Cancer

Ovarian Cancer

What is ovarian cancer?

Cancer develops when cells grow out of control. The most common kind of primary ovarian cancer, meaning it starts in an ovary, is known as epithelial ovarian carcinoma. Cancer may also arise elsewhere in the body and spread to the ovaries, a process known as metastasis.

Who gets ovarian cancer?

About 22,400 women will receive a new diagnosis of ovarian cancer and about 14,100 will die from it annually, according to the American Cancer Society. It is the fifth most common cause of cancer death in women, though death rates have been falling slightly in recent years.

Ovarian cancer can occur in women as young as 15, but most cases are diagnosed in women older than 55. Ovarian cancer is more common among white women, followed by Hispanic women, than it is in African-American or Asian women; however, it is declining in all groups.

What are the risk factors for ovarian cancer?

Risk factors for developing ovarian cancer include obesity, family history, inherited genetic mutations such as BRCA1 and BRCA2, never having been pregnant and long-term use of fertility drugs. Postmenopausal hormone replacement therapy is associated with a greater risk of ovarian cancer, while oral contraceptives are protective.

What are the symptoms of ovarian cancer?

The ovaries, part of the reproductive system in women, produce eggs. Once eggs are released, they travel through the fallopian tubes to the uterus. The ovaries are also the main source of the female hormones estrogen and progesterone.

Ovarian cancer often has no symptoms during early stages, so it is usually detected at later stages, when it is harder to treat. This cancer can have a variety of symptoms, many of which are similar to those caused by other noncancerous conditions, which include:

- Bloating
- Pain in the pelvis or abdomen
- Loss of appetite, trouble eating or feeling full quickly

- Urinary urgency (feeling a strong need to pee)
- Urinary frequency (having to pee often)

If symptoms are persistent and are a change from normal, they should be checked by a gynecologist. It is important to let your health care providers know if you have a family history of ovarian cancer.

How is ovarian cancer diagnosed?

Early detection and treatment of cancer increases the likelihood of long-term survival. But ovarian cancer sometimes takes a while to diagnose because of the need to rule out other medical conditions. The process of diagnosis starts with a physical exam and health history. A doctor may do a pelvic exam, which is a manual internal exam of the vagina or rectum to feel for lumps.

Blood may be tested for the CA-125 protein, which is elevated in many women with ovarian cancer. A transvaginal ultrasound (TVUS) scan may be used to look for growths in the ovaries, fallopian tubes and uterus. X-rays, computed tomography (CT) or MRI scans may be done to see how much cancer has spread. A laparoscopy (inserting a thin tube through a small cut made in the belly) may be used to get a look at the inside of the abdomen and a small tissue sample (a biopsy) may be removed to examine in the laboratory.

How is ovarian cancer treated?

Treatment for ovarian cancer depends on how advanced the disease is when detected, including how many tumors are present, how large they are and whether they have spread to nearby lymph nodes and other parts of the body.

Surgery: The most common surgery for ovarian cancer is a total hysterectomy in which the ovaries, fallopian tubes and uterus are removed; other nearby tissue may be removed as well. Depending on the stage of the cancer, a partial hysterectomy or more localized surgery may be done instead.

Radiation: Radiation may be used to kill cancer cells that remain after surgery or to shrink tumors that cannot be surgically removed. It is often used in conjunction with other forms of treatment.

Chemotherapy: Traditional chemotherapy works by killing fast-growing cells, including cancer cells. It can also destroy rapidly dividing healthy cells, such as those in the gut or hair follicles, leading to side effects like nausea and hair loss.

Targeted therapy: Targeted drugs work against cancers with specific characteristics. For example, they may interfere with signaling pathways that regulate cell growth. Targeted treatment is often better tolerated than chemotherapy, but cancer may develop resistance over time.

Hormone therapy: This type of targeted therapy works against cancers that grow faster in the presence of sex hormones like estrogen. Hormone-blocking drugs deprive tumors of hormones that stimulate their growth, but they can cause side effects such as premature menopause.

Immunotherapy: The newest type of treatment helps the immune system fight cancer. For example, some tumors can turn off immune responses against them, and drugs known as checkpoint inhibitors can restore T cells' ability to recognize and destroy cancer cells. This type of treatment is being studied for ovarian cancer. However, current immunotherapy drugs work for only a subset of patients, and it is hard to predict who will benefit.

For more information on ovarian cancer, visit:

American Cancer Society

National Cancer Institute

For more information about ovarian cancer, please visit our sister site Cancer Health.

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