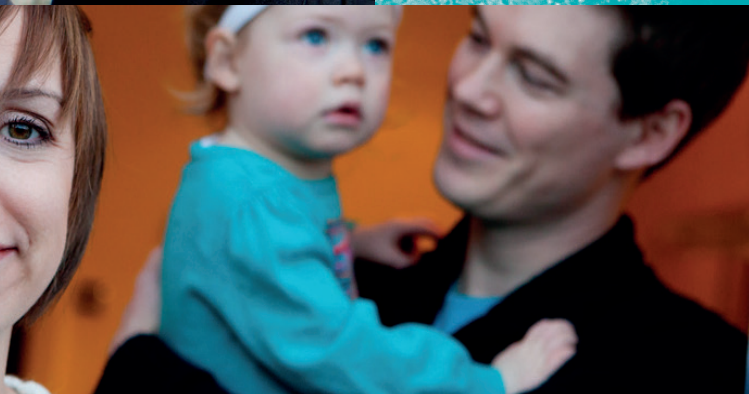
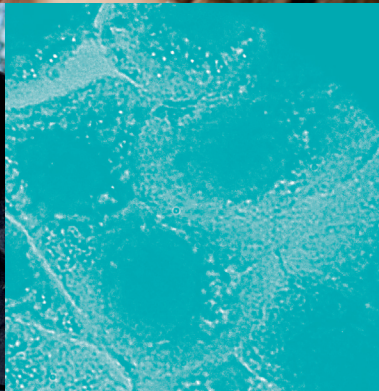


ovarian
cancer **action**

ovarian cancer

what you need to know



What is ovarian cancer?

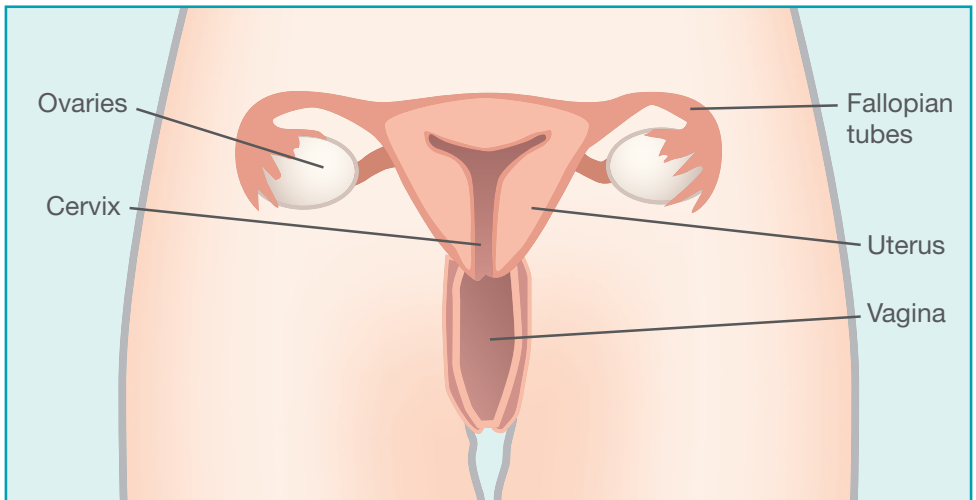
Ovarian Cancer is the fifth most common cancer in women with around 7,000 new cases diagnosed in the UK each year. It is a disease that can disrupt the normal function of your ovaries. Your ovaries are part of your reproductive system. This system is located entirely in your pelvis and consists of your vagina, cervix, uterus (womb), endometrium (lining of the womb), fallopian tubes and ovaries.

You have two ovaries, one on each side of your body. They have two main functions. Firstly, they produce and store eggs for reproduction. Secondly, they produce the female sex hormones. These hormones helped develop your vagina, womb, fallopian tubes, breasts

and body shape during puberty. They also regulate a woman's menstrual cycle.

Ovarian cancer occurs when abnormal cells within the ovary start to multiply, creating a tumour. Not all tumours are cancerous and non-cancerous tumours are called benign tumours. Benign tumours don't usually spread to other parts of the body. They may need treatment but they're rarely life threatening.

