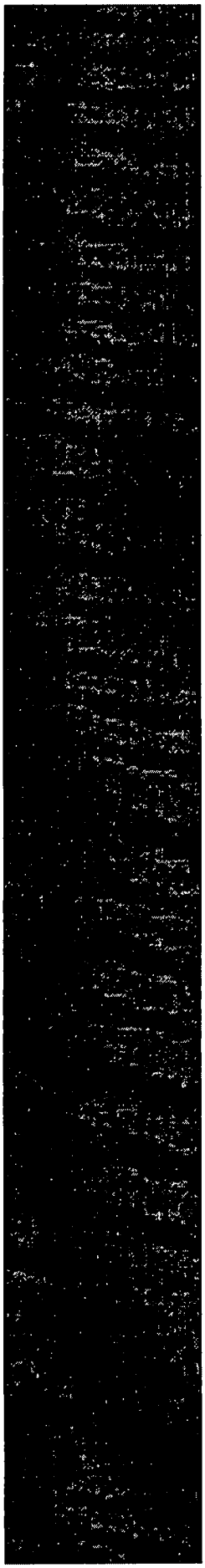
Chemotherapy can have some side effects. These side effects will depend on the type of drug used, how much you have, and how long you take them. Temporary side effects might include nausea and vomiting, loss of appetite, hair loss, mouth and vaginal sores, changes in the menstrual cycle, and an increased chance of infection. If you have problems with side effects, be sure to talk to your doctor or nurse as there are often ways to help.

Radiation Therapy

This treatment uses high energy x-rays to kill cancer cells. It can be given in the same way as the type of x-ray used to find a broken bone. Or an implant of radioactive material might be placed near the tumor. However, radiation therapy is rarely used in this country for ovarian cancer.

Side Effects of Radiation

There can be side effects from radiation. Most of these will go away after a short while. The skin in the area treated may look sunburned and then tan. The skin returns to normal within 6-12 months. You may also feel tired. Be sure to talk with



your doctor about any side effects. Often there are ways to help.

Treatment for Epithelial Ovarian Cancer

The treatment for epithelial ovarian cancer depends on how far the cancer has grown. Usually the first option is surgery to remove one or both ovaries. Your doctor may also advise surgery to remove other female organs or to reduce the size of the tumor. Treatment may include chemotherapy.

After treatment, your cancer care team will re-check the status of your disease with blood tests and imaging studies. The team may also suggest another, simpler surgery to take a "second look." Some epithelial tumors come back or persist even with treatment. Clinical trials can offer new treatments for these cancers. Ask your cancer care team about any clinical trials that might be right for you.

Treatment for epithelial tumors of low malignant potential (LMP or borderline tumors): The ovary with the tumor and the fallopian tube on that side are usually removed. If the woman is not concerned about being able to have children, both ovaries, the fallopian tubes, and the uterus are removed. Chemotherapy and radiation are not generally used in the initial treatment of these tumors, although they may be used if the tumor comes back after surgery.

Treatment for Germ Cell Tumors of the Ovary

Germ cell tumors grow from the cells that normally form the eggs. These tumors tend to occur in girls and young women and usually are benign. Benign tumors are cured by removing a part of the ovary.

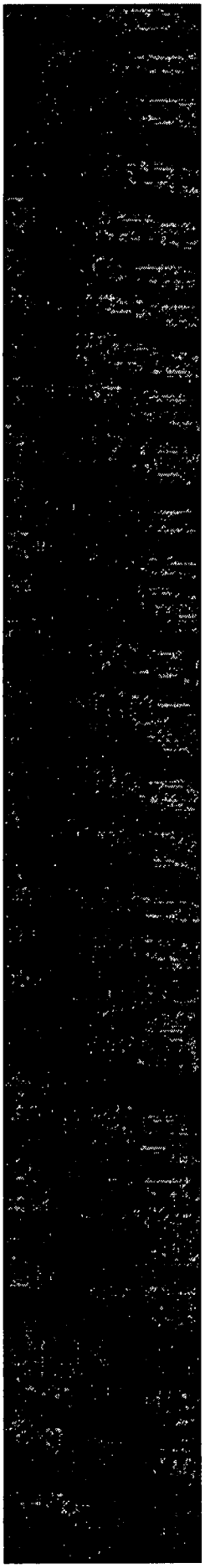
The treatment for germ cell cancers of the ovary depends on the stage of the cancer. Surgery will reveal the stage and which organs should be removed. Most women with germ cell cancer will also have chemotherapy.

