



Understanding Ovarian Cancer in the Older Manitoban Population: Risks, Symptoms and Treatment

Stephanie Costne*

Department of Clinical Gerontology and Geriatric Rehabilitation, University of Bergen, 5007 Bergen, Norway

INTRODUCTION

Ovarian cancer remains a significant health concern globally, with its incidence and mortality rates varying across different regions and age groups. In Manitoba, Canada, like in many other regions, ovarian cancer poses a considerable threat, particularly among older women. Understanding the specific challenges and characteristics of ovarian cancer in the older Manitoban population is crucial for effective prevention, early detection, and management strategies. This article aims to explore the epidemiology, risk factors, symptoms, diagnosis, and treatment options for ovarian cancer in older Manitoban women.

Ovarian cancer primarily affects postmenopausal women, with the incidence increasing with age. In Manitoba, the incidence of ovarian cancer rises steadily with age, peaking in women aged 60 and above. According to recent data from the Manitoba Cancer Registry, approximately [insert percentage] of ovarian cancer cases occur in women aged 65 and older. Despite advancements in cancer treatment, ovarian cancer remains the fifth leading cause of cancer-related deaths among Manitoban women, highlighting the urgent need for targeted interventions in this population.

DESCRIPTION

Several risk factors contribute to the development of ovarian cancer in older Manitoban women. These include, Advancing age is the most significant risk factor for ovarian cancer, with the majority of cases diagnosed in women over 60 years old. A family history of ovarian or breast cancer increases the risk of developing ovarian cancer. Inherited mutations in BRCA1 and BRCA2 genes significantly elevate the risk of ovarian cancer. Factors such as nulliparity, early onset of menstruation, and late menopause increase the risk of ovarian cancer [1-3]. Long-term use of estrogen-only hormone replacement therapy without progesterone may increase ovarian cancer risk. Ovarian cancer is often called the "silent killer" due to its nonspecific symptoms, particularly in the early stages. However, older Manitoban women may experience the following symptoms, which should prompt further evaluation.

Persistent pain in the abdomen or pelvis, often described as

dull or achy, may indicate ovarian cancer. Persistent bloating or swelling in the abdomen, accompanied by a feeling of fullness even after eating small amounts. Ongoing changes in bowel habits, such as constipation or diarrhea, without any apparent cause. Increased frequency or urgency of urination, along with difficulty in emptying the bladder completely. Significant and unexplained weight loss despite maintaining usual eating habits and activity levels. Diagnosing ovarian cancer in older Manitoban women often presents challenges due to the subtle nature of its symptoms and the lack of effective screening methods. A pelvic examination to assess for any abnormalities, such as enlarged ovaries or masses.

Transvaginal ultrasound and pelvic MRI may be used to visualize the ovaries and assess for any suspicious lesions. CA-125, a tumor marker, may be elevated in ovarian cancer, although it is not specific to the disease [4,5]. If a pelvic mass is detected, a biopsy may be performed to obtain tissue for pathological examination and confirmation of ovarian cancer. Treatment strategies for ovarian cancer in older Manitoban women depend on various factors, including the stage of the disease, the woman's overall health, and her treatment preferences. Surgical removal of the ovaries (bilateral oophorectomy) and any affected surrounding tissues is often the initial treatment for ovarian cancer. In advanced stages, a hysterectomy and removal of nearby lymph nodes may also be performed. Chemotherapy, either alone or in combination with surgery, is commonly used to destroy cancer cells and prevent recurrence.

Radiation therapy may be employed in certain cases to target and shrink ovarian tumors. Targeted therapies, such as PARP inhibitors, may be recommended for women with specific genetic mutations, such as BRCA1 or BRCA2. Hormonal therapies may be considered for women with hormone receptor-positive ovarian cancers, particularly those who are not candidates for surgery or chemotherapy.

CONCLUSION

Ovarian cancer poses a significant health burden among older Manitoban women, necessitating comprehensive strategies for prevention, early detection, and treatment. By raising awareness

Correspondence to: Stephanie Costne, Department of Clinical Gerontology and Geriatric Rehabilitation, University of Bergen, 5007 Bergen, Norway; E-mail: StephanieCostner809@gmail.com

Received: 01-February-2024, Manuscript No. jggr-24-25275; **Editor assigned:** 02-February-2024, Pre QC No. P-25275; **Reviewed:** 16-February-2024, QC No. Q-25275; **Revised:** 22-February-2024, Manuscript No. R-25275; **Published:** 29-February-2024, DOI: 10.35248/2167-7182.2024.13.716

Citation: Costne S (2024). Understanding Ovarian Cancer in the Older Manitoban Population: Risks, Symptoms and Treatment. J Gerontol Geriatr Res. 13: 716.

Copyright: © 2024 Costne S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

of the risk factors, symptoms, and diagnostic approaches specific to this population, healthcare providers can empower older Manitoban women to take proactive steps towards their ovarian health. Furthermore, ongoing research efforts are essential to develop targeted therapies and improve outcomes for this vulnerable population. Through collaborative efforts between healthcare professionals, policymakers, and community organizations, we can strive towards reducing the impact of ovarian cancer on the lives of older Manitobans.

REFERENCES

1. Cabasag CJ, Arnold M, Rutherford M, Ferlay J, Bardot A, Morgan E, et al. Shifting incidence and survival of epithelial ovarian cancer (1995-2014): A SurvMark-2 study. *Int J Cancer* 2023;152:1763-1777.
2. Tortorella L, Vizzielli G, Fusco D, Cho WC, Bernabei R, Scambia G, et al. Ovarian cancer management in the oldest old: improving outcomes and tailoring treatments. *Aging Dis* 2017;8:677.
3. Hutchins LF, Unger JM, Crowley JJ, Coltman Jr CA, Albain KS. Underrepresentation of patients 65 years of age or older in cancer-treatment trials. *N Engl Med* 1999;341:2061-2067.
4. Talarico L, Chen G, Pazdur R. Enrollment of elderly patients in clinical trials for cancer drug registration: A 7-year experience by the US Food and Drug Administration. *J Clin Oncol* 2004;22:4626-4631.
5. Mallen A, Todd S, Robertson SE, Kim J, Sehovic M, Wenham RM, et al. Impact of age, comorbidity, and treatment characteristics on survival in older women with advanced high grade epithelial ovarian cancer. *Gynecol Oncol* 2021;161:693-699.