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Challenges in Managing Ovarian Cancer

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Abstract

The lack of reliable predictive tools is a challenge in managing ovarian cancer. Clinical, imaging, molecular, and artificial intelligence would be the current options in practice.

Comments

A cancer diagnosis uses the patient's clinical presentation, physical findings, imaging studies, hematology, and tumor markers as the suggestive features; flow cytometry, cytology, and histopathology as the diagnostic means [1]. Some cancers are identified in a precancer stage and some do not express so easily due to a lack of screening tests or surrogate markers. Primary prevention with vaccination is possible for cervical cancer and secondary prevention measures are also available programmatically to treat in a pre-cancer stage [2]. Endometrial cancer can also be suspected if there is menstrual abnormality or abnormal discharge that opts to seek care early. In contrast, ovarian cancer, the second most common female genital tract cancer after the cervix, is not suspected in an early stage because of the intraabdominal location of the ovary and clinical appreciation needs expertise with its inherent limitation. Neither its causative agent is known nor any recommended screening test exists at present. This results in more cases in advanced stages landing up to cytoreductive and palliative therapy only. This service gap is the potential space for researchers to fill in any modality. This could be a clinical model, clinical-molecular model, or Artificial Intelligence (AI) model (Figure 1).

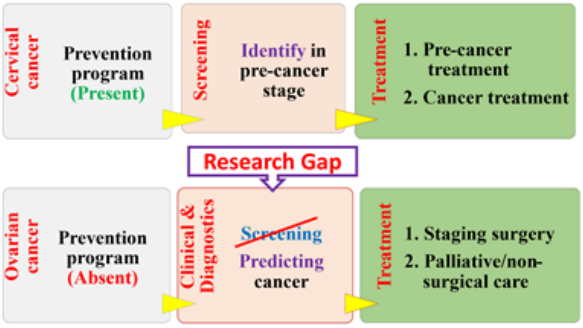

Figure 1: Ovarian cancer: a research gap.

There are several clinical practice tools and guidelines to predict and treat ovarian cancer. However, none of them are perfect and limited by the required healthcare delivery system facilities. Imaging-based, imaging with biochemical marker-based, and correlated clinical presentation-based methods are in practice. AI models like random forests, support vector machines, decision trees, and artificial neural network models appear to be the recent advances in predicting ovarian cancer [3]. However, these approaches also use the clinical parameters in their current use, not the diagnostic ones.

Thus, there are diagnostic challenges at the first step of cancer care. The second challenge is providing care. That is limited by access in terms of availability, affordability, and cost in logistics and expertise. This brings variation in the level of care and non-uniformity in the comparison of care. Since the

intervention is at the facility level only and community or population-based care is still lacking, the position statement seems to be either adapting the available guidelines or searching for a better option by researching interventions or preventive measures. The disparity in care between resourceful and resource-constraint settings is another challenge for the stakeholders [4]. The guideline adaptation and development process may produce a consensus solution for now [5]. Therefore, rigorous research to address the research gap in ovarian cancer is the need of the day. This is the felt need of all care seekers and the observed need of the duty bearers of different levels [6].

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