Treatment for Stromal Cell Tumors

Most stromal cell tumors are benign, but if a stromal cell tumor is malignant, your doctor will use surgery to remove as much of the tumor as possible. If the tumor returns, chemotherapy may also be used.

Clinical Trials

Before a new treatment is used on people, it is studied in the



lab. If lab studies suggest the treatment will work, the next step is to test its value for patients. These studies are called *clinical trials.* The main questions the researchers want to answer are:

- Does this treatment work?
- Does it work better than the one we're now using?
- What side effects does it cause?
- Do the benefits outweigh the risks?
- Which patients are most likely to find this treatment helpful?

During your course of treatment, your doctor may suggest that you look into a clinical trial. This does not mean that you are being asked to be a human guinea pig. A clinical trial is done only when there is some reason to believe that the treatment being studied may be of value. Nor does it mean that your case is hopeless and your doctor is suggesting a last-ditch effort.

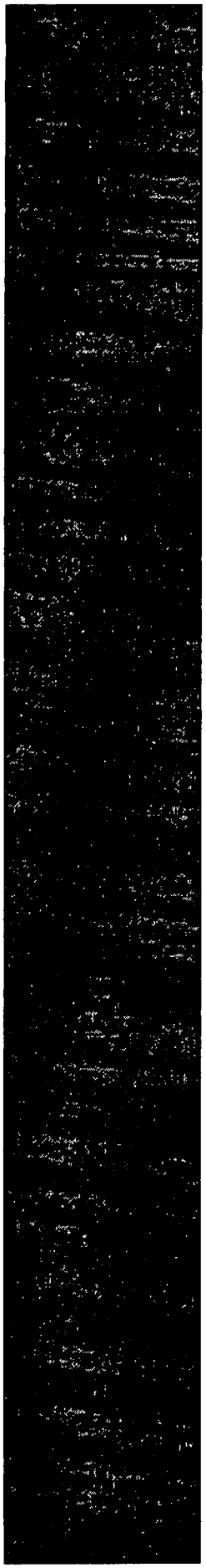
Clinical trials are carried out in steps called *phases.* Each phase is designed to answer certain questions. Ask your doctor if there is a clinical trial that might be right for you. Then learn all you can about that trial. There can be risks as well as benefits; you can leave a clinical trial at any time.

To learn more about clinical trials, call the National Cancer Institute at **1-800-4-CANCER.**

Some Questions to Ask Your Doctor

When talking about cancer and cancer treatment, you need to have frank, open discussions with your doctor. You should feel free to ask any question that's on your mind, no matter how small it might seem. Here are some questions you might want to ask. Be sure and add your own.

- What type of cancer do I have?
- Has my cancer spread beyond the ovary/ovaries?
- What is the stage of my cancer and what does that mean in my case?
- What treatments are best for me? What do you recommend? Why?
- What are the risks or side effects that I should expect?
- What are the chances my cancer will come back with the treatment we have discussed?
- What should I do to be ready for treatment?
- Should I follow a special diet?
- Will I be able to have children after my treatment?
- What is my expected outlook, based on my cancer as



you see it?
- Where can I get a wig?

Add your own questions below:

-
-

How Can I Learn More?

The American Cancer Society has more information about ovarian cancer. Call **1-800-ACS-2345** or visit our Internet site at **www.cancer.org.**

National Cancer Institute
Cancer Information Service **1-800-4-CANCER**
Internet address: **www.nci.nih.gov**

Gynecologic Cancer Foundation
1-800-444-4441
Internet address: **www.sgo.org**

Books

A Cancer Survivor's Almanac: Charting Your Journey. Edited by Barbara Hoffman, JD. National Coalition for Cancer Survivorship. Chronimed Publishing, 1996.

Choices, by Marion Morra and Eve Potts. Avon Books, 1994.

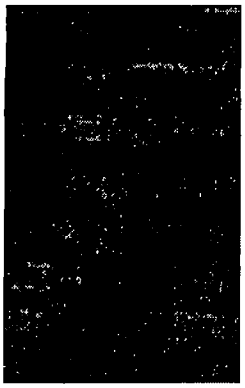
Informed Decisions: The Complete Book of Cancer Diagnosis, Treatment, and Recovery, by Gerald P. Murphy, MD, Lois B. Morris, and Dianne Lange. The American Cancer Society. Viking, 1997.

Sexuality and Fertility After Cancer by Leslie R. Schover, PhD. John Wiley & Sons, Inc., 1997.

Share the Care: How to Organize a Group for Someone Who Is Seriously Ill, by Cappy Capossela and Shelia Warnock. Simon and Schuster, 1995.