Malignant ovarian tumours, however, are cancerous. It's important to catch cancers early because they can grow enough to engulf most of the ovary and can spread to other parts of the body too.



The anatomy of the female reproductive system

Symptoms to look out for

If you've been getting any of the following symptoms regularly, you should talk to your doctor about getting tested for ovarian cancer:

- **Persistent stomach pain**
- **Persistent bloating**
- **Difficulty eating or feeling full quickly**
- **Needing to wee more frequently**

Sometimes other symptoms can also be associated with ovarian cancer. You may get them on their own or at the same time as those listed above. These symptoms include:

- **Changes in bowel habits** (e.g., diarrhoea or constipation)
- **Extreme fatigue**
- **Back pain**

Many of us get symptoms like these from time to time, and more often than not they're down to other, non-serious conditions. However, the symptoms of ovarian cancer are distinct in that they are:

- **Persistent** (they don't go away unlike irritable bowel syndrome)
- **Frequent** (you get them for more than 12 days a month)
- **Getting progressively worse**
- **New** (they started in the last 12 months)
- **Unusual** (not normal for you)

If you're getting any of the above symptoms on most days of the month it's important to see your GP. Something else may be causing them, but it's best to have them checked out.

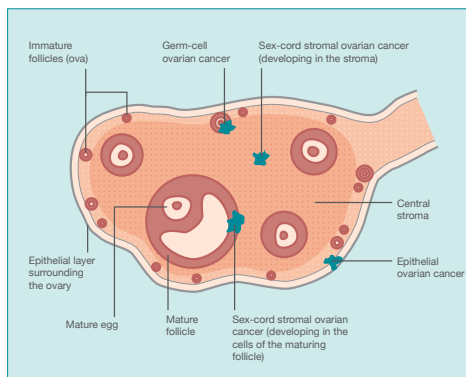


Ovarian cancer: not one disease but many

Ovarian cancer is not a single disease and treatment for it will depend on the type of tumour a patient has.

There are three broad types of ovarian tumour. What makes them different is the part of the ovary they began growing on.

If you're diagnosed with ovarian cancer, your doctors will tell you what type of tumour you have.



Types of ovarian tumour

The three types of ovarian tumour

1. Epithelial ovarian tumours

This type of tumour develops on the surface of the ovary. Some are benign, but some are malignant. Malignant epithelial ovarian tumours are by far the most common type of cancerous ovarian tumour, accounting for 90% of all cases.

There are six types of epithelial ovarian tumour:

Serous tumours

These occur most often in women between the ages of 40 and 60. They are the most common type of epithelial tumour, representing up to 40% of cases. Sometimes they're cancerous,

sometimes they're not: 50% are malignant (cancerous), 33% are benign (non-cancerous), and 17% are mildly cancerous, meaning the tumour grows very slowly.

Endometrioid tumours

These occur primarily in women aged 50 to 70. Around 20% of epithelial tumours are endometrioid tumours and most are malignant. About 20% of endometrioid tumours occur in women who also have endometrial cancer and 5% are linked to endometriosis, a disorder of the lining of the womb.

Clear cell tumours

These occur primarily in women aged

Ovarian cancer: not one disease but many

40 to 80. They make up 6% of epithelial tumours and are almost always malignant. About 50% are associated with endometriosis.

Mucinous tumours

These tumours are most common in women aged 30 to 50 and make up roughly 10% of epithelial tumours. Most of the time they're not cancerous: 75% of mucinous tumours are benign, 15% are malignant, and 10% are on the borderline.

Undifferentiated tumours

These tumours do not fit neatly into any category and account for about 15% of epithelial tumours. They tend to be malignant.

Transitional cell tumours

These are mostly malignant tumours and are often made up of cells that look like the cells that line the urinary tract.

A note about primary peritoneal carcinoma

Primary peritoneal carcinoma is a type of cancer closely related to epithelial ovarian cancer. It's also sometimes referred to as extra-ovarian primary peritoneal carcinoma or serous surface papillary carcinoma.

