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## Ovarian cancer

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### Summary

- Ovarian cancer can be difficult to diagnose at an early stage, largely because symptoms can be vague and similar to those of other common illnesses.
  - Treatment for ovarian cancer usually involves surgery and chemotherapy. It may rarely include radiotherapy.
  - Some women can still have a child after surgery for ovarian cancer.
  - The cervical screening test is only effective for the early detection of cancer of the cervix, not ovarian cancer.
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The ovaries are part of the female reproductive system. These oval-shaped glands sit inside the pelvis and release an egg (ovum) every month. Female sex hormones are also made by the ovaries. Cancer can develop in one or both ovaries.

Around 340 Victorian women are diagnosed with ovarian cancer every year. About 90 per cent of ovarian cancers occur in women over the age of 40. Like most cancers, the risk of ovarian cancer increases with age.

### Risk factors of ovarian cancer

The exact causes of ovarian cancer aren't known, but some of the risk factors include:

- an increase in age. In Victoria, the median age at diagnosis has risen over the past 20 years from 63 to 65 years
- inheriting a faulty gene (called a gene mutation) that increases the risk of ovarian cancer
- being Caucasian (white) and living in a Western country with a high standard of living
- having few or no full-term pregnancies
- starting your menstrual cycle early (before the age of 12) and beginning menopause after the age of 50
- taking hormone therapy (HT) after menopause. Some studies suggest this may increase your risk of developing ovarian cancer, but others don't make this connection
- never having taken the contraceptive pill – the pill has been found to reduce the risk of cancer of the ovaries and uterus
- only five to 10 per cent of all ovarian cancers are associated with a family history. The risk of developing ovarian cancer increases with the number of affected first degree relatives (parents, siblings, children)
- for an Ashkenazi Jewish woman with a family history of breast or ovarian cancer, background should be considered as an additional risk factor.

Other risk factors are still being researched.

### Symptoms of ovarian cancer

Ovarian cancer can be difficult to diagnose at an early stage, largely because symptoms can be vague and similar to those of other common illnesses.

The symptoms of ovarian cancer will vary depending on the stage of the cancer. Many women with early stage ovarian cancer may not have any symptoms. If they do, it may be some pain in the lower abdomen or side and a bloated or full feeling in the tummy.

Some of the symptoms of later stage ovarian cancer include:

- discomfort in the abdomen, such as bloating or a feeling of pressure
- a change in bowel habits

- indigestion
- vaginal bleeding that isn't due to normal menstrual periods
- pain, especially during sex
- swollen abdomen as the cancer grows.

If the cancer is very advanced and spreads to other parts of the body, it can cause:

- loss of appetite
- sickness (nausea and vomiting)
- constipation
- tiredness
- breathlessness
- severe pain
- more extensive abdominal swelling that may need draining.

### **Types of ovarian cancer**

The four main types of ovarian cancer are:

- epithelial – cancer of the epithelium, which consists of the outer cells covering the ovary. This is the most common type – nine out of 10 ovarian cancers are epithelial cancers
- germ cell – cancer of the cells inside the ovary that mature into eggs. This uncommon form of ovarian cancer usually affects women less than 30 years of age
- sex-cord stromal cell – cancer of the cells that release female hormones. This uncommon form of ovarian cancer can affect women of any age
- borderline tumours – types of epithelial tumours that are not as aggressive as other forms.

### **Diagnosis of ovarian cancer**

There are a range of tests to diagnose ovarian cancer, including:

- physical examination – the doctor checks for lumps in the lower abdomen or pelvis
- blood tests – to search for tumour markers (for example, CA 125). These are proteins that are often higher than normal in women with ovarian cancer
- imaging tests – such as a computed tomography (CT) scan, magnetic resonance imaging (MRI), a positron emission tomography (PET) scan or abdominal and trans-vaginal ultrasounds
- colonoscopy – to make sure that your symptoms are not caused by a bowel problem
- surgery – this is the only definitive way to find out if you have ovarian cancer.