To Be Alive: A Women's Guide to a Full Life After Cancer, by C.D. Runowicz, MD and D. Haupt. Henry Holt & Co., 1996.

Women and Cancer: A Thorough and Compassionate Resource for Patients and their Families. Runowicz, Carolyn D., Petrek, Jeanne A., and Gansler, Ted S. New York: Villard Books, 1999.



Revised: 3/29/99

I want to know.

Fill in the boxes below to receive information updates for this cancer type.

Email address:

First, M.I., & Last Names:

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ACS Homepage | Other Cancer Sites

THE WHITE HOUSE

WASHINGTON

OFFICE OF THE FIRST LADY

TO Laura Schiller

FROM Heather Howard

FAX # 66244

PHONE #

OF PAGES (including cover) 7

COMMENTS Ovarian Cancer research

Ovarian Cancer National Alliance

Fax Cover Sheet

Date: March 27, 2000

To: Heather Howard
Office of the First Lady

From: Renée Sankus

Number of pages (including this one): Four

RE: Ovarian cancer funding levels

Message:

Heather -

Here is the breakdown of funding levels for ovarian cancer at NCI:

(In millions)

1992 - $20.7
1993 - 32.5
1994 - 33.3
1995 - 33.9
1996 - 36.2
1997 - 41.7
1998 - 40.8
1999 - 56.5
2000 - (estimate) 62.7
2001 - President's budget 66.4

I've also attached the NCI SPORE information and the most recent DOD grant receipients. Hope this helps!

BTW, when and where will the First Lady be giving this speech? Could we get a copy of it?

Thanks

1627 K Street, N.W. * 12th Floor * Washington, DC 20006
Telephone: 202 331-1332 * FAX: 202 293-1990 * E-mail: ovarian@aol.com * http://www.ovariancancer.org
* Please note: As of 4/1/00, our address will be: 910 -17th Street, N.W. * Suite 413 * Washington, DC 20006

National Institutes of Health

Revised October 7, 1999

Office of Cancer Communications

Building 31,Room 10A24

Bethesda, MD 20892

FOR RESPONSE TO INQUIRIES
NCI Press Office
(301) 496-6641

Press Release

NCI Announces SPORE Grants for Ovarian Cancer Research

This release is a revision of a release issued on Oct. 6. The new release reflects revised first-year funding levels for the University of Alabama at Birmingham and for the Fox Chase Cancer Center in Philadelphia.

The National Cancer Institute (NCI) has announced grants to four institutions for research on ovarian cancer. The research projects will focus on translating basic research findings into improvements in prevention, earlier detection, diagnosis, and treatments for this disease. First-year funding to the four institutions, effective Sept. 30, 1999, totals $ 5.85 million.

The four new projects are for a type of grant called a SPORE (Specialized Program of Research Excellence) that supports innovative, multidisciplinary translational research approaches that potentially may have an immediate impact on improving cancer care and prevention.

The University of Texas M. D. Anderson Cancer Center in Houston will establish a program on chemoprevention, anti-angiogenesis, and novel treatments for ovarian cancer. Collaborative efforts will be established with other institutions, including The University of Texas Health Science Center in San Antonio, the University of California at San Francisco, Northwestern University in Chicago, Baylor College of Medicine in Houston, and the University of Pittsburgh. First-year funding is $1.9 million.

The Fred Hutchinson Cancer Research Center received funds to form the Pacific Ovarian Cancer Research Consortium to work with

scientists from the University of Washington, Swedish Medical Center, Pacific Northwest Research Institute, the Marsha Rivkin Center for Ovarian Cancer Research (all in Seattle), and Cedars Sinai Medical Center in Los Angeles on several ovarian cancer projects. These will include studies of genes for resistance to chemotherapy, studies to develop a nucleic acid vaccine for prevention, tools to estimate risk factors, statistical methods for selecting markers for individualized screening, and improved group counseling services for patients. First-year funding is $2.3 million.

The Fox Chase Cancer Center in Philadelphia received funds to develop an interdisciplinary ovarian cancer program focused on carcinogenesis, prevention and treatment of ovarian cancer. This SPORE project will develop an Ovarian Cancer Clinical Network linking that cancer center with the University of Pennsylvania, Hershey Medical Center, the Cancer Institute of New Jersey, and others. The project will also include tissue procurement, genetics testing for BRCA1 mutations, clinical testing of new treatments, as well as research on molecular pathways and biomarkers for ovarian cancer. First-year funding is $828,000.

