

Think Beyond Pink: Ovarian Cancer Gets Increasing Focus

By Amy A. Dubitsky

Teal is quite a trendy color this year, showing up in clothing, home furnishings, and even cars. However teal also has a more serious connotation; it's the symbolic color of ovarian cancer. Pink has long been well-recognized as the symbolic color of breast cancer, but while ovarian cancer is often a more lethal disease than breast cancer, it still tends to get less publicity.

Myrna Cohen is one woman who was forced to deal with this devastating disease. Cohen had to contend with fibroid tumors on her left ovary for years, and while she found them annoying, they were never dangerous. She had a yearly ultrasound to monitor the fibroid tumors, which ultimately saved her life. In 2010 she reported to her doctors that she wasn't feeling right, and they ordered an ultrasound. Although that ultrasound came out clear, an ultrasound Cohen took six months later revealed a golf ball-sized tumor in her ovary. The forty-eight-year-old pointed out that, "an ovary is usually the size of an almond and I'm lucky I had something to compare it to... it's really important to know your body." She added that, "Many people think a Pap smear tests for ovarian cancer but it doesn't." In fact, while Pap smears screen for cervical cancer and mammograms screen for breast cancer, there really is no good screening process for ovarian cancer.

The symptoms of ovarian cancer can be mild, such as abdominal pain, bloating, upset stomach or heartburn, which can often be attributed to other medical issues or what someone ate for lunch. Cohen became concerned by occasional and sporadic small twinges of pain that were becoming worse. Soon after the abnormal ultrasound, her doctor performed surgery—removing the tumor.

"I was very lucky as the cancer was completely enclosed in the mass and nowhere else," explained Cohen. She had an aggressive form of ovarian cancer but caught it in

stage one. After six rounds of chemotherapy, Cohen is considered cancer free. She stressed that if someone suspects cancer, seeing a gynecologist oncologist can greatly increase the chance of survival. She still follows up with her gynecologic oncologist every four months.

Through acquaintances, Cohen

diagnosed but are worried about their cancer risk and protective measures can be matched up with another woman who has had a very similar experience.

"Sharsheret found me the perfect link," said Cohen. "Knowing someone that has already walked in your shoes really helps."



found out about a support organization called Sharsheret, a national breast cancer organization with a program for women and families facing ovarian cancer.

According to Elana Silber, director of operations, "Sharsheret provides individualized, culturally-relevant, psychosocial support that Jewish women can't find anywhere else. All of our programs are free, confidential, and open to all women and men. Our goal is for every Jewish family to know that Sharsheret is here for them, should they ever need us."

Available by phone, email, text, or even live chat 24/7 on their website, Sharsheret is always available to help and answer questions from women and their families. One of their primary services is their Link program, which provides women with peer support. Women diagnosed with breast or ovarian cancer or even women who are un-

tion or to hereditary non-polyposis colon cancer (HNPCC), also known as Lynch Syndrome.

"Women with BRCA mutations have up to a 44% risk of getting ovarian cancer. Someone with the BRCA1 mutation has a higher risk for ovarian cancer than someone with the BRCA2 mutation. Risk of breast cancer in someone with a BRCA gene mutation could be as high as 87%," she explained.

This is important for Jewish women, since while approximately one in 350 people in the general population carry a BRCA gene mutation, approximately one in 40 people of Jewish Ashkenazi descent carry the same mutation. This increases the risk of not only breast and ovarian cancers, but also pancreatic, prostate, and melanoma. Wiesman recommends genetic testing for any person that has or had any of those cancers, to determine if it was caused by a genetic mutation. In addition, if a first degree family member (child, sibling, parent) or second degree family member (aunt, uncle, grandparent, or grandchild) has breast, ovarian or pancreatic cancer, Wiesman recommends genetic testing for all other family members - especially if the patient has a genetic mutation or if the patient was never tested. It's also important to be aware that if someone has a BRCA gene mutation and they do get cancer, it may not be the same cancer as the other member(s) of their family.

