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Early detection of ovarian cancer

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any cancer patients are in a hypercoagulable state. The association between thrombocytosis and the presence of an underlying Lsolid tumor has long been recognized, prompting investigation of the role of platelets in disease progression. The pathogenesis of the hypercoagulable state of malignancy involves the interplay of multiple variables. Thrombotic episodes may precede the diagnosis of malignancy by months or years. In gynecologic cancers, pre-operative elevations in platelet counts have been described for endometrial, vulvar and cervical cancer and studies suggest that thrombocytosis may be an independent poor prognostic factor in locally advanced cervical carcinomas. The recent studies indicate that platelets are actively involved in tumour growth and metastasis, especially in ovarian cancer. Ovarian cancer is the deadliest gynecologic malignancy. Early detection decreases the mortality. But, because of the anatomic location within the peritoneal cavity, ovarian cancer may be very advanced or even distantly metastatic before a patient experiences symptoms. Further, these symptoms are often initially vague and non-specific, and may mimic a variety of benign conditions. Platelet count is an easy and cheap parameter. It can be done everywhere. Thrombocytosis can help us in the differential diagnosis of adnexal masses especially if combined with CA-125. The aim of this present paper is to emphasize that thrombocytosis when combined with CA-125 can be used as an early detection parameter in the diagnostic evaluation of suspicious pelvic masses.

Biography

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