



The challenge of early diagnosis of ovarian carcinoma

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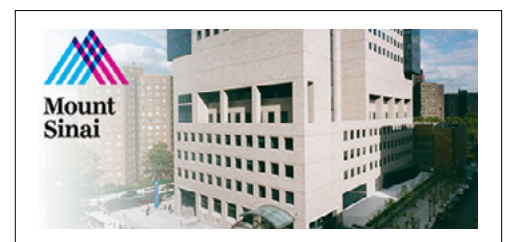
Abstract

Ovarian Carcinoma (OC) is the most lethal gynaecological tumour. While other female pelvic tumours such as uterine cervical cancer display a spectacular decline due to identification of early stages and precursors, the incidence and mortality of OC remains about the same for the past five decades. The main reason for this is the late clinical diagnosis in the majority of cases and the lack of reliable tumor markers for early stage neoplasms. The most common OC is the Ovarian Serous Carcinoma (OSC) characterized by its lack of symptoms during the early stages. Less common OC, Endometrioid Carcinoma (EOC), Clear Cell and Mucinous Carcinomas (CCC and MC) become symptomatic in earlier stages due to symptoms outside the ovaries (pelvic masses, vaginal bleeding, infertility, abdominal pain). Our clinical-pathologic studies revealed that Stage I OC confined to the ovary(ies) are diagnosed in less than one third of OSC while the overall less common EOC, CCC and MC represent the majority of Stage I OC. Patients with OSC are older on average, are more often BRCA positive and may have a personal /family history of breast cancer. Patients with EOC, CCC and MC are younger on average, have histories of infertility and/or hyperestrogenism (endometrial polyps, hyperplasia, leiomyomas).. Patients with atypical endometriosis are at risk to develop EOC and CCC. Early diagnosis for the more aggressive OSC is occasionally made due to more frequent medical exams because of family history or previous breast cancer.

Our study of Prophylactic salpingo-oophorectomy specimens by histologic, morphometric and molecular biology methods identified precursor/precancerous lesions in the ovarian and fallopian tube epithelium (tubo-ovarian dysplasia) adjacent to invasive cancer and in patients at risk for OC. These findings are shedding light into early ovarian carcinogenesis and may have implications in the choice of strategies for this still mostly elusive cancer.

Biography

Liane Deligdisch was trained in Obstetrics Gynecology and Pathology after her graduation from Medical School in Bucharest Romania, Trained at the Ichilov Hospital Tel Aviv Medical School, Magee Women's Hospital, Pittsburgh, Pa, BostonFree Hospital for Women, Harvard Medical School. Founded the Division of Gynecologic Pathology and the course of Gynecologic Pathology at Mount Sinai Medical School where she is Professor of Pathology and Obstetrics-Gynecology since 1986. Editor and Author of 8 textbooks related to Gynecologic Pathology, Author of 152 articles in peer-reviewed medical journals. Elected Member of the French National Academy of Medicine since 2007.



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