The pap test is only effective for the early detection of cancer of the cervix, not ovarian cancer.

### **Blood test for CA 125**

A blood test to detect the protein CA 125 can be used to help diagnose or exclude ovarian cancer, but is not a definitive test for all women. While CA 125 can be produced by ovarian cancer cells, there are other causes for raised CA 125 levels, such as menstruation, endometriosis or ovarian cysts.

The CA 125 test is most reliable in postmenopausal women. It is not recommended as a screening test for women with no symptoms. This is because half of all women with early-stage ovarian cancer do not have elevated CA 125 levels.

Other blood tests may be done to help with diagnosis and to check the effects of treatment.

Test results can take a few days to come back. It is very natural to feel anxious waiting to get your results. It can help to talk to a close friend or relative about how you are feeling. You can also contact the Cancer Council Helpline on 13 11 20 and speak with a cancer nurse.

### **Treatment of ovarian cancer**

Ovarian cancer is often diagnosed during surgery and the affected ovary or ovaries are removed at the same time. In some cases, only one ovary is affected and conceiving a child is still possible after surgery. In other cases, parts of the reproductive system such as the fallopian tube and the uterus (womb) may also be removed. Sometimes, it is necessary to take out the appendix and part of the bowel.

Chemotherapy (anti-cancer medications) is almost always given after surgery. This is to kill off any cancer cells that may have been left behind after surgery. Radiotherapy (using x-rays to kill cancer cells) is also occasionally used.

It's common for people with cancer to seek out complementary or alternative treatments. When used alongside your conventional cancer treatment, some of these therapies can make you feel better and improve your quality of life. Others may not be so helpful and in some cases may be harmful. The Cancer Council Victoria booklet called *Understanding complementary therapies* can be a useful resource.

All treatments have side effects. Your medical team will discuss these with you before your treatment begins.

### **Research into ovarian cancer**

Early detection and better treatment have improved survival for people with ovarian cancer. The research is ongoing. The [CancerHelp UK website](#) has information about research into ovarian cancer.

Clinical trials can test the effectiveness of promising new treatments or new ways of combining cancer treatments. Always discuss treatment options with your doctor.

### **Your sexuality and ovarian cancer**

Having ovarian cancer and its treatment can affect the way you feel about your body, who you are, your relationships, the way you express yourself sexually and your sexual feelings (your 'sexuality'). These changes can be very upsetting.

Your medical team should discuss these issues with you before and during your treatment. If you feel you would like to discuss things further, ask your doctor for a referral to a counsellor or call the Cancer Council Helpline on 13 11 20.

If you have a partner it helps to be as open as possible with them about how you are feeling. The Cancer Council Victoria booklet called *Sexuality, intimacy and cancer* may also be helpful to read.

### **Caring for someone with cancer**

Caring for someone with cancer can be a difficult and emotional time. If you or someone you know is caring for someone with ovarian cancer, there is support available. The Cancer Council Victoria booklet called *Caring for someone with cancer* may also be helpful to read.

### **When a cure isn't possible**

If ovarian cancer has been diagnosed in its later stages, the cancer may have spread to the point where a cure is no longer possible. Treatment then focuses on improving quality of life by relieving the symptoms (this is called 'palliative' treatment). Medications can be used to relieve pain, nausea and vomiting. The Cancer Council Victoria booklet called *Living with advanced cancer* may be helpful to read.

### **Where to get help**

- Your **GP (doctor)**
- Specialist, such as a familial cancer specialist or a gynaecological oncologist
- **Cancer Council Victoria, Information and Support Service** Tel. **13 11 20**
- **Multilingual Cancer Information Line**, Victoria Tel. **13 14 50**
- **WeCan website** helps people affected by cancer find the information, resources and support services they may need following a diagnosis of cancer.

**This page has been produced in consultation with and approved by:**

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