

Age, Care Access Mitigate Ovarian Ca Detection

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PALM SPRINGS, CALIF. — Routine medical care and comprehensive health insurance coverage seem to improve the early detection of epithelial ovarian cancer in women aged 59 and younger, but not in those aged 60 and older, Dr. Sherry H. Weitzen reported in a poster session at the annual meeting of the Society of Gynecologic Oncologists.

"It surprised me that there was very little effect of access to care for older women in terms of being diagnosed at an earlier stage," Dr. Weitzen, an epidemiologist in the obstetrics and gynecology department at Brown University, Providence, R.I., said in an interview. "I was disappointed because ... it seems like older women are doomed to being diagnosed later. That's what the literature says anyway, and there seems to be no kind of help for them [even] if they are vigilant about their health care."

Dr. Weitzen and her associates reviewed the medical charts of 832 women diagnosed with epithelial ovarian cancer at

Women and Infants Hospital in Providence between 1991 and 2004. They used International Federation of Gynecology and Obstetrics (FIGO) standards to determine tumor stage during or after surgery, and defined health insurance as private/Medicare and Medicaid/uninsured/self-pay/none documented. Of the 832 women, most (540) were diagnosed with late-stage disease, 82% were insured by Medicare or private insurance plans, and 66% reported having a "usual" care provider.

Of the 292 women diagnosed with early-stage disease, 71% reported having routine medical care, compared with 63% of their counterparts diagnosed with late-stage disease. In addition, 85% of women with early-stage disease had Medicare or private insurance, compared with 80% of women diagnosed with late-stage disease.

After adjusting for age at diagnosis, the researchers found that women who had routine medical care plus Medicare and/or

private insurance were 1.74 times more likely to have ovarian cancer diagnosed at an early stage, compared with those who had no routine care and no other insurance plans.

"For women less than 60 years of age, the combined effect of having both routine care and better health insurance had two times the odds of earlier diagnosis, compared to women with no routine care and other health insurance," the researchers wrote in their poster. ■

Conception After Conization Tied to Preterm Birth

TORONTO — Women who undergo cervical conization for the treatment of cervical intraepithelial neoplasia may benefit from delaying conception for about 1 year to reduce their risk of preterm birth. And African American women may need to delay conception even longer, although the ideal time interval is not clear, Dr. Katherine P. Himes said at the annual meeting of the Society for Gynecologic Investigation.

"Cones are common, and most women do fine—which is why when you look overall you tend not to find obstetrical risks associated with the procedure," she said in an interview. "This study may identify a population where significant risk exists, so this may hopefully help us in terms of our counseling and surveillance."

In the retrospective study she presented, Dr. Himes, of the department of obstetrics and gynecology, Magee-Womens Hospital, Pittsburgh, identified 1,080 women who had become pregnant after undergoing a colposcopic biopsy, a loop electrosurgical excision procedure, or a cold knife cone biopsy. Overall, cervical conization was not associated with an increased rate of preterm birth, which occurred in 12.7% of the cohort.

However, when the time from conization to conception was analyzed, women who experienced preterm birth had a significantly shorter interval (mean 3.5 months), compared with women who did not have preterm birth (mean 11 months). This difference remained statistically significant even after controlling for the confounders of race, tobacco use, prior preterm birth, and cone dimensions, she said.

—Kate Johnson



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1. Hanefeld M, Schaper F. Prandial hyperglycemia: is it important to track and treat? Pharmacologic treatment of type 2 diabetes mellitus and obesity. *Current Diabetes Reports* 2005; 5:333–339.