The University of Alabama at Birmingham's SPORE program will focus on the development of new genetically engineered monoclonal antibody therapy, targeted immunotherapy, and research to find markers of disease progression that can be used as targets for chemoprevention. First-year funding is $828,000.

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For more information about cancer visit NCI's Web site for patients, public, and the mass media at http://cancer.gov.

NCI Ovarian SPORE Grants Named

In October, 1999, the National Cancer Institute announced major grants totaling $5.85 million to four cancer research institutions for research on ovarian cancer, under the SPORE (Specialized Program of Research Excellence) program. These grants focus on prompt translation of basic research findings into improvements in prevention, early detection, diagnosis and treatment.

"SPOREs foster innovative, collaborative research aimed at getting results from the bench to bedside, as well as encouraging creative thinking and exploration. It's an important step forward," said Pat Goldman, Alliance president.

Grants are awarded to:

- ***The University of Texas MD Anderson Cancer Center.*** Research will focus on chemoprevention, anti-angiogenesis, and novel treatments for ovarian cancer. Anderson will work collaboratively with other institutions.
- ***The Fred Hutchinson Cancer Research Center.*** Funds are to form the Pacific Ovarian Cancer Research Consortium to work with scientists from numerous west coast institutions. Programs will study genes for resistence to chemotherapy, vaccine development, risk estimate factors, group counseling improvements, and more.
- ***Fox Chase Cancer Center in Philadelphia.*** The Center will develop an interdisciplinary ovarian cancer program focused on prevention and treatment, tissue procurement, genetic testing for BRCA1 mutations, new treatment trials and research on molecular pathways and biomarkers for ovarian cancer. Fox Chase will also develop an Ovarian Cancer Clinical Network to link the cancer center with other institutions in the area.
- ***The University of Alabama at Birmingham.*** This SPORE will focus on developing new genetically engineered monoclonal antibody therapy, targeted immunotherapy and research to find markers of disease progression that can be used as targets for chemoprevention.

Early Detection Research Network Includes Ovarian Cancer

The National Cancer Institute has announced the award of about $8 million in grants to create a network to discover new biological tests for the early detection of cancer, and biomarkers that may indicate increased risk of developing cancer. The laboratories —18 of them — will identify, characterize, and refine techniques for finding molecular, genetic, and biological early warning signals of cancer. They are part of the Early Detection Research Network, a research collaboration to evaluate biomarkers for common cancers.

Ovarian studies. Ovarian cancer will be the focus of research at Northwestern University, where David Fishman, MD and others will determine the accurate detection of early rather than late stage disease in asymptomatic women at increased risk. This research will utilize the platform technology in lysophospholipids (LPA) of Ataigin Biotechnologies, Inc., to develop an early detection marker. This grant is the largest of the 18 issued.

The University of Michigan will work to identify tumor antigens that may be disease markers in colon, esophageal, liver, lung and ovarian cancer. At the Mount Sinai School of Medicine, researchers will work to develop protein biomarkers in ovarian and prostate cancers for early diagnosis, risk assessment and anti-cancer drug evaluation using laser-capture microdissection and mass spectrometry.

Department of Defense Ovarian Cancer Research Grants Announced

The Department of Defense Congressionally Directed Medical Research Programs recently announced the recipients of the FY'98 ovarian cancer research grants:

- ***Chemopreventium of Ovarian Cancer*** - University of Texas, MD Anderson Cancer Center, Houston, David Gershensen, MD—for research to develop innovative strategies for the prevention of ovarian cancer through the identification of cell markers.
- ***Characterization of Genetic Alterations in Ovarian Cancer*** - Mayo Foundation, Rochester, MN, David Smith, MD—to better understand how ovarian cancer develops through the detection of cancer-related genes.
- ***Genetic Definition and Phenotypic Determinants of Human Ovarian Carcinomas*** - Jonsson Comprehensive Cancer Center, UCLA, Los Angeles, Beth Karlan, MD.—to identify genes responsible for causing ovarian cancer cells to become malignant; to study interactions between the two very important known ovarian cancer genes, BRCA 1 and P53; and and to develop an animal model of ovarian cancer than can be used to validate the importance of genes in ovarian tumor formation.
- ***Role of Angiogenesis in the Ettology and Prevention of Ovarian Cancer*** - University of Minnesota, Sundaram Ramakrishnan, MD—to identify how ovarian cancer cells induce new blood vessel development and move to the abdominal cavity, and to develop methods to inhibit blood supply to tumors and thereby inhibit growth.
- ***Multidisciplinary Strategies in the Prevention and Early Detection of Ovarian Cancer*** - Brigham and Women's Hospital, Boston, Samuel Mok, MD—reduce incidence of and mortality from ovarian cancer through the study of genetic changes of ovarian cancer cells confined to the ovary; the evaluation of the use of an enzyme as a tool of early diagnosis; the study of the effect of hormones on the growth of normal ovarian cells and to assess their potential to contribute to the development of cancer; and the development of a highly sensitive and specific lipid (fat) marker for the detection of ovarian cancer.

