

Ovarian cancer: what you need to know.

**Ovarian cancer symptoms, types, stages
and risk factors.**

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For the latest news and information about ovarian cancer visit our website:

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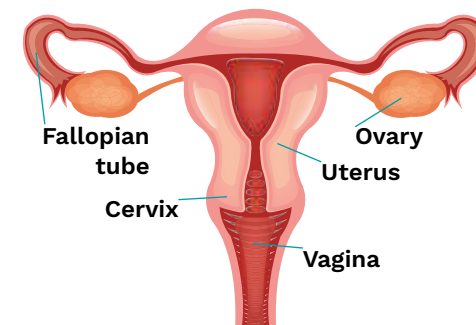
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What is ovarian cancer?

Ovarian cancer is the sixth most common cancer in women, with around 7,500 new cases diagnosed in the UK each year.

The disease can develop in one or both ovaries, which are two small glands that make up part of the female reproductive system. Located in the pelvic area, the female reproductive system is also made up of the vagina, cervix, uterus and fallopian tubes.



The ovaries have two main functions

- Produce, store and release eggs for reproduction
- Produce the female sex hormones progesterone and oestrogen

Ovarian cancer occurs when there are abnormal cells in the ovary which multiply, creating a tumour. Tumours will either be benign or malignant. Benign tumours are non-cancerous and do not usually spread to other parts of the body. They may require some treatment but are rarely life threatening.

Malignant tumours are cancerous. The longer malignant tumours go undetected and untreated the more likely they are to spread from the ovary to other parts of the body.

The symptoms of ovarian cancer.

There is currently no screening tool for ovarian cancer so knowing the symptoms is the key to early diagnosis.

Ovarian cancer has four main symptoms:

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

Other symptoms may include indigestion, back pain, extreme tiredness for no obvious reason, a change in bowel habits (going more often than usual or less frequently), post-menopausal vaginal bleeding and unexplained weight loss.

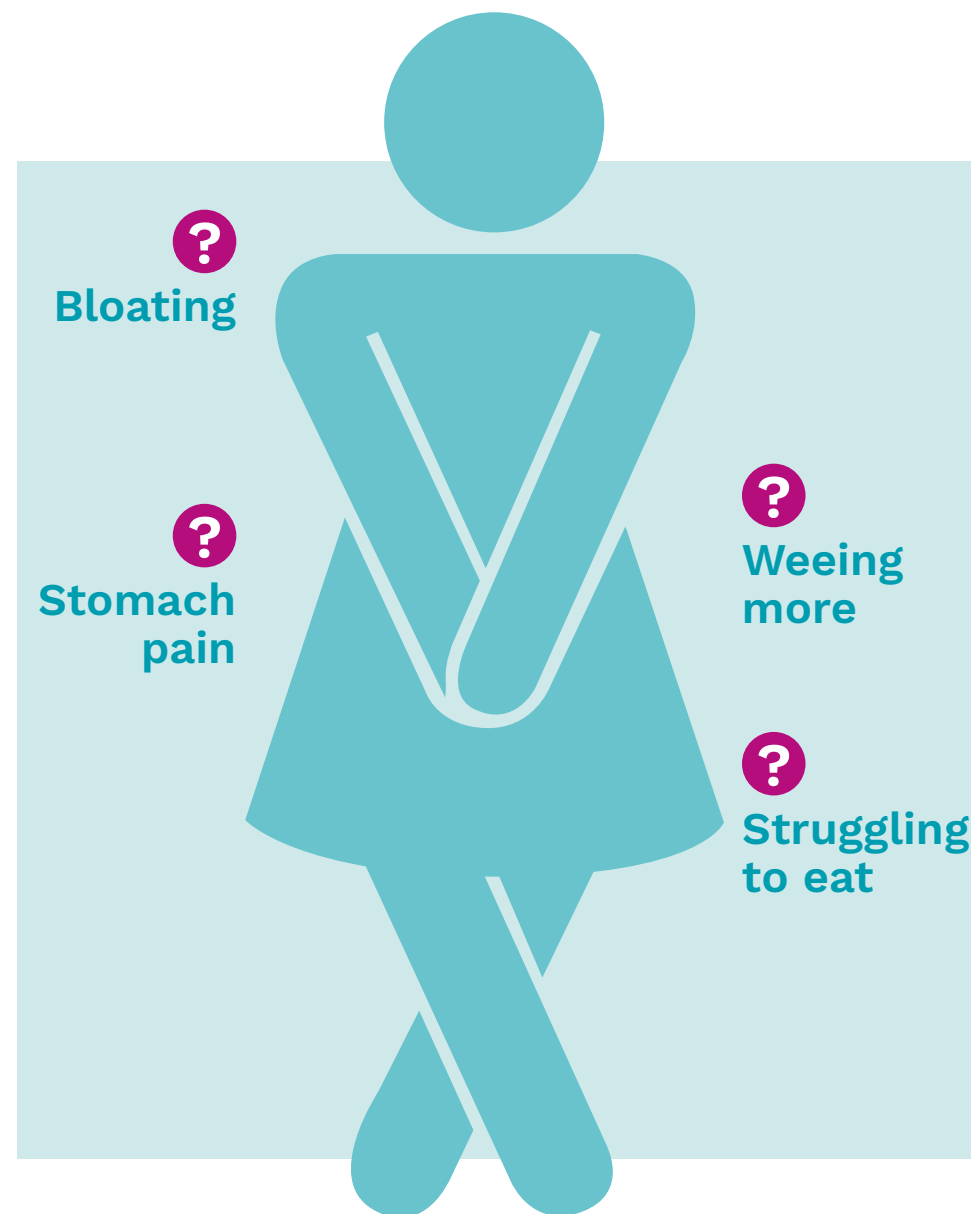
Many of us will have these symptoms from time to time, and they are usually a sign of something much less serious than ovarian cancer. However they are a sign that something isn't right and should be investigated by a GP.

