

Chapter II

16

OVARY

ICD-10 C56

Tewin Kosiyatrakul, M.D.

Incidence

Ovarian cancer is a disease that principally affects middle and upper-class women in industrialized nations. It is uncommon in underdeveloped countries, perhaps because of different dietary factors in these regions.

In Thailand, ovarian cancer is the fifth most common cancer with the ASR of 5.0 per 100 000 female population (Figure 2.16.1). The incidence is low before the age of 45 years, peaks at the age around 55-60 years, and drops at old age (Figure 2.16.2). The percentage of various groups of ovarian cancer varies from one to another registry. However, it is consistent that germ cell tumor is an uncommon type of ovarian cancer (Figure 2.16.3).

Risk factors

The biologic events that lead to ovarian cancer remain unknown. Several factors may play roles, although all women are at risk for developing this disease. A woman's

family history is the most important factor to be considered. Researches suggest that a woman has as high as a 50% risk of getting ovarian cancer if two or more first-degree (e.g., mother, sister, daughter) or second-degree (e.g., grandmother, aunt) relatives have had this disease. Researchers have identified three distinct ways in which ovarian cancer can be inherited: site-specific ovarian cancer syndrome, breast/ovarian cancer syndrome, and Lynch syndrome II (family cancer syndrome).

Many experts believe that there is a relationship between the number of menstrual cycles. That is, the risk of ovarian cancer is increased in women who began to menstruate before age 12 and/or experienced menopause after age 50. Also, nulliparity is a risk factor for the development of ovarian cancer, as is having a first child after age 30. Multiple pregnancies have an increasingly protective effect.

Figure 2.16.1 Ovary cancer in different regions, 1998-2000

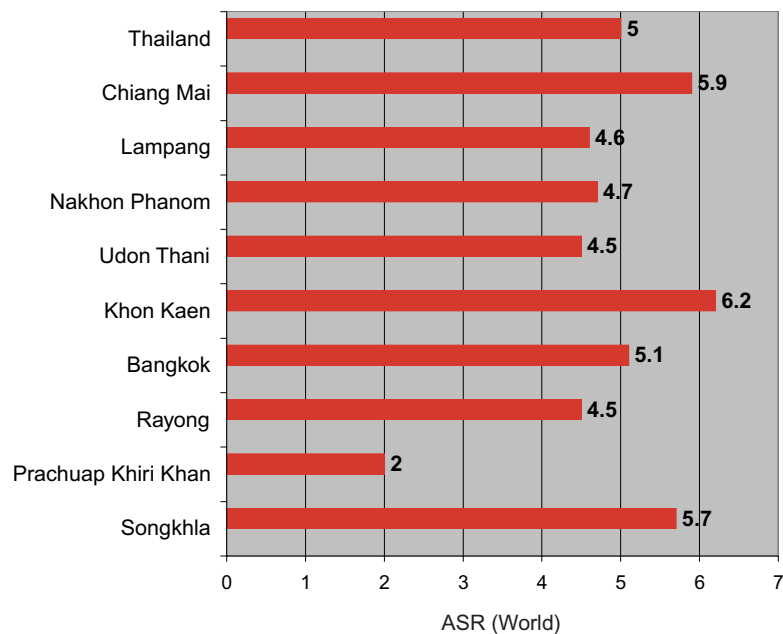
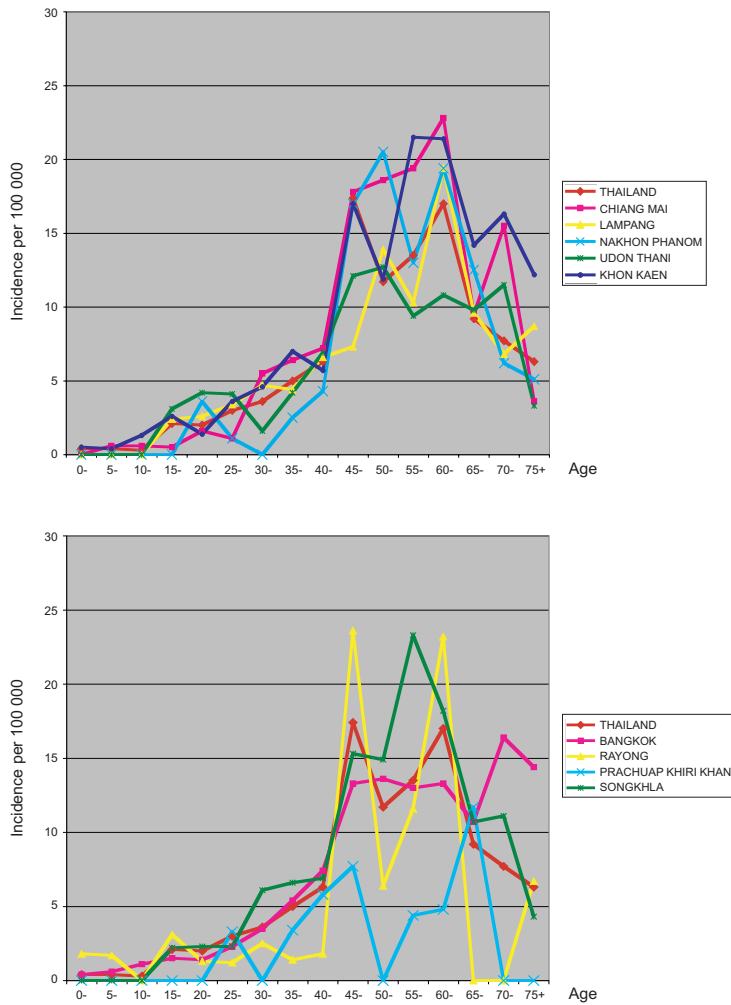


Figure 2.16.2 Age-specific incidence rates of ovarian cancer, 1998-2000

Women who have used ovulation-stimulating fertility medications such as clomiphene citrate and menotropins have a slightly increased risk of ovarian cancer. Yet ovarian cancer risk returns to normal in women who became pregnant while taking such drugs. The type of ovarian tumors most often associated with the use of fertility drugs are tumors of low malignant potential.

Diets that are high in meat and animal fats have been linked to the development of ovarian cancer. Such diets are more common in industrialized Western countries, which have higher rates of ovarian cancer than less developed nations. Obesity also increases the risk, especially in women who have never given birth.

Some researches indicate that there is an increased risk of ovarian cancer among women who apply talcum powder to the genital area or sanitary napkins. Talc has been implicated in ovarian cancer because, in the past, it was sometimes contaminated with asbestos.

Researchers have not yet been able to identify specific environmental factors that are responsible for the genetic mutations causing ovarian cancer.

Figure 2.16.3 Histological types of ovarian cancer, 1998-2000