This type of cancer is rare and develops from the cells that line the pelvis. It has the same symptoms as ovarian cancer

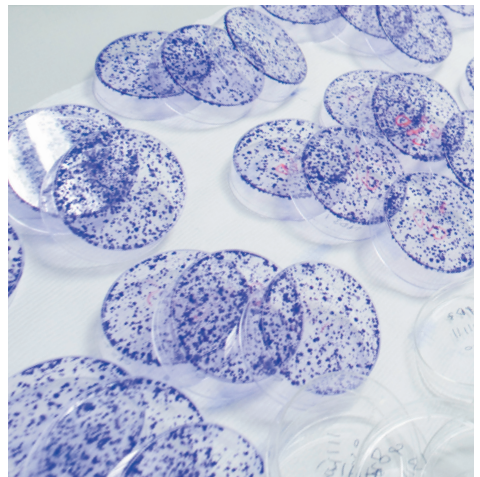
and is diagnosed and treated in the same way.

2. Germ cell ovarian tumours

Germ cell tumours originate in the cells within the ovary that develop into eggs. These types of tumours account for 5-10% of ovarian cancer cases and they tend to occur in younger women (mostly in their 20s). Most germ cell tumours are non-cancerous and 90% of cases can be successfully treated.

3. Sex-cord stromal ovarian tumours

Sex-cord stromal tumours begin in the connective cells that hold the ovaries together. They can affect all age groups. Most of these tumours are either not cancerous or are very slow growing and account for 5% of all ovarian cancer cases.



What's my risk of developing ovarian cancer?

A number of things can affect your risk of developing ovarian cancer. The two main risk factors are having certain cancers in your family, and getting older.

Your family history

Ovarian or breast cancer is in your family

If two or more relatives from the same side of your family have had ovarian or breast cancer, you may have a higher risk of developing ovarian cancer yourself. This is because you might have inherited a faulty gene (known as the BRCA1 or BRCA2 mutation) that creates a greater chance of developing ovarian cancer.

You're more likely to be carrying this faulty gene if you're of Ashkenazi Jewish, Icelandic, Norwegian, Dutch, Pakistani or Polish descent.

You can assess your risk of hereditary ovarian cancer by using the BRCA risk tool online at www.ovarian.org.uk/brc-risk-tool

Ovarian, womb, colon, bowel or stomach cancer are in your family

A rare condition called hereditary non-polyposis colorectal cancer (HNPCC), which runs in families, can slightly increase your risk of developing ovarian cancer. It can also increase your risk

of developing bowel, womb, stomach, colon, pancreatic, biliary and bladder cancer. HPNCC is caused by inherited faulty genes (known as the MLH1, MSH3 and MSH6 mutations).

Getting older

Your risk of developing ovarian cancer increases as you get older and most ovarian cancer cases occur in women over the age of 50. However, some types of ovarian cancer do appear in much younger women.

In addition to age and family history, the following may slightly increase your risk of ovarian cancer:

- **A long menstrual history** which can result from one or more of the following:
 - Starting your period before 12
 - Going through the menopause after 50
 - Having your first child after 30
 - Not having any children
 - Not breast feeding
- **Endometriosis (a condition of the womb)**
- **Using oestrogen-only hormone replacement therapy (HRT)**
- **Smoking** may increase your risk of developing mucinous ovarian cancer

What should I do if I notice symptoms?

If you think something's changed with your body, don't ignore it. And don't be afraid to talk to your GP.

Your doctor will find it helpful if you can give them an idea of what's been happening and how often your symptoms tend to come and go.

It's easy to forget something important when you get to the surgery. That's why we've created a special symptoms diary to help you keep track.

You can use it to note down each time symptoms occur, when you first noticed them and if they seem to be getting worse. So when you show the diary to your doctor, it'll give them a better idea of what to do next.