The Department of Defense is currently evaluating proposals for FY'99 awards. More detailed information, including grant amounts and full project abstracts, is available at their website: http://CDMRP.army.mil.

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Ovarian Cancer National Alliance

The Critical Need for Research Funds

The Critical Need for Research Funds
National Cancer Institute
Department of Defense
Private Sector

FY 1996 - 36.5 million
FY 1998 - 39 million expected
FY 1999 - 41.8 million

National Cancer Institute

NCI ovarian cancer research efforts have grown significantly in the past few years, and there are some very exciting projects with the potential to advance significantly our understanding of the disease. However, the $41.8 million that NCI is spending this year on ovarian cancer research is still inadequate. The Specialized Programs of Research Excellence (SPORE), which are designed to develop promising new interventions, for example, will include an ovarian cancer component for the first time. The announcement of the ovarian cancer SPORE was made in June. However, funding is unlikely to begin before the end of 1999.

NCI's ovarian cancer research funds are primarily divided among intramural research projects conducted at the National Institutes of Health, individual research grants to scientists around the country, cooperative research agreements to conduct clinical trials, and larger interdisciplinary research programs that address ovarian cancer along with other cancers.

Among the research projects that are specific to ovarian cancer is an ovarian cancer tumor bank through which researchers attempt to identify markers that may be useful in the diagnosis and prognosis of ovarian cancers. On the genetic research front, NCI's Cancer Genetics Network has established registries that track cancers, including ovarian cancer, within families to identify possible inherited risks. Women in these families will be offered the opportunity to participate in prevention, screening and treatment trials for ovarian cancer. NCI funds are also being used to gain a better understanding of the biology of ovarian cancer, to develop better imaging techniques for diagnosis of ovarian cancer, to conduct clinical trials which explore pain management and other quality of life issues for ovarian cancer patients, and to come up with new and better ways to treat ovarian cancer. Finally, NCI is currently running a

large trial, involving 37,000 women, for which one purpose is the evaluation of potential ovarian cancer screening tools.

READ MORE...

The Critical Need for Research Funds
National Cancer Institute
Department of Defense
Private Sector

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release September 17, 1999

OVARIAN CANCER AWARENESS WEEK, 1999

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BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

Ovarian cancer is a devastating disease that takes the lives of thousands of women in our Nation each year. Since 1985, there has been a dramatic increase in the incidence of ovarian cancer, with a 30 percent increase in the number of women diagnosed with the disease and an 18 percent increase in the number of fatalities. Ovarian cancer is particularly deadly, killing nearly 15,000 women each year. It is often not diagnosed until the cancer is in the late stages of development, limiting the effectiveness of treatment and reducing the chances of survival. In its late stages, the chances of survival from ovarian cancer are just 25 percent; when it is detected early, before the cancer spreads, the survival rate exceeds 90 percent.

Our most effective weapon in the battle against ovarian cancer is early detection. Subtle but recognizable symptoms, such as bloating, vague abdominal pain and discomfort, gastrointestinal problems, back pain, and fatigue can also be symptoms of other less serious illnesses, but women who are experiencing such early warning signs should consult their doctors immediately for appropriate tests.

Doctors and researchers have identified factors that put women at higher risk of developing ovarian cancer, including a family history of breast and ovarian cancer, a high fat diet, never having had children, or infertility. It is vital that women learn about risk factors and visit their doctors regularly.

As we observe Ovarian Cancer Awareness Week, let us build on our efforts to eradicate this serious disease and urge all American women and their families to learn more about ovarian cancer, its symptoms, and available methods that may reduce the risk of developing it. By increasing awareness of early warning signs and risk factors, maintaining a healthy diet, and consulting regularly with health care professionals, women across America can lead healthier and longer lives and help our Nation win the fight against ovarian cancer.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim September 19 through September 25, 1999, as Ovarian Cancer Awareness Week. I encourage the American people to observe this week with appropriate ceremonies and activities.

IN WITNESS WHEREOF, I have hereunto set my hand this seventeenth day of September, in the year of our Lord nineteen hundred and ninety-nine, and of the Independence of the United States of America the two hundred and twenty-fourth.

WILLIAM J. CLINTON

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