Symptoms are more likely to be a sign of ovarian cancer if they are:

- Persistent (meaning they don't go away)
- Frequent (happening more than 12 times a month)
- Severe (getting progressively worse)
- New (they started in the last 12 months)
- Without any obvious explanation

“There is no doubt in my mind that early diagnosis saved my life”

Caroline Raphael



I have symptoms – what next?

If you are experiencing any of the symptoms of ovarian cancer don't panic. It's unlikely you have the disease but it's important you get checked out by your GP.

The symptoms of ovarian cancer are vague and often a sign of other less serious conditions. When you visit your GP be sure to give them as much information as possible. You may find it useful to use our symptoms diary to record the persistency, frequency and severity of the symptoms you are experiencing. Filling this in for at least two weeks before your appointment will give your GP a better idea of what is going on, and allow them to make the correct referral.

At your GP appointment

- Take the symptoms diary with you and use it to help explain each symptom
- Tell the GP clearly what you are worried about
- Take a list of any questions you want to ask
- Discuss any known family history of breast or ovarian cancer
- Discuss your heritage: people from backgrounds including Ashkenazi Jewish, Polish, Icelandic and Pakistani may be at greater risk of carrying genetic fault that increases ovarian cancer risk
- Take a friend or family member with you for support
- Request a CA125 blood test if it's not suggested
- Ask for a second opinion if you are not happy with the outcome

Our symptoms diary is free to download from our website: www.ovarian.org.uk/symptomsdiary or call 020 7380 1730 to order a paper copy



Could my symptoms be caused by something else?

Bloating, stomach pain, weeing more and struggling to eat can often be signs of less serious conditions such as IBS.

Irritable bowel syndrome

Irritable bowel syndrome (IBS) is a common, long-term condition of the digestive system. The symptoms can be things such as stomach pain, bloating and a change in bowel habit. They vary between individuals and affect some people more severely than others. They tend to come and go in periods lasting a few days to a few months at a time, often during times of stress or after eating certain foods.

Ovarian cancer is very commonly misdiagnosed as IBS, and women who suffer from IBS may worry that their symptoms are due to ovarian cancer. Here are some things to consider when thinking about symptoms and IBS:

- People will develop IBS for the first time in their 20s or 30s. If you are in your 50s and you develop these symptoms for the first time it is unlikely to be due to IBS
- The symptoms of IBS come and go and are related to things such as eating particular foods and stress, whereas symptoms related to ovarian cancer are more persistent and are unaffected by other factors
- If you suffer with IBS and are worried about ovarian cancer you should get to know what symptoms and habits are normal for you, and make an appointment to see your GP if these start to change significantly
- The IBS network is a great resource for support and information: www.theibsnetwork.org

Other conditions that can produce similar symptoms to ovarian cancer:

- Indigestion
- Gallstones
- Pregnancy
- Hernia
- Urinary Tract Infections
- The menopause

Ovarian cysts

An ovarian cyst is a fluid-filled sac that develops on a woman's ovary. They are very common and don't usually cause any symptoms, however they may occasionally grow big enough to cause symptoms similar to ovarian cancer.

