



## BASIC INFORMATION

### DESCRIPTION

A malignant growth in the ovary that is likely to spread to other body parts and threaten life. It affects females of all ages, but is most common after age 50. There are many different types of ovarian cancer. Epithelial tumors account for the majority and are the most aggressive. Other ovarian cancers are slow growing, or metastasized from other cancer in the body.

### FREQUENT SIGNS AND SYMPTOMS

- Ovarian cancer grows silently. Frequently no symptoms occur until late in the disease.
- Vague discomfort in the lower abdomen, gas, indigestion.
- Pelvic pain or swelling in the abdomen with no pain.
- Feeling of being constipated; unable to have a bowel movement.
- Irregular menstrual periods; bleeding from the vagina.
- Painful intercourse.
- A need to urinate often.
- Excessive hair growth.
- Nausea, not feeling hungry, not being able to eat, losing weight; sometimes a weight gain occurs.

### CAUSES

The exact cause of ovarian cancer is unknown.

### RISK INCREASES WITH

- Personal history of breast cancer, or a family history of breast and/or ovarian cancer, colon, lung, prostate, and uterine cancers.
- Women who carry mutated genes such as BRCA1 and BRCA2.
- Advancing age. Over 50% of all ovarian cancers occur in women over age 65.
- Women who began to menstruate before age 12 and/or experienced menopause after age 50.
- Women who have used ovulation-stimulating fertility medications have a slightly increased risk of ovarian cancer.
- Late pregnancies (over age 30).
- Never having had children.
- Factors that have been investigated, such as talc use, asbestos exposure and high dietary fat content are controversial and have not been definitively proven.

### PREVENTIVE MEASURES

- No definitive prevention strategy is known. Having yearly pelvic examinations may aid in earlier detection and treatment.
- With a family history of ovarian cancer, additional screening tests and genetic counseling may be recommended. In some cases, ovary removal may be discussed if a woman has a strong family history of breast or ovarian cancer and pregnancy is not desired.
- Oral contraceptives may help with prevention.
- Other possible factors that may reduce the risk but are more controversial include having a tubal ligation (fallopian tubes tied to prevent pregnancy), or using aspirin or other nonsteroidal anti-inflammatories over an extended period.
- Newer screening tests are in development including pelvic ultrasound and specialized blood tests (tumor markers).

### EXPECTED OUTCOME

- The prognosis is related closely to the stage of the disease when it is first diagnosed. In early-stage disease, the chance of surviving at least five years is about 90%. For the remaining women diag-

nosed with advanced ovarian cancer, only about 20% can expect to live five years or longer. Other factors that affect survival are a woman's age and her general health.

- New immunotherapy treatments and vaccines for ovarian cancer are undergoing studies.

### POSSIBLE COMPLICATIONS

- Reaction to anticancer drug therapy.
- Pleural effusion (excess of fluid in the lining of the lungs).
- Ascites (excess fluid in the peritoneal cavity).
- Spread of cancer to other body parts which can cause pain, other complications and death.
- When both ovaries are removed, a woman loses her ability to become pregnant and menopause occurs.
- Recurrence of cancer. Most likely to recur within the first 2 years after treatment, but cancer can reappear up to 20 years later.



## TREATMENT

### GENERAL MEASURES

- Diagnostic tests may include pelvic examination, laboratory blood studies, ultrasound of the abdomen, x-rays of the abdomen and CT or MRI. There are several blood tests (tumor markers) available, the most common being CA-125. Additional tests are needed to determine if the cancer has spread to other body parts.
- Specific treatment varies depending on the stage of the disease, the type of cancer cell and the patient's age.
- Surgery (cytoreductive) is usually performed to remove the cancerous ovary and other affected areas, including fallopian tubes, uterus and the other ovary (sometimes). The goal of surgery is to remove as many of the cancer cells as possible so chemotherapy will be more effective. In young patients who want to retain reproductive capacity, it may be possible to remove only the ovary and the tube. In some cases, follow up surgery is required to determine the effectiveness of the treatment.
- Chemotherapy, depending on cell type and stage of disease, is usually recommended along with surgery for the best outcome. Radiation therapy is used less often.
- Counseling and joining in a support group are recommended to learn to accept and cope with cancer.
- Additional information available from The American Cancer Society at 800-ACS-2345; website [www.cancer.org](http://www.cancer.org); or from the National Cancer Institute at 800.4-CANCER; website [www.nci.nih.gov](http://www.nci.nih.gov).

### MEDICATION

- Anticancer drugs (chemotherapy); usually a combination of drugs is recommended.
- Pain relievers, as needed.

### ACTIVITY

No restrictions after recovery from surgery.

### DIET

Eat a normal, well-balanced diet. Maintain a healthy weight.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of an ovarian tumor.
- New symptoms occur after surgery or chemotherapy.