

Are You at Risk for Ovarian Cancer?

A Women's Guide

Read this brochure to learn more about ovarian cancer symptoms, risk factors and what you can do to reduce your risk.



Project Hope for Ovarian Cancer Research and Education is a not-for-profit organization founded in memory of Hope Perry Goldstein. The mission of Project Hope is to reduce the incidence of ovarian cancer and improve outcomes for women treated for it through research and education. Project Hope advances this mission through EDUCATION of women and their families to know their individual risk of ovarian cancer and the specific screening and preventative measures appropriate for them. Project Hope supports RESEARCH directed at early detection, prevention, and more effective treatments for ovarian cancer.

www.projecthopeforovariancancer.org



The Foundation for Women's Cancer, formerly the Gynecologic Cancer Foundation, is a 501(c)(3) organization founded in 1991 by the Society of Gynecologic Oncologists. The Foundation's mission is to support research and training, and education and public awareness about gynecologic cancer prevention, early detection and optimal treatment. For more information and to support the mission of the Foundation, visit:

www.foundationforwomenscancer.org.

The information in this brochure is designed to aid women in making decisions about appropriate gynecologic care and does not substitute for evaluations with qualified medical professionals familiar with your individual circumstances. This brochure should also not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual woman, resources, and limitations unique to the institution or type of practice.

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ALL WOMEN HAVE SOME RISK OF OVARIAN CANCER.

What factors contribute to your risk for ovarian cancer?

Not every factor has the same impact on risk. Some increase your risk only slightly. Others can raise it much more. These factors include:

Age – Your risk increases as you get older.

Family History – Your risk is higher if you have any close blood relatives who have **had breast cancer prior to age 50 or ovarian cancer at any age.**

Reproductive History – Your risk is higher if you have never had children or have a history of difficulty getting pregnant.

Medication Exposure – Your risk is lