Certain symptoms may be early signs of ovarian cancer

Ovarian cancer has long been called a “silent killer,” because symptoms are thought to develop only after the disease has reached an advanced stage and is largely incurable. But health experts have now identified a set of physical complaints that often occur in women who have ovarian cancer and may be early warning signs. These symptoms are very common, and most women with them do not have ovarian cancer. But for the women who do, the hope is that greater awareness will lead to earlier diagnosis and treatment.

In June, the Gynecologic Cancer Foundation, the Society of Gynecologic Oncologists, and the American Cancer Society issued a consensus statement highlighting four symptoms that are more likely to occur in women with ovarian cancer than in women in the general population. These symptoms are bloating or increased abdominal size; pelvic or abdominal pain; difficulty eating or feeling full quickly; and urinary frequency or urgency.

The statement recommends that any woman who experiences one or more of these complaints almost daily for more than a few weeks should see a clinician (preferably a gynecologist) for a thorough pelvic exam. Pelvic exams that raise suspicions are usually followed up with a non-invasive test called transvaginal ultrasound and possibly a blood test for a marker called CA-125, which is sometimes elevated in women with ovarian cancer. (By itself, CA-125 testing is not a good screening tool.) The only way to diagnose ovarian cancer is during surgery, which is best performed by a gynecologic oncologist or other surgeon skilled in ovarian cancer.

Research has shown that many women who have ovarian cancer complained about symptoms well before they were diagnosed, but their concerns were either ignored or attributed to something else. Certainly the symptoms highlighted in the consensus statement—bloating, abdominal pain, fullness, and frequent or urgent urination—accompany many other health problems, such as menstrual difficulties, irritable bowel syndrome, and bladder infections. But if such symptoms are new, persist for several weeks, and get worse with time, they may be a sign of ovarian cancer, according to Dr. Barbara Goff, whose research at the University of Washington in Seattle was instrumental in the development of the consensus statement.

It’s estimated that more than 22,000 women in the United States will be diagnosed this year with ovarian cancer, and over 15,000 will die of the disease. Unlike cancers of the lung, colon, and breast, there is no good screening test for ovarian cancer. Although it’s unclear whether recognizing these warning signs will lead to better outcomes, cancer experts and advocacy groups suggest that greater awareness of them may be the best hope for earlier diagnosis and improved survival.

Retinol helps reverse normal skin aging

Throughout life, our skin helps shield us from the sun’s ultraviolet rays, often at the price of premature aging (called photoaging), with its attendant lines, wrinkles, and brown spots. Many procedures and skin products are designed to address these effects, including retinoids—topical vitamin A–based drugs. Now research has found that retinol, one of the retinoid compounds, can also help counter the signs of skin aging that’s unrelated to the sun, including fine wrinkles, roughness, and skin looseness. The findings, published in the May 2007 Archives of Dermatology, suggest that in addition to improving the appearance of older skin, retinol may also increase its durability and capacity to heal. The implications of these findings are particularly important given the rapidly rising number of older Americans.

Researchers at the University of Michigan Medical School tested retinol in a six-month randomized controlled trial involving 36 men and women, ages 80 to 96. For 24 weeks, three times a week, study personnel applied a lotion containing 0.4% retinol (a minimal dose) to the inner portion of each participant’s left or right upper arm (lotion without retinol was used on the other arm). After two, four, eight, 16, and 24 weeks, dermatologists who didn’t know which arms had been treated with retinol compared the two arms for roughness, fine wrinkles, and overall severity of aging.
As early as four weeks into the study, fine wrinkles began to fade in the retinol-treated arms, and the treated skin continued improving through week 24 (see photos). Roughness and severity of aging were also significantly reduced.

As we get older, our skin becomes thinner and more prone to ulcerations, infection, and healing problems. In this study, skin biopsies taken at the start of the study and again six months later allowed researchers to analyze retinol’s biochemical activity in the skin. Use of retinol was associated with increased production of glycosaminoglycan, which helps retain water, and procollagen, the precursor to collagen, which provides the skin’s main support. The increase in procollagen in particular suggests that retinol may strengthen the underlying tissues, countering age-related thinning of the skin. The pretreatment biopsies showed fewer skin cells, less procollagen, and evidence of collagen destruction.

Unfortunately, retinol’s effects were not permanent. Six months after treatment stopped, there were no visible differences between the treated and untreated arms. The treatment phase lasted only six months, and by the end, 13 of 36 participants had dropped out, some because of skin irritation. Nevertheless, topical retinol could be a way to improve the appearance and overall health of skin in very elderly people, because it’s gentler than other retinoids, such as retinoic acid (available as Retin-A), and the skin-resurfacing procedures used for skin aged by sun exposure. The formulation used in the study is not commercially available. Many retinol-containing skin lotions and creams are sold over the counter, but the retinol concentration is not always listed. You may need to do some digging to find one with a dose similar to the one used in the study. Check the label, and if need be, call the manufacturer.

**Dietary calcium may be better for bones than calcium pills**

Most of us know that getting enough calcium is important to bone health, but a recent study suggests that the source of calcium may be at least as important as the amount. In the May 2007 issue of the American Journal of Clinical Nutrition, researchers at Washington University in St. Louis reported that women who get their calcium mostly from food have higher bone mineral densities (BMDs) than those who get their calcium mostly from supplements. The study involved 183 healthy postmenopausal women who did not smoke or take medications that could affect estrogen levels (estrogen helps boost BMD) and who did not have medical conditions that would interfere with bone metabolism.

For seven days, subjects recorded their daily intake of foods containing calcium and calcium from supplements. The researchers reviewed the data and divided the women into three groups: those getting at least 70% of their calcium from food, those getting at least 70% of their calcium from supplements, and those whose calcium intake was more evenly distributed between supplemental and dietary sources. Although the women getting most of their calcium from food consumed an average of only 830 milligrams (mg) per day, they had much higher BMDs than the women getting most of their calcium from supplements, who got 1,033 mg per day. Women who balanced their intake between diet and supplements had the highest BMDs—and also, at 1,620 mg per day, the highest calcium consumption.

Calcium not only is a major constituent of bone but also affects the metabolism of estrogen, which plays an important role in women’s bone health. Estrogen is metabolized via two biochemical pathways. In one pathway, the by-products (or metabolites) are estrogenic, and in the other, they’re nonestrogenic. Compared with women getting most of their calcium from supplements, women who got most of it from food or from a more balanced mix of food and supplements had a higher ratio of estrogenic to nonestrogenic metabolites—which may have helped boost their BMDs.

Other factors may have played a role. For example, the amount of calcium you absorb depends on the type of supplement you use, how much calcium you consume at one time, and your vitamin D levels. More research is needed. In the meantime, this study supports the notion that it makes sense to get most of your calcium from a balanced and varied diet. On the other hand, it can be difficult to get all the calcium you need from your diet. That’s where supplements come in. Be sure you get at least 1,200 to 1,500 mg of daily calcium—from food and possibly supplements—as well as adequate vitamin D (800 to 1,000 IU per day).

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**Selected calcium-rich foods**

<table>
<thead>
<tr>
<th>Food</th>
<th>Calcium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yogurt, plain, low-fat, 8 oz.</td>
<td>415</td>
</tr>
<tr>
<td>Yogurt, fruit, low-fat, 8 oz.</td>
<td>345</td>
</tr>
<tr>
<td>Milk, skim or fat-free, 1 cup</td>
<td>306</td>
</tr>
<tr>
<td>Milk, 1% milkfat, 1 cup</td>
<td>290</td>
</tr>
<tr>
<td>Cheese, mozzarella, 1 oz.</td>
<td>207</td>
</tr>
<tr>
<td>Cheese, cheddar, 1 oz.</td>
<td>204</td>
</tr>
<tr>
<td>Sardines, canned, w/bones, 3 oz.</td>
<td>325</td>
</tr>
<tr>
<td>Salmon, canned, w/bones, 3 oz.</td>
<td>181</td>
</tr>
<tr>
<td>Tofu, * firm, 4 oz.</td>
<td>163</td>
</tr>
<tr>
<td>Rhubarb, frozen, cooked, 1 cup</td>
<td>348</td>
</tr>
<tr>
<td>Collards, frozen, cooked, 1 cup</td>
<td>357</td>
</tr>
<tr>
<td>Spinach, ** frozen, cooked, 1 cup</td>
<td>291</td>
</tr>
<tr>
<td>Kale, frozen, cooked, 1 cup</td>
<td>179</td>
</tr>
<tr>
<td>Bok choy, fresh, cooked, 1 cup</td>
<td>158</td>
</tr>
</tbody>
</table>

* Tofu made with calcium sulfate.
** Spinach contains oxalic acid, which interferes with calcium absorption.
