Ovarian Cancer
Endometrioid Carcinoma

What is an Ovarian Endometrioid Tumor?
Endometrioid tumors make up about 2 to 4 percent of all ovarian tumors and most of them (about 80 percent) are malignant, representing 10 to 20 percent of all ovarian carcinomas. In some cases, endometrioid carcinomas of the ovary appear synchronously with an endometrial carcinoma (epithelial cancer of the uterus) and/or endometriosis (presence of endometrial tissue outside the uterus).

Ovarian Endometrioid Carcinomas are the second most common type of epithelial ovarian cancer, which is the most common ovarian cancer. According to the American Cancer Society, ovarian cancer accounts for 6 percent of all cancers among women. The five-year survival rate for women with advanced ovarian cancer is 15 to 20 percent. If the disease is found at an early stage (with no spread outside the ovary), survival approaches 90 percent.

Who is most likely to have Ovarian Endometrioid Carcinoma?
Endometrioid carcinoma occurs primarily in women who are between 50 and 70 years of age. Women with a personal or family history of colon or endometrial cancer (Lynch Syndrome 2 or hereditary non-polyposis colon cancer) have a higher risk of developing endometrioid carcinomas of the ovary. Risk factors include age; use of high-dose estrogen for long periods without progesterone; or uninterrupted ovulation due to infertility, no pregnancies or no use of birth control.

What characterizes Ovarian Endometrioid Carcinoma?
Ovarian cancer often does not present clear physical symptoms. Some signs of ovarian cancer include persistent (more than two weeks) pelvic or abdominal pain or discomfort; bloatedness, gas, nausea and indigestion; vaginal bleeding; frequent or urgent urination with no infection; unexplained weight gain or loss; fatigue; and changes in bowel habits. If you have a known history of endometriosis involving the ovary and there is a change in the intensity or type of symptoms that you are experiencing, let your doctor know.

How is Ovarian Endometrioid Carcinoma diagnosed?
Women should have a comprehensive family medical history taken by a physician knowledgeable about the risks of ovarian cancer. In addition, a rectovaginal examination and pelvic examination, conducted by your primary care physician, may detect some abnormalities. If any abnormalities are found, your primary care physician may prescribe a transvaginal ultrasound or a tumor marker blood test called the CA-125.
Higher than normal levels of CA-125 can point to ovarian cancer, although other non-cancer related conditions may also be associated with an elevation of the CA-125.

In cases of abdominal swelling, your primary care physician may withdraw fluid from your belly to look for cancer cells. This may be done through different procedures including culdocentesis (where fluid is removed from the space surrounding the ovaries) or paracentesis (where fluid is removed from the abdominal cavity). CT (computed tomography) or MRI (magnetic resonance imaging) scans also may be used to allow physicians to view inside the body and specifically in the abdominal region where the ovaries are found.

If you have a family history of ovarian cancer, you may have a higher genetic risk of having ovarian cancer, and your primary care physician or specialist may recommend that you take advantage of other new blood marker tests in the developmental stages.

How do doctors determine what surgery or treatment will be necessary?

Once ovarian cancer is suspected or confirmed, your primary care physician or specialist will refer you to a surgeon. The initial surgery will remove as much of the suspicious tissue as possible. In clearing cancerous tissue from the abdominal cavity, the surgeon may remove not only the ovary involved but also the uterus, the other ovary, fallopian tubes, omentum, lymph nodes and other tissues to assess if the cancer may have spread; sometimes, cancer deposits are small and must be removed to be found.

Following the surgery, your primary care physician or specialist will most likely recommend chemotherapy, usually intraperitoneal chemotherapy (IP) (directed inside the abdominal cavity). According to a study published by the New England Journal of Medicine, IP chemotherapy resulted in patients having a median survival time 16 months longer, especially when administered with certain chemotherapy drugs such as cisplatin and paclitaxel, than women who received intravenous (IV) chemotherapy. Studies show that cisplatin and paclitaxel remain active longer in the abdominal cavity than other chemotherapeutic agents.

Radiation therapy (using pinpointed high-energy beams) is sometimes used with chemotherapy to treat ovarian cancer. Radiation therapy can be used to shrink tumors before surgery or to destroy cancer cells that remain after surgery. This treatment is also used to relieve the symptoms of advanced cancer.

Patients who experience relapse or who have carcinomas that are resistant to treatment may benefit from additional surgical procedures, secondary chemotherapy agents, biological therapies or other types of treatments.