AMINAH JATOI: Well, we've known for a very long time that people who are on oral contraceptives have a decreased risk of ovarian cancer. That again, we've known for a very long time.

But what was different about this study that we conducted is that we looked at other factors, specifically prognosis of people who develop ovarian cancer. And we focused specifically on those patients who have been on oral contraceptives to see, much later, many years later, how did they do once they developed the disease.

And interestingly, we found that those people who had been on oral contraceptives actually did better. For some reason they lived a bit longer. They just did better when they had developed ovarian cancer. And we found that a very interesting finding, one that certainly merits further study, in our opinion.

So I think that's the key here. We want to start asking that question. We specifically want to ask ourselves, what is it about oral contraceptives, again, that were used perhaps years prior. What is it? Is it something about the microenvironment? Is it some change that occurs in the cancer itself as a result of changes in the microenvironment that lead to better outcomes when patients do develop the disease?

And we think that this observation may potentially have some therapeutic potential that we might be able to find out ways to intervene once patients have the tumor and result in their, again, doing better during that period after developing the cancer.

Another important point here is that much of these results needs to be confirmed. They will become more robust if other centers look at this issue as well and find that they find the same things in their groups of patients. But I think most important of all, we hope that what we have found here provides some degree of hope for patients who develop this malignancy.

We're looking in multiple different ways. We're trying to look down multiple different paths to find ways of helping patients. And again, our main goal here is once patients develop ovarian cancer is there some way that we can treat them to maximize their chances of keeping the cancer away once they receive definitive therapy. Or once they develop the cancer again, finding ways to make it less aggressive for them so they can in fact live with their cancer.