Most ovarian cysts occur naturally and disappear in a few months without needing any treatment, and many women will have them without even realising.

There are two main types of ovarian cysts:

- Functional ovarian cysts – cysts that develop as part of the menstrual cycle and are usually harmless and short-lived; these are the most common type
- Pathological ovarian cysts – cysts that form as a result of abnormal cell growth; these are much less common

Ovarian cysts are rarely cancerous, but your GP may want to carry out tests to rule out the disease.

Polycystic ovary syndrome (PCOS)

Polycystic ovary syndrome occurs when harmless cysts form on the surface of the ovary, which can affect the way it functions.

These cysts are sacs containing eggs that have not matured correctly due a hormonal imbalance. This imbalance prevents the egg from being released each month, leading to infrequent ovulation.

PCOS symptoms can be similar to those of ovarian cancer but they might also include irregular periods, difficulty getting pregnant and excessive hair growth on places such as the face, neck and buttocks.

PCOS is usually diagnosed through an ultrasound scan. There is currently no cure but there are treatment options available. There is no link between PCOS and an increased risk of ovarian cancer.

Types of ovarian cancer.

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

When a woman is diagnosed with ovarian cancer she will have one of three types of the disease – epithelial, germ cell or sex-cord stromal.

Epithelial ovarian tumours

This majority of these tumours are thought to develop in the fallopian tubes before presenting on the surface of the ovary. It is the most common type of cancerous ovarian tumour, accounting for 90% of all cases. Not all epithelial tumours will be malignant (cancerous), some will be benign (non-cancerous). There are six sub-types of epithelial ovarian tumours listed on the opposite page.

Knowing the type of ovarian cancer a woman has will help determine the best course of treatment and whether there is a hereditary link.

Germ cell ovarian cancer

Germ cell tumours are rare and account for around 5% of ovarian cancer cases. Starting in germ cells, the cells that go on to develop into eggs, they mainly affect younger women (those in their 20s).

Most germ cell tumours are benign. A common type of benign germ cell tumours are mature teratomas which can be removed via surgery and never return.

Types of germ cell cancer that are malignant include immature teratoma, yolk sac tumours, mixed germ cell tumours and dysgerminomas. These may require surgery, removal of the affected ovary and chemotherapy.

Sex-cord stromal ovarian cancer

Sex-cord stromal tumours are rare and usually begin in the connective tissue of the ovary. The most common type of these tumours are called granulosa cell tumours, of which there are two kinds – adult and juvenile.

Types of Epithelial ovarian tumours

High grade serous non-mucinous 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. Around half are cancerous, and half benign or very slow growing cancerous tumours. The majority of these tumours are thought to originate in the fallopian tube, and are usually treated with a combination of surgery and chemotherapy.
Endometrioid tumours	These account for around 20% of epithelial tumours, most of which will be malignant. Affecting women of all ages, some cases occur in women who also have endometrial cancer, and they can be linked to endometriosis. They're commonly treated with surgery followed by chemotherapy.
Clear cell tumours	These usually occur in women over the age of 50. They make up 6% of epithelial tumours and are almost always malignant. There is a strong association with endometriosis. They're commonly treated with standard surgery and chemotherapy.
Mucinous tumours	These tumours are usually non-cancerous and can be removed during surgery with no further treatment required. Cases are usually seen in women aged 50 and over.
Unfifferentiated tumours	These are tumours that do not neatly fit into any category. They account for about 15% of epithelial tumours and are almost always malignant.
Primary peritoneal	Primary peritoneal cancer (PPC) is very similar to epithelial ovarian cancers in its symptoms, presentation and diagnosis. It is also treated in the same way. However PPC does not originate in the ovaries or fallopian tubes, rather the peritoneum which is a thin layer of tissue covering the bowels and reproductive organs.

Adult granulosa cell tumours usually occur early in the menopause and are slow growing. They can be treated by surgery alone to remove all the tumour with no need for chemotherapy.

These are most common in women in their 20s and 30s, and are often associated with symptoms such as voice deepening and excessive hair growth on the face, chest and limbs.

Juvenile granulosa cell tumours are usually seen in children and younger women and will be treated by surgery followed by a course of chemotherapy.

These tumours aren't usually malignant and can be successfully removed by surgery, with no need for any further treatment.

