

GYNECOLOGICAL CANCER

DOvE pilots its way to intriguing results

Ovarian cancer has been given the moniker of the ‘silent killer’ as it was thought to progress, symptom free, to a stage where effective treatment was no longer possible. The assumption that women do not have symptoms is, however, in many cases incorrect—the problem is that most symptoms are not specific. So, how can we identify which of the symptomatic women has cancer?

A large-scale trial (DOvE) addressing this question was undertaken by a team led by Lucy Gilbert. The trial was unusual because it actively recruited symptomatic women from the general population, as well as via general practitioners; awareness was achieved using a media campaign. Women over the age of 50 with ovarian cancer-associated symptoms were tested using CA-125 blood tests and transvaginal ultrasound. “It was important that women had access to fast-track investigation (without need for a referral) and that all

results were interpreted and followed up by the investigating team,” points out Gilbert.

Results from the pilot phase, which involved 1,455 women, reported a 10-fold higher prevalence of invasive ovarian cancers in this population compared to screening trials. Crucially, the DOvE trial patients were diagnosed with less tumor burden and were more likely to be optimally resected than a comparable clinical cohort.

The most significant finding, however, was that the majority of high-grade serous cancers—which account for 90% of deaths from ovarian cancer—started in the fallopian tubes, not the ovary, suggesting that calling this disease ‘ovarian cancer’ is misleading and tests used for early diagnosis are suboptimal. The next phase of the project will be co-led by Olga Basso and will address these issues. “We will strategically place a network of 12 satellite clinics in areas with a dense population of



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women over 65, so as to facilitate access to older symptomatic women,” says Gilbert.

Rebecca Kirk

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