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Preface

Current topics in ovarian cancer



Mary L. Disis
Guest Editor

To successfully make an impact on the outcome of a disease like ovarian cancer, research approaches must be integrated and based on multiple avenues of investigation focusing on specific stages of disease. Topics reviewed in this issue of the *Hematology/Oncology Clinics of North America* represent such a broad-based approach.

We do not know the premalignant lesion for ovarian cancer or if one even exists. Indeed, the histologic classification of malignant ovarian tumors is diverse and challenging. Newer methods of classifying ovarian cancer pathology and identifying pathways of oncogenesis critical to ovarian cancer as discussed in this issue should lead not only to a better understanding of the biology of the disease but, potentially, to the identification of therapeutic targets as well.

Clearly, the key to markedly improving overall survival in ovarian cancer is early diagnosis so that curative surgery can be performed in extremely small-volume disease. Large-scale studies evaluating both serologic and imaging techniques are ongoing and show promise in detecting small lesions. In addition, new methods of genomics and proteomics have resulted in identifying genes and proteins that may be associated with early-stage disease. The key to progress is the participation of every high-risk patient in screening studies to aid in the evaluation of these promising approaches. Following these screening studies is the clinical application of reagents that may impact the development of ovarian cancer. Hopefully, chemoprevention of this disease will occur within our lifetime.

We have made great strides in improving ovarian cancer survival with advances in the application of surgery and chemotherapy. New agents are being introduced that demonstrate response against relapsed disease, though complete

responses in the setting of multiple relapse are rare. However, the integration of novel chemotherapeutic agents and biologic agents into standard treatment may aid in turning advanced stage ovarian cancer into a chronic disease. A goal should be set to establish a long-term paradigm of clinical strategies aimed at improving ovarian cancer survival. Some of those therapeutic approaches would manage existing disease (eg, chemotherapeutic approaches), while others would prevent disease from developing (eg, diagnostic and preventive approaches).

For those of us who treat ovarian cancer and interact on a personal level with women affected by the disease, we realize its devastation. Ovarian cancer is most often diagnosed in advanced stages, and our ability to ensure long-term survival desperately needs to be improved. This issue of the *Hematology/Oncology Clinics of North America* is dedicated to women and their families who battle ovarian cancer every day. This battle is exemplified by the one fought by Marsha Rivkin. In the summer of 1989, Marsha was diagnosed with stage III C ovarian cancer. Her husband, Dr. Saul Rivkin, an oncologist, was helpless to control a disease that had long since spread beyond Marsha's ovaries. Marsha died 4 years after her initial diagnosis, leaving her five daughters and husband devastated and lost in a dark sea of grief, despair, and doubt. This family, determined to turn their grief into something positive, established the Marsha Rivkin Center for Ovarian Cancer Research. The work presented in this issue grew out of the 4th Biennial Ovarian Cancer Symposium, which was presented by the Marsha Rivkin Center.

Mary L. Disis
Department of Oncology
University of Washington
1959 NE Pacific Street, HSB 1321
Box 356537
Seattle, WA 98195-6527, USA
E-mail address: ndisis@u.washington.edu