To get your symptoms diary, call us on 0300 456 4700 or download a copy from www.ovarian.org.uk

Talking to your GP

- Before your appointment, write down all your concerns and any questions you have so you don't forget anything.
- During your appointment, tell your GP that you're worried that you may have ovarian cancer. Use the symptoms diary to describe your symptoms in as much detail as possible.
- If anyone in your family has ever had ovarian or breast cancer be sure to mention this to your GP. Ask if you should be concerned about your family history of cancer.
- Ask which tests you should have. If your GP doesn't suggest it, ask for a CA125 blood test.
- Before you leave, ask your GP to clarify anything you are unsure of. Make sure you fully understand everything you've discussed during the appointment.
- Make notes – write down any instructions or information and be sure you understand the next steps.
- You may wish to seek a second opinion and this is the patient's right. If you wish to do this you can discuss it with your oncologist or GP.

The stages of ovarian cancer

If you're diagnosed with cancer, you'll be told what stage it's at. This will help you and your doctors understand if the cancer has spread and the best way to treat it. There are four stages of ovarian cancer:

Stage 1

This is where the cancer is confined to one or both ovaries.

Stage 2

A stage 2 ovarian cancer occurs when the cancer is also found outside

the ovary or ovaries, but has spread no further than the pelvic region (uterus, bladder, lower intestine).

Stage 3

Stage 3 ovarian cancer involves one or both ovaries and has spread beyond the pelvis into the abdominal cavity (but not the liver) and/or to nearby lymph nodes.

Stage 4

Stage 4 indicates that cancer cells have spread to other parts of the body such as the liver, lungs and brain.



How quickly does ovarian cancer spread?

Different types of tumours grow at different rates. So when someone is diagnosed with cancer, their doctors grade the tumour according to how quickly they expect it to develop.

They work out the tumour's grade by comparing how much the tumour looks like normal tissue. Cancers that look similar to normal tissue grow slowly and are considered low grade. High-grade cancers do not look like normal tissue and can spread quickly.



Ovarian tumours can be divided into four grades:

- **Grade 0**

Grade 0 tumours are also known as borderline tumours or tumours of low malignant potential. They are the least aggressive tumours and look very much like normal tissue cells. They're unlikely to spread and are usually easy to cure.

- **Grade 1**

Grade 1 tumours look very similar to normal tissue. They are referred to as low grade and tend to grow slowly.

- **Grade 2**

Grade 2 tumours do not look like normal tissue. They grow moderately fast and are sometimes referred to as intermediate grade tumours.

- **Grade 3**

Grade 3 tumours do not look like normal tissue. They grow quickly and in a disorganised way. They are the most aggressive type of cancer.

Could my symptoms be caused by anything else?

Some conditions may produce symptoms similar to ovarian cancer or may cause you to worry you're at risk of developing ovarian cancer. These conditions are IBS, ovarian cysts and polycystic ovary syndrome.

Irritable bowel syndrome (IBS)

IBS is a disturbance of the colon or large intestine and its symptoms are very similar to ovarian cancer symptoms. This means that ovarian cancer is often mistaken for IBS and women with IBS often worry their symptoms are due to ovarian cancer.

You should know that:

- IBS develops for the first time in patients in their 20s and 30s.
- If you develop IBS-like symptoms for the first time and you're in your 50s, it is unlikely to be IBS.
- The symptoms of IBS come and go and are related to eating particular foods and stress.
- The symptoms of ovarian cancer stay with you constantly and are not affected by your diet or stress.

Ovarian cysts

Ovarian cysts are fluid-filled sacs that develop in the ovary. They occur as part of a woman's normal menstrual cycle

and most women don't even know they're there. But occasionally a cyst grows big enough to cause symptoms similar to ovarian cancer.

Ovarian cysts are diagnosed in the same way as ovarian cancer – a blood test and ultrasound scan. Their treatment depends on their size and the symptoms they produce. Small cysts usually disappear on their own whilst larger cysts may need to be removed through surgery.

Ovarian cysts are less common after the menopause because ovulation no longer occurs. If cysts do occur after menopause they may cause a little bit of concern.

Cysts are rarely cancerous, but your doctor may want to carry out tests to rule out ovarian cancer.



Could my symptoms be caused by anything else?

Polycystic ovary syndrome (PCOS)

PCOS occurs when small, harmless cysts form on the surface of the ovary. These cysts are sacs containing eggs that have not matured correctly due to a hormonal imbalance. This imbalance prevents the egg from being released each month, leading to infrequent ovulation.

