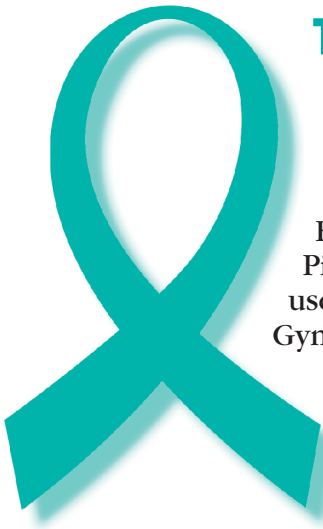


Gilda Radner

Newsletter

Familial Ovarian Cancer Registry

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The Gilda Radner Familial Ovarian Cancer Registry 1981 - 2000.

Enclosed is a reprint of a manuscript authored by Dr. Piver concerning the history of the Registry. The manuscript appeared in the European Journal of Gynaecologic Oncology.

Registry News.

When you've called the Registry recently, some of you might have noticed that a familiar voice is no longer at this end of the line. Sally Palmerton, our clinical research associate, has moved on to a data manager position in the Division of Gynecologic Oncology at Roswell Park Cancer Institute. Sally still drops in to see us and even helps out during vacations. We miss her, but wish her the best in her new position and especially thank her for all her continued help and support.

Help-Line for High-Risk Women.

The Help-Line is a support service established by volunteers who have a personal or family history of ovarian cancer to assist callers in making decisions about their health care. Volunteers at the Help-Line provide callers with information, along with emotional and personal support. By calling **1-800-OVARIAN** and asking for a Help-Line call, you will be placed in contact with concerned volunteers who have made the decisions you are now facing.

It is important for our research projects for us to maintain an accurate, confidential medical history database of Registry families. If you have updated medical information on yourself or members of your family, including such things as a tubal ligation, oophorectomy, benign ovarian tumor, newly-diagnosed cancer and/or death in the family, please complete the reverse side, detach the bottom portion of the page and return it to the Registry in the self-addressed, stamped envelope.

Yes! Contact me regarding family medical history.
(see reverse side)

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That's What Friends Are For

Questions & Answers

That's What Friends Are For!

We would like to share a letter we received. We hope you feel the joy of friendship while reading this letter as we did.

Dear Registry,

I work with one of the most wonderful people in the world and her name is Judie. We work in a trauma center ICU. Besides being an excellent critical care nurse, Judie is a devoted wife and mother of three children. She describes her children as being "the light of her life". Judie has ovarian cancer. She has successfully completed her chemotherapy treatments as of this week and wants to come back to work in October.

My friend, Laurie, who is gifted in the world of crafts made 70 teal ribbons which I sold at work for \$1.00 to raise money for cancer research. We all wear them daily as a sign of our devotion to Judie and a testament to her courage.

Judie taught me a lot about compassion, positive thinking but most of all about love. I believe Judie's love for her family has pulled her through this ordeal. She is truly a remarkable woman.

Sincerely,

Michelle

Questions & Answers: Common questions asked on our web page e-mail and the responses by our Cancer Specialists.

Q "Can you still have 'residual ovarian tissue' after a complete total hysterectomy, thus possibly get ovarian cancer? I have heard this is possible, and have not seen this in any literature."

A A small percentage of women who have had their ovaries removed at the time of hysterectomy for either a noncancerous condition of the uterus or because of a strong family history of ovarian cancer develop a primary peritoneal carcinoma, a cancer of the lining of the abdominal cavity. Primary peritoneal carcinoma looks like ovarian cancer under the microscope, acts like ovarian cancer, is treated like ovarian cancer, and responds to treatment like ovarian cancer. However, this condition is not ovarian cancer. Studies have shown that less than 2 in 100 women who have their ovaries removed because of a family history of ovarian cancer will develop primary peritoneal carcinoma. *Myths and Facts About Ovarian Cancer by Drs. Piver and Eltabbakh.*

Q "Could you please explain any tests that I might be able to have to find out if I have ovarian cancer?"

A 1) **Pelvic Exam** includes feeling the uterus, vagina, ovaries, fallopian tubes, bladder and rectum to find any abnormality in their shape or size. A Pap test (a common test used to detect cancer of the cervix) is often done along with the pelvic exam. 2) **Ultrasound** is the use of high-frequency sound waves. These waves, which cannot be heard by humans, are aimed at the ovaries. The pattern of the echoes they produce creates a picture called a sonogram. Healthy tissue, fluid-filled cysts, and tumors look different on a picture. 3) **CA125** assay is a blood test used to measure CA-125 levels, a tumor marker that is often found in higher-than-normal amounts in the blood of women with ovarian cancer. *Questions and Answers about Ovarian Cancer, NCI Fact Sheet.*

M. Steven Piver, M.D., Founder and Director - K. Michael Cummings, Ph.D., Co-Director Richard DiCioccio, Ph.D., Basic Research Coordinator- Anita Sandecki, R.N., Registrar, Cathy Fahey, B.S., Operations Manager, Alice S. Whittemore, Ph.D., Bruce Ponder, M.D., Ph.D. Consultants - Gene Wilder, Honorary Chariman

1-800-OVARIAN www.ovariancancer.com gradner@roswellpark.org

Name _____

Registry ID # _____

Address: _____

Phone # _____

E-mail address: _____

Comment: _____

Mail to: Gilda Radner Familial Ovarian Cancer Registry, Roswell Park Cancer Institute, Elm & Carlton Streets, Buffalo, New York 14263



PATIENT CARE ■
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