Ovarian Cancer

Endometrioid Carcinoma

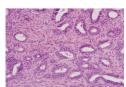
What is an Ovarian Endometricid Tumor?

Endometrioid tumors make up about 2 to 4 percent of all ovarian tumors and most of them (about 80 percent) are malignant, representing 10 to 20 percent of all ovarian carcinomas. In some cases, endometrioid carcinomas of the ovary appear synchronously with an endometrial carcinoma (epithelial cancer of the uterus) and/or endometriosis (presence of endometrial tissue outside the uterus).

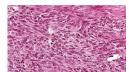
Ovarian Endometrioid Carcinomas are the second most common type of epithelial ovarian cancer, which is the most common ovarian cancer. According to the American Cancer Society, ovarian cancer accounts for 6 percent of all cancers among women. The five-year survival rate for women with advanced ovarian cancer is 15 to 20 percent. If the disease is found at an early stage (with no spread outside the ovary), survival approaches 90 percent.

Who is most likely to have Ovarian Endometrioid Carcinoma?

Endometrioid carcinoma occurs primarily in women who are between 50 and 70 years of age. Women with a personal or family history of colon or endometrial cancer (Lynch Syndrome 2 or hereditary non-polyposis colon cancer) have a higher risk of developing endometrioid carcinomas of the ovary. Risk factors include age; use of high-dose estrogen for long periods without progesterone; or uninterrupted ovulation due to infertility, no pregnancies or no use of birth control.



Ovarian Endometrioid Carcinoma (above) often does not present clear symptoms.



Normal ovarian cells(above).

What characterizes Ovarian Endometrioid Carcinoma?

Ovarian cancer often does not present clear physical symptoms. Some signs of ovarian cancer include persistent (more than two weeks) pelvic or abdominal pain or discomfort; bloatedness, gas, nausea and indigestion; vaginal bleeding; frequent or urgent urination with no infection; unexplained weight gain or loss; fatigue; and changes in bowel habits. If you have a known history of endometriosis involving the ovary and there is a change in the intensity or type of symptoms that you are experiencing, let your doctor know.

How is Ovarian Endometrioid Carcinoma diagnosed?

Women should have a comprehensive family medical history taken by a physician knowledgeable about the risks of ovarian cancer. In addition, a *rectovaginal examination and pelvic examination*, conducted by your primary care physician, may detect some abnormalities. If any abnormalities are found, your primary care physician may prescribe a *transvaginal ultrasound* or a tumor marker blood test

Definitions

Endometrial:

Excessive growth of cells in the endometrium, the tissue that lines the uterus.

Epithelial:

Relating to the epithelium, tissue that lines the internal surfaces of body cavities or external body surfaces of some organs, such as the ovary.

Malignant:

Cancerous and capable of spreading.

Pathologist:

A physician who examines tissues and fluids to diagnose disease in order to assist in making treatment decisions. called the *CA-125*. Higher than normal levels of *CA-125* can point to ovarian cancer, although other non-cancer related conditions may also be associated with an elevation of the *CA-125*.

In cases of abdominal swelling, your primary care physician may withdraw fluid from your belly to look for cancer cells. This maybe done through different procedures including *culdocentesis* (where fluid is removed from the space surrounding the ovaries) or *paracentesis* (where fluid is removed from the abdominal cavity). *CT* (*computed tomography*) or *MRI* (*magnetic resonance imaging*) scans also may be used to allow physicians to view inside the body and specifically in the abdominal region where the ovaries are found. If you have a family history of ovarian cancer, you may have a higher genetic risk of having ovarian cancer, and your primary care physician or specialist may recommend that you take advantage of other new blood marker tests in the developmental stages.

What does the pathologist look for?

The pathologist studies the specimen(s) removed during surgery. By examining these tissues, the pathologist will assess whether or not the tumor is cancer and, if so, what kind of cancer it is and whether or not it has spread outside the ovary. After reviewing all the specimens, your pathologist will assign a pathologic *stage* to your ovarian cancer, which will impact treatment recommendations made by your doctor. Stage I Ovarian Endometrioid Carcinomas are confined to one or both ovaries, and stage 4 carcinomas have spread far away from the ovary. If a carcinoma is stage 2 or 3, it is between these two extremes.

For more information, go to: www.cancer.gov (National Cancer Institute) or www.oncologychannel.com. Type the keywords Ovarian Endometrioid Tumors or Ovarian Cancer into the search box.



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