Survival of ovarian cancer is poor because there is currently no reliable screening method, so it is often detected in an advanced stage, Weisman said. The symptoms can be fairly innocuous, like back pain and weight gain or loss and are often ignored. Because of this, many medical professionals recommend an oophorectomy – removal of the ovaries -- for someone with a BRCA gene mutation when they are done having children, usually in their late 30s or early 40s. Not only is it the best way to reduce the risk of ovarian cancer, but if done before menopause it can also greatly reduce the risk of breast

cancer by up to 62%. (While having a preemptive mastectomy can reduce the risk of breast cancer by 90%, because breast cancer has better screening and treatment processes, many women opt not to be as aggressive. Angelina Jolie, who is BRCA gene positive and made headlines a few years ago when she opted for a preemptive double mastectomy, recently had a prophylactic oophorectomy as well.)

While some women may be nervous to do genetic testing at a young age, Wiesman recommends that those with a family history of ovarian cancer talk to their physician and come up with a screening plan, such as a vaginal ultrasound and a CA125 blood test every six months, until they do the genetic testing and possibly prove that they are not in that high-risk category. Ahava Emunah Lange of Beit Shemesh, Israel, found out she was positive for a BRCA gene mutation after she had become ill with ovarian cancer at the age of 36, and now encourages every woman to be aware of her genetic risks.

"Before I was diagnosed, I was very tired, bloated, felt full quickly,

and had some extremely depressive thoughts. I went to my family doctor a number of times and even though I told her about my family history of breast cancer – no red flags went off and she didn't think to send me to my Ob-Gyn," Lange said.

The Lange's youngest child was two at the time and Ahava thought she was going to feel like an old person for the rest of her life, when one day she experienced bleeding mid-cycle and knew something was wrong. Trained as a physical therapist, Ahava was well aware of how her anatomy should look and feel, and after a self-exam of her abdomen, she knew there were tumors. The following Sunday she went to the Ob-Gyn who sent her to the emergency room, where she received her dreadful diagnosis.

A friend of her father referred her to Professor Uzi Beller at Shaarei Zedek medical center in Jerusalem, who, after seeing her CT scan showing that her cancer had already spread, scheduled Ahava for surgery just a few days later, on his day off. "He successfully removed all visible signs of the cancer – he saved my life," Lange said. She

then followed up with oncologist Professor Nathan Cherny for six rounds of chemotherapy.

About 10 months after finishing chemotherapy, in November 2014, the cancer returned and was found in her liver and chest. The news was devastating, and the outlook was disconcerting. It was at this time that she officially changed her name to Ahava Emunah and, along with the prayers from people around the world, began four rounds of chemotherapy accompanied by bone marrow stimulators which put her cancer back into remission.

Lange is now in a clinical trial for PARPS inhibitors, which may be a way to maintain remission for BRCA cancers. She returns to Shaarei Zedek every month for blood work and has a PET scan every 8 weeks. While Lange doesn't know if she is receiving the actual drug or the placebo for the trial, she has a positive attitude. "My life perspective has changed. I always felt that I had the perfect life: five kids, great community, married to the man of my dreams. But I realized that even though sometimes I get depressed and of course, sometimes it af-

fects the kids, life is not that little pixel-perfect picture. The picture is much larger and even the bad things that happen are for the good – even being able to share this, if it helps one person, it's for the good. A lot of bracha has come from this seemingly horrible thing."

Cohen and Lange shared their very personal stories in hope of educating the community about the signs and risks of ovarian cancer, and the importance of education about the BRCA gene mutation. Be color-conscious about both pink and teal and be sure to talk to your doctor about any risk factors you may have at your next appointment.

For information about subsidized testing as part of a research initiative, visit: brcacommunitystudy.einstein.yu.edu.

For questions, support and information regarding breast or ovarian cancer or hosting an educational event in your community, visit: www.sharsheret.org or call: 866.474.2774. ♥

Amy Dubitsky is a freelance writer and communications professional living in Phoenix, AZ.

"We prayed for a miracle to heal Yossel's severe wounds. Divine intervention brought us to Calvary."



"My husband Yossel, of blessed memory, endured countless surgeries. The result was severe wounds that just would not heal. We grew more discouraged every day as we desperately travelled far and wide from our home in Borough Park, visiting the finest medical facilities in the New York metropolitan area. No one was able to accommodate his needs. Then we visited Calvary Hospital's Center for Curative and Palliative Wound Care. First, the expert doctors and nurses relieved our stress with comforting encouragement and hope. Then they began their expert clinical process of providing relief. Ultimately they cured his advanced wounds that no other medical facility could heal and respected our Orthodox faith. It was the answer to our prayers. We thank G-d for Calvary Hospital."

– Sara B.

For more information call 718-576-2714 or visit www.calvaryhospital.org



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