Another type of sex-cord stromal tumour are Septoli-Lydig tumours, sometimes called androblastomas.

The stages of ovarian cancer.

Ovarian cancer is diagnosed at one of four stages. Staging helps doctors understand how far the cancer has spread and the best way to treat it.

Stage 1: This is where the cancer is contained to one or both of the ovaries. At this very early stage the cancer will not have started to spread yet.

Stage 2: At stage 2 the cancer will have started to spread from the ovaries to other parts of the pelvic region such as the womb, bladder and bowel.

Stage 3: By stage three the cancer will have spread beyond the pelvic area into the abdominal cavity and lymph nodes.

Stage 4: Stage 4 ovarian cancer indicates that it travelled some distance from the ovaries. Organs such as the liver, lungs and brain may be affected.

How quickly does the disease spread? Different types of tumours grow at different rates, so when someone is diagnosed the tumour will be graded according to how quickly it is expected to develop. Ovarian tumours are divided into four grades.

Grade 0	These are also known as borderline tumours as they are the least likely to be cancerous. They are less aggressive, unlikely to spread and easier to cure.
Grade 1	These low grade tumours look very similar to normal tissue and grow very slowly.
Grade 2	These tumours grow moderately quickly and are sometimes referred to as intermediate grade tumours
Grade 3	Grade 3 tumours grow quickly and in a disorganised way. They are the most aggressive type of cancer.



What is my risk of developing ovarian cancer?

There are a number of things that can impact on a woman's risk of developing ovarian cancer.

Family history and genetics

If two or more relatives from the same side of your family have had ovarian cancer under the age of 50, or there is more than one case of ovarian and breast cancer in your family, you may have a higher risk of developing ovarian cancer. This is because you might have inherited a BRCA1/2 gene fault. BRCA1/2 gene faults are associated with an up to 60% chance of developing ovarian cancer.

Both women and men can carry BRCA gene faults and around 1 in 200 people are carriers. This carrier risk increases in certain populations such as Ashkenazi Jewish, Icelandic, Polish, Norwegian and Dutch. A BRCA gene fault carrier has a 50% chance of passing it on to their children.

Those with a BRCA gene fault can reduce their risk through surveillance and/or preventative surgery. For more information about BRCA gene faults visit our 'BRCA hub' – ovarian.org.uk/brca

Age

Ovarian cancer has a strong association with age. Around 84% of cases are diagnosed in women over the age of 50 and more than half of all cases are in women over 65. However it's important to remember that a women can get ovarian cancer at any age.

Endometriosis

Endometriosis is a common condition where tissue that behaves like the lining of the womb (endometrium) is found in other parts of the body. It can appear in many different places, including the ovaries, fallopian tubes, inside the tummy, and in or around the bladder or bowel.

Endometriosis is associated with a small increased risk of some types of ovarian cancer such as clear cell and endometrioid. Women who have endometriosis should be aware of the common symptoms of ovarian cancer, and visit their GP if they have concerns.

Hormone Replacement Therapy

Research shows that using oestrogen-only or combined HRT increases a woman's risk of ovarian cancer. It is thought that only 1% of ovarian cancer cases are linked to HRT use, and women should discuss all risks and benefits with their consultant when making decisions about its use.

A long menstrual history

Ovarian cancer is linked to increased ovulations, therefore a long menstrual history can increase risk of developing the disease. Things that contribute to a long menstrual history include: starting periods earlier, reaching the menopause at a later age and never giving birth.

Choosing to breast feed after giving birth will also prevent ovulations and help to reduce risk.

The oral contraceptive pill

Research shows that women who have taken the combined oral contraceptive pill have a reduced risk of ovarian cancer compared to those who have

never taken it. The longer a women takes the pill the longer the protective effect, which can last for up to 30 years.

This is something women might want to discuss with their GP when weighing up other risks and benefits of using the combined pill.

Maintain a healthy lifestyle

Trying to maintain a healthy body weight through a balanced diet and regular exercise, along with not smoking, can help reduce a woman's risk of ovarian cancer.

We are the UK's ovarian cancer research charity and our mission is to fund research that saves lives.




But we can't do it alone. Overcoming ovarian cancer is about working together. It's about joining forces and becoming greater than the sum of our parts.

From funding scientists on the front line, to mobilising millions of people across the UK to take action - we're driven by a vision of a world without ovarian cancer and a belief that we can create a better future. And it starts today, with you.

Join us. Fight with us. Act now.

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