



Prevention

Ovarian Cancer Awareness Month September 2016

DETECTION OF OVARIAN CANCER USING THE PAP TEST

Currently there are no effective tests, such as tumor markers in the blood or pelvic ultrasound examination, to detect ovarian cancer.

New research being conducted at Johns Hopkins Hospital, partly funded by Strang, is evaluating the use of the Pap test (developed by Strang) for the early detection of ovarian cancer.

[The Dianne Zola Ovarian Cancer Research Fund at Strang is supporting this approach to early detection.](#)

The researchers found mutations in 22 ovarian cancers and then studied the liquid-based Pap test for the mutations in 22 patients with ovarian cancer.

Mutations in DNA from the Pap tests were present in 41% (9 of 22) patients. It is postulated that peritoneal fluid containing the mutations drained from the Fallopian tubes into the uterus and then to the cervix.

The ability to detect ovarian cancer mutations in Pap tests is a novel method for the early detection of ovarian cancer in high risk patients, such as those carrying a BRCA gene mutation or have a history of ovarian cancer in the family.

Individuals carrying the BRCA 1 mutation have a 40% chance of developing ovarian cancer after the age of 40; BRCA 2 mutation carriers have a 20% chance of developing ovarian cancer after the age of 40.

BRCA mutation carriers are currently advised to have their ovaries removed at 40, or after childbearing; removal of the ovaries is at least 95% effective in preventing ovarian cancer.

The Dianne Zola Ovarian Cancer Research Fund established in 2014 became a part of Strang's 82 year history.

Strang History Timeline:

<http://www.strang.org/timeline.html>

Talcum Powder and the Ovarian Cancer Risk

Genital powder use has been associated with risk of ovarian cancer in some, but not all, epidemiologic studies. This raises the question whether ovarian cancer is linked to genital talcum powder use.

Whether risk increases with number of genital powder applications and for all types of ovarian cancer also remains uncertain.

Review of eight population-based case-control studies of 8,525 cases of ovarian cancer and 9,859 individuals without ovarian cancer were included in the analyses.

Genital powder use was associated with a modest increased risk of several types of ovarian cancer. Among genital powder users there was no significant increase relating to the frequency of talc use.

There was no increase in risk among women who reported non-genital powder use.

In contrast the Women's Health Initiative reported on over 61,000 postmenopausal women followed for at least 12 years. Over half the women reported genital powder use. No association between ovarian cancer and genital powder use was observed.

A recent (2016) study from the Harvard School of Public Health of approximately 2,000 women with ovarian cancer and 2,000 matched controls without ovarian cancer found that overall genital talc use was associated with an increasing risk of certain types of ovarian cancer. The by the number of years talc was used, especially in premenopausal women.

Conclusion

Although there is conflicting data the evidence suggests that genital powder use is associated with an increase in the risk of ovarian cancer. It is advisable to avoid genital powder.

For further information about ovarian cancer risk factors and prevention visit www.stang.org

The Strang Cancer Prevention Cookbook

Reduce your Risk for Cancer by Eating a Healthy Diet!

Sautéed Spinach with Garlic

This cooking method can be applied to other leafy greens such as Swiss chard, escarole, broccoli rabe, and beet or turnip greens

1 1/4 pounds fresh spinach
1 tablespoon extra -virgin olive oil
4 garlic cloves, peeled, lightly crushed, and quartered lengthwise
Pinch of hot red pepper flakes (optional)
Salt and freshly ground black pepper



Remove the stems from the spinach and tear any large leaves into bite –size pieces.

Rinse thoroughly and drain.

Heat the olive oil in a large skillet. Add the garlic and red pepper flakes if using, and cook over medium heat until the garlic is light gold; don't let the garlic get too brown or it will be bitter.

Remove the garlic and set aside.

Reserve the oil in the skillet and increase the heat to medium high.

Add the spinach and season with salt and pepper to taste. Sauté, turning the spinach with tongs to cook evenly. When the spinach is just wilted and tender, 2 to 3 minutes, remove the skillet from the heat. Using a slotted spoon or tongs, lift the spinach from the skillet leaving behind excess liquid. Transfer to individual plates or a platter. Top with garlic and serve.

Spinach is exceptionally high in beta –carotene (110 percent of the DV for Vitamin A per serving of this recipe) as well as other carotenoids, folate (more than 80% of the DV), vitamin C (more than 80% of the DV) and minerals such as calcium, iron, magnesium, and potassium. It is also high in protein when compared to other vegetables. A good source of fiber.

Calories 82, protein 5 g, carbs 7 g, fat 4g, cholesterol 0 mg, dietary fiber 4 g, saturated fat 1 g

MAJOR SOURCES OF POTENTIAL CANCER FIGHTERS.

Phytochemicals: allium compounds, terpenes (carotenoids).

Recipe by Laura Pensiero, R.D. Owner Gigi Trattoria, Rhinebeck, New York

This Newsletter is Dedicated to Dianne Tashman Zola



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