

HEALTH EDUCATION CORNER



OVARIAN CANCER

What is it?

Ovarian cancer is the eighth most common cancer and the sixth most common cause of cancer death affecting women in Australia.

There are three types of ovarian cancer:

1. The common epithelial type (90% of cases) that arises from the cells on the outside of the ovary;
2. The germ cell type that arises from the cells which produce eggs; and
3. The rare stromal type arising from supporting tissues within the ovary.

Incidence and mortality

In 2010, 1305 new cases of ovarian cancer were diagnosed in Australian women. The risk of being diagnosed before age 85 is 1 in 77.

In 2011, there were 903 deaths caused by ovarian cancer in Australia.

Screening

There are no proven screening tests, although ultrasound through the vagina and a blood test, CA125, are being investigated.

Symptoms and diagnosis

There may be no symptoms or symptoms may be non-specific and include:

- persistent abdominal pain
- pelvic or back pain

- cramps, swelling, bloating
- symptoms of urinary frequency or changed bowel habits with constipation or diarrhoea and/or nausea
- fullness after food, weight loss, loss of appetite
- tiredness
- painful intercourse or vaginal bleeding.

Staging

Ovarian cancer often presents when it has spread. A common staging system is the FIGO (International Federation of Gynaecology and Obstetrics) system, which records the extent by whether it remains in the ovary, has spread to other pelvic structures or has spread into the lining of the abdomen with or without fluid (ascites). CT scans and blood test to measure CA125 are used.

Causes

The cause of ovarian cancer is not known, however risk factors include:

- ageing (risk increases for women over 50)
- family history
- changes in the genes BRCA1 or BRCA2.
- being of Northern European or Northern or Ashkenazi Jewish descent
- early onset of periods (before 12 years) and late menopause
- childlessness
- infertility
- first child after 30
- never taking oral contraceptives
- using oestrogen only hormone replacement therapy or fertility treatment.

Prevention

There is no proven method of prevention. Oophorectomy (removal of ovaries) in women with a strong family history does not always prevent cancer.

Treatment

Treatment depends on the extent of the cancer. Surgery is used to determine the extent of disease and, if localised, is the main treatment. If the cancer has spread, an attempt is made to remove as much as possible.

Chemotherapy, commonly with regimens containing cisplatin or carboplatin and paclitaxel or docetaxel, is used after surgery to try to eliminate all disease identified by scan and CA125 blood test. Chemotherapy can be injected into the bloodstream through the vein or instilled into the abdominal cavity or both.

With widespread disease, chemotherapy may be used first. Surgery after chemotherapy can assess response. Germ cell tumours can be cured with chemotherapy with PEB (cisplatin, etoposide, bleomycin).

Prognosis

An individual's prognosis depends on the type and stage of cancer as well as their age and general health at the time of diagnosis. If the cancer is treated when it is still confined to the ovaries, 93% patients will be alive in five years. If the cancer has spread to surrounding tissue or organs in the pelvis, this drops to 39%, and if it has spread more distantly, 30%. Survival will vary between individuals and may depend on their response to treatment.

In Australia, the overall five year survival rate for women diagnosed with ovarian cancer is approximately 43%.

For more information, contact [Cancer Council Helpline](#) on 13 11 20 (cost of a local call).

Source

The information in this article has been sourced from the Cancer Council Australia website.