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THE CHALLENGE OF EARLY DIAGNOSIS OF OVARIAN CARCINOMA

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Ovarian Carcinoma (OC) is the most lethal cancer of the female pelvis. While most gynaecologic cancers of the uterus 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 is the late clinical diagnosis in the majority of cases and the lack of reliable tumour markers for early stage neoplasms. The most common OC is the serous type (OSC), characterized by its lack of early stage symptoms, as compared to the less common non-serous endometrioid (EC), clear cell (CC) and mucinous (MC) carcinomas which become symptomatic in earlier stages due to changes in tissues outside the ovaries such as endometriosis, infertility, vaginal bleeding, painful pelvic masses. Our clinical-pathologic studies revealed that in Stage I OC, when the neoplasms are confined to the ovary (ies) are diagnosed in less than one third of cases in OSC, while the overall less common non-serous EC, CC and MC tumours represent the majority. Serous OC are seen in patients older on average, more often associated with BRCA immunoreactivity and personal and/or family history of breast cancer. Non-serous OC are more often diagnosed in younger patients with associated hyper estrogenic related lesions (endometrial polyps, leiomyomas, adenomyosis), infertility. Patients with atypical endometriosis are at risk to develop EC and CC carcinomas. In patients with the more aggressive serous OC early stage tumors could be intercepted by more frequent medical exams. Prophylactic salpingo-oophorectomy specimens were studied by histologic, morphometric and immunohistologic methods, including stem cell identification, revealing the presence of 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 studies are shedding light on early ovarian carcinogenesis and may have implications in the choice of therapeutic strategies for this still mostly elusive cancer.

Biography

Liane Deligdisch has graduated from Medical School in Bucharest, Romania and was trained in Obstetrics-Gynaecology and Pathology at the Ichilov Hospital, Tel Aviv Medical School, Israel, and in Gynaecologic Pathology at the Magee Women's Hospital, Pittsburgh, PA and Free Boston Hospital for Women, Harvard Medical School, Boston MA. After a Fellowship in Perinatal Pathology at the Mount Sinai School of Medicine, she founded the Division of Gynaecologic Pathology at the Mount Sinai Hospital where she worked as an Attending and Tenured Professor of Pathology and Obstetrics-Gynaecology and Reproductive Science since 1986. She has published seven textbooks on Gynaecologic Pathology and 148 articles in Peer-reviewed medical journals. She is a Corresponding Member of the French National Academy of Medicine.

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