Women with PCOS are sometimes worried they have a higher risk of developing ovarian cancer. However, research indicates there's no link between PCOS and ovarian cancer. PCOS is diagnosed through an ultrasound scan. It can't be cured but treatment options are available.



Further information and support

If you have any questions or would like further information you can contact us:

by phone

on 020 7380 1730

or 0300 456 4700 (information helpline)

email

info@ovarian.org.uk

or write to us at

Ovarian Cancer Action, 8-12 Camden High Street, London NW1 0JH

We also have other leaflets with further information about ovarian cancer:

- Symptoms you shouldn't ignore
- Symptoms diary
- Diagnosing ovarian cancer
 - what you need to know
- Hereditary ovarian cancer
 - what you need to know
- Treating ovarian cancer
 - what you need to know
- Ovarian Cancer Action
 - about us

Please ask us for a copy or download from our website www.ovarian.org.uk

You can also receive our latest information here:

follow us on **Twitter**
[@OvarianCancerUK](https://twitter.com/OvarianCancerUK)

like our **Facebook** page
www.facebook.com/ovariancanceraction

Ovarian Cancer Action strives to stop women dying from ovarian cancer. We fund world class scientific research leading to innovative treatments and progressive solutions.

Ovarian Cancer Action campaigns to ensure women and healthcare providers know the risk factors, symptoms and treatment options to enable informed and rapid action.

Fundamentally we demand that every woman should have the best treatment available.

Sources

American Cancer Society, 2011. *Ovarian Cancer Detailed Guide*. Atlanta GA: American Cancer Society.

IBS Network, 2011. What is IBS? [Online] Available at: <http://www.theibsnetwork.org/whatisibs.asp> [Accessed 3rd January 2013]

McLemore, M., Miaskowski, C., Aouizerat, B., Chen, L. and Dodd, M., 2009 Epidemiologic and Genetic Factors Associated with Ovarian Cancer. *Cancer Nursing*, 32(4), p281.

National Institute for Health and Care Excellence, 2011. *Ovarian cancer: The recognition and initial management of ovarian cancer*. London: National Institute for Health and Care Excellence.

National Institute for Health and Care Excellence, 2005. *Referral guidelines for suspected cancer*. NICE Clinical Guideline 27. London: National Institute for Health and Care Excellence.

Royal College of Obstetricians and Gynaecologists, 2010. *Ovarian Cysts in Postmenopausal Women*. Guideline No. 34. London: Royal College of Obstetricians and Gynaecologists

Royal College of Obstetricians and Gynaecologists, 2011. *Management of Suspected Ovarian Masses In Premenopausal Women*. Green-top Guideline No. 62. London: Royal College of Obstetricians and Gynaecologists.

World Cancer Research Fund/American Institute for Cancer Research, 2009. *Policy and Action for Cancer Prevention. Food, Nutrition, and Physical Activity: A Global Perspective*. Washington DC: AICR.

Figure 1: Illustration of the anatomy of the female reproductive system: copyright© www.ovarian-cancer-facts.com

Figure 2: Types of ovarian tumour (Copyright © www.ovarian-cancer-facts.com)

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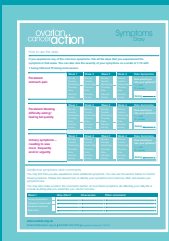
Care has been taken to ensure that the information in this booklet is accurate. However, every individual's experience of cancer is different.

Please always seek professional medical advice.

Our publications: further information and support

Symptoms and what to tell your GP

- **Ovarian cancer**
– what you need to know
- **Symptoms you shouldn't ignore**
- **Symptoms diary**



The diagnosis process

- **Diagnosing ovarian cancer** – what you need to know



Treatment and support

- **Treating ovarian cancer** – what you need to know



Family history and ovarian cancer

- **Hereditary ovarian cancer** – what you need to know



Ovarian Cancer Action

- **Ovarian Cancer Action** – about us



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email

info@ovarian.org.uk

or write to

Ovarian Cancer Action,
8-12 Camden High Street,
London NW1 0JH

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