

Ovarian Cancer

Each year nearly 7,000 cases of ovarian cancer are diagnosed in the UK. It is the 4th most common cancer in women after breast, bowel and lung cancer.

The ovaries are part of a woman's reproductive system. They are located on each side of the uterus. Cancer develops when the cells in the ovary get out of control. There are two types of growth that can occur in the ovaries. The first is benign, (non-cancerous) and the tumour can be surgically removed. The second is malignant (cancerous) and is treated according to the stage or type of ovarian cancer of the woman.

Types of Ovarian cancer:

There are three main cell types in which ovarian cancers can start:

- Germ cell tumours which start from the cells that are responsible for producing the ova (eggs).
- Stromal tumours which are connected to the tissue cells that hold the ovary together and produce the female hormones estrogen and progesterone.
- Epithelial cells which cover the outer surface of the ovary. This is the most common type, making up 90% of ovarian cancer cases.

The causes of ovarian cancer:

Although the exact causes are not known, there are high risk factors which may increase the chances of developing ovarian cancer. The following are some of them:

- Family history of cancer: if another woman in the family has ovarian cancer, or cancer of the breast, uterus, colon or rectum, there may be an increased chance.
- Personal history of cancer: if a woman has previously been diagnosed with any of the above cancers.
- Age: ovarian cancer is more likely to develop after the menopause. It is most common in women aged over 50. Also, if a woman began to menstruate early and entered menopause late, there is a high risk.

- Previous pregnancies: if women have had children, they have a lower risk of developing ovarian cancer.
- Use of infertility drugs: the use of the oral contraceptive pill decreases the chances of developing ovarian cancer. A woman is more at risk if she has not used any birth control methods but this varies with each individual.
- Childhood obesity: women who are obese at the age of 18 are at a higher risk of developing ovarian cancer before menopause.

Symptoms:

Ovarian cancer used to be called 'the silent killer' as most women will not be diagnosed until the cancer has spread. However, there is now growing scientific evidence that repeated symptoms could alert women to the possibility of ovarian cancer.

These could include:

Early stage ovarian cancer

- Pain in the lower abdomen or side
- A bloated, full feeling in the abdomen.

Later stage ovarian cancer

- Back pain
- Irregular periods
- Abdominal pain
- Increased passing of urine
- Constipation
- Pain during sex
- Swollen abdomen

Advanced ovarian cancer

- Constipation
- Tiredness
- Loss of appetite
- Shortness of breath

With any of these symptoms a woman should contact her GP. However, less serious diseases, such as ovarian cysts, can produce similar symptoms.



Diagnosing ovarian cancer

In most cases, once the GP is contacted and general health tests are done, a specialist may be recommended for further tests, such as an ultrasound scan and a CT scan (often referred to as a CAT scan) to view the pelvis. One of the tests done as a standard practice while investigating potential malignancy of an ovary is a blood test to measure a tumour-marker, known as CA125.

A laparoscopy might be recommended, which involves inserting a telescope into the abdomen via a small cut just below the belly button. This would allow the ovaries and surrounding organs to be thoroughly checked. If tests suggest a non-cancerous cyst, then women may be asked to return for regular examinations. If ovarian cancer is suspected then abdominal surgery would most likely be recommended.

Treatment

Treating ovarian cancer depends very much on individual circumstances. It is usually determined by the type of ovarian cancer, how far the cancer has spread, how the cells appear under the microscope and a woman's general health. Her doctor will advise as to the kind of surgery that best suits. The three main types are surgery, radiotherapy or chemotherapy.

Surgery

Most ovarian cancers are treated firstly through surgery. Omental biopsy is usually undertaken when ovarian cancer is suspected. This is to remove a sample from the "fatty apron" which hangs from the large bowel and is where cancer would spread to if the ovary were to be malignant. Surgery can range from the removal of the affected ovary and its fallopian tube, to a total hysterectomy – the removal of the ovaries, fallopian tubes and the uterus. After surgery, the remaining cancer cells can be removed by chemotherapy and/or radiotherapy.

Chemotherapy

Chemotherapy is the use of drugs to kill cancer cells. They are usually given by mouth or injected into a vein. There is usually a cycle for this kind of treatment, which takes place in monthly stages. As the drugs enter the bloodstream, they kill cancer cells which have moved away from the ovary. The typical course for ovarian cancer would involve up to 3 to 6 cycles, with regular examinations.

Radiotherapy

Radiotherapy uses radiation such as high energy x-rays to kill cancer cells and shrink tumours.

In both cases, side effects would occur, such as:

- Vomiting
- Diarrhoea
- Hairloss
- Hand and foot rashes
- Loss of appetite
- Mouth sores
- Tiredness
- Skin irritation
- Nausea

Recovery prospects are far greater if the cancer is diagnosed early. Coping with cancer can be a difficult time, for the patient, but also for family and friends.

Useful contacts

Ovarian Cancer National Alliance

Website: www.ovariancancer.org

Cancer Research UK

Website: www.cancerresearchuk.org

Marie Curie Cancer Care

Tel: 0800 716 146

Ovarian Cancer UK

Tel: 0207 600 5141

This factsheet has been produced by Women's Health Concern and reviewed by members of our Medical Advisory Panel.

It is for your information and advice and should be used in consultation with your own medical practitioner. **Review date: November 2007.**