



Comments to USPSTF re:

## Draft Reaffirmation Recommendation Statement

### Screening for Ovarian Cancer: U.S. Preventive Services Task Force Reaffirmation Recommendation Statement

As a patient advocacy organization dedicated to promoting the interests of women with ovarian cancer, the Ovarian Cancer National Alliance is pleased to provide comments on the Draft Screening Statement for Ovarian Cancer.

The United States Preventive Services Task Force is to be commended for reviewing the recent scientific publications regarding ovarian cancer screening. As the Task Force correctly noted, the latest studies confirm that the current blood and imaging tests are not useful for population based screening.

However, the Recommendation Statement does not specify that these tools are valid as part of the diagnostic protocol for women suspected of having ovarian cancer, due in large part to the presence of symptoms.

Further, the Task Force did not appear to use the results of studies that indicate more favorable results of using the CA-125 in tailored ways. For example, a study presented at the 2010 American Society of Clinical Oncology Annual Meeting had more than 3,000 post-menopausal women stratified into high, medium and low risk categories based on an algorithm. The women, based on risk, then had different follow up procedures. The practice followed in this study had a low false-positive rate.

While we are by no means arguing that the CA-125 and/or transvaginal ultrasound be recommended as appropriate screening tools, we urge the Task Force to consider all available information when making its recommendations.

We also request that the recommendation include language regarding the symptoms of ovarian cancer (bloating, difficulty eating/feeling full quickly, urinary frequency or urgency, abdominal pain). We encourage the Task Force to also note that if women have symptoms of the disease these screening recommendations do not apply. We suggest: These recommendations apply only to asymptomatic women at average risk (or instead of "at average risk", "without any hereditary or family history that would put them at an elevated risk".)



We thank the Committee for noting that this recommendation does not apply to high risk women, including those with a known genetic mutation that puts them at an increased risk of developing ovarian cancer.

### **About Ovarian Cancer**

According to the American Cancer Society, approximately 21,000 American women are diagnosed with ovarian cancer each year, and approximately 15,000 women die from the disease annually. Ovarian cancer is the deadliest gynecologic cancer and the fifth leading cause of cancer death among women in America. Currently, more than half of the women diagnosed with ovarian cancer die within five years.

### **About the Ovarian Cancer National Alliance**

The Ovarian Cancer National Alliance is a survivor-led national umbrella organization with state and local groups representing grassroots activists, women's health advocates and health care professionals. The Ovarian Cancer National Alliance submits this testimony as a patient advocacy group dedicated to promoting the interests of women with ovarian cancer.