Am I at risk?

Unlike breast and cervical cancers, there are no screening tests for ovarian cancer, so it’s important to be aware of anything that may make you more prone to the disease. While having some risk factors doesn’t mean you will develop ovarian cancer, women who meet certain criteria may be at an increased risk. Below is a list of the most common risk factors:

- **Family history of cancer**: Having a mother, daughter or sister who has been diagnosed with ovarian cancer or cancer of the breast, uterus, colon or rectum.
- **Personal history of cancer**: Diagnosed with cancer of the breast, uterus, colon or rectum.
- **Increased Age**: Ovarian cancer often occurs in postmenopausal women over the age of 63, however, women may develop ovarian cancer at any age.
- **Obesity**: Obese women are at a higher risk for getting ovarian cancer and also for dying from it.
- **Childless**: Women who have not had children may be at an increased risk of developing ovarian cancer.

Other risk factors may include use of estrogen replacement therapy, talcum powder and certain fertility drugs.

What happens after the treatment?

After the initial treatment is over, you will still need regular checkups. Even if there are no signs of cancer, undetected cancer cells can remain somewhere in the body. During follow-up visits, your doctor will do a complete physical exam including a pelvic exam, monitor your blood and may even request certain scans to make sure the cancer hasn’t returned.

Ask your physician about available tests that can help determine the likelihood that you have ovarian cancer and the best course of treatment.

What is ovarian cancer?

Ovarian cancer is a type of cancer that develops in the ovaries (female reproductive glands in which the eggs are formed). Most ovarian cancers are either ovarian epithelial carcinomas (cancer that begins in the cells on the surface of the ovary) or malignant germ cell tumors (cancer that begins in egg cells). The American Cancer Society estimates that there will be 21,550 new cases of ovarian cancer this year and 14,600 women will die from this disease.
What are the best treatment options?
If you have ovarian cancer, most, if not all of the cancerous cells, will be removed during surgery. However, you will most likely need chemotherapy to ensure that all of the cancer is gone. Your doctor will discuss post-surgery treatment options with you as well as any possible side effects.

Chemotherapy
Chemotherapy is the most common treatment for ovarian cancer and it uses anticancer drugs to kill any remaining cancer cells. Typically, chemotherapy is given in cycles. Each treatment period is followed by a rest period. The length of the rest period and the number of cycles depend on the anticancer drugs used.

Radiation Therapy
Radiation therapy directs radiation at the body and uses high-energy rays to kill cancer cells. This treatment approach is rarely used as the main treatment in ovarian cancer. However, it may be used to help control pain or other side effects of chemotherapy.

Other possible treatments, although not as common, include new chemotherapy drugs, gene therapy, vaccines and immunotherapy. Ask your doctor whether any of these options may be right for your treatment.

What happens during surgery?
If test results suggest there’s a chance you may have ovarian cancer, your doctor will schedule surgery to confirm the diagnosis. One of the most common surgical procedures is called a laparotomy. During surgery, the surgeon explores the abdominal cavity to determine whether cancer is present. If cancer is found, he or she will remove as much of the cancer as possible. This is called debulking.

What is staging?
During surgery, samples of tissue and fluid are taken to examine for cancerous cells and identify how far it has progressed. This is known as staging. Proper staging is important in determining the best course of treatment. Ovarian cancer is classified in 4 stages, with stage I being the earliest, and stage IV the most advanced.

Stage I. Cancer cells are confined to one or both ovaries.
Stage II. Cancer cells have spread to other locations in the pelvis, such as the uterus or fallopian tubes.
Stage III. Cancer cells have spread to the lining of the abdomen or to the lymph nodes within the abdomen.
Stage IV. Cancer cells have spread to organs beyond the abdomen.

What is an ovarian mass?
Typically, the first sign that you may have ovarian cancer is the presence of an ovarian mass. This is a growth of abnormal cells in and around the ovaries. But rest assured, the presence of a mass doesn’t necessarily mean you have cancer. There are two types of abnormal cells: benign cells are non-cancerous and do not spread to other parts of the body; malignant cells are cancerous and may spread to adjacent tissues or organs in the pelvis and abdomen or to other parts of your body. If your doctor suspects you may have ovarian cancer, he or she may recommend tests.

What types of tests can I expect?
There are a number of tests to determine size and shape of the mass, as well as levels of substances that may be present in your system indicating the likelihood of ovarian cancer.

- Pelvic examination: Your doctor examines your vagina, uterus, rectum, pelvis and ovaries for lumps or masses.
- Transvaginal or Pelvic Ultrasound: This is a safe, noninvasive way for your doctor to evaluate the size, shape and configuration of the ovaries, as well as detect any fluid in the abdominal cavity that may indicate ovarian cancer is present.
- Blood tests: Your doctor may order blood tests to check for presence or elevations of various proteins and substances that may be present with ovarian cancer.

Keep in mind that the only way to know for sure if you have ovarian cancer is through surgery.