Re: Predictive Value of Symptoms for Early Detection of Ovarian Cancer

The recent article by Rossing et al. (1) raises familiar concerns regarding basic principles on screening. Despite a universally acknowledged deficiency (ie, no premalignant condition), investigators continue to attempt to “screen” for earlier stage ovarian cancer and not for a premalignant condition. These efforts are commendable, and more research should be encouraged.

In fairly recent reports (1,2) on the early detection of ovarian cancer by symptoms, the consensus recommendations state that in a woman with ovarian cancer symptoms that include bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, and urinary urgency or frequency almost daily for more than a few weeks should consult her physician with the hope that prompt evaluation may lead to earlier diagnosis of ovarian cancer and improved outcomes. However, even the carefully worded, balanced, and erudite consensus recommendations of expert organizations cannot avoid the potential for harm.

Harm occurs from the public interpretation of these reports that lead to anxiety for patients and providers. The recent optimism regarding a symptom index has led to numerous calls from health-care providers who fear having potentially delayed diagnosing ovarian cancer among their patients with these common complaints. Patients similarly present with self-diagnosis of ovarian cancer among their patients and with these common complaints. Patients similarly present with self-diagnosis of ovarian cancer among their patients and with these common complaints. Patients similarly present with self-diagnosis of ovarian cancer among their patients and with these common complaints. Patients similarly present with self-diagnosis of ovarian cancer among their patients and with these common complaints. Patients similarly present with self-diagnosis of ovarian cancer among their patients and with these common complaints. 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Ovarian cancer remains difficult to detect at an early stage mostly because there is no premalignant condition and no detectable early characteristics. Certainly symptoms can help the clinician, but they may not be able to help anyone (patient, doctor, or society) in the long term.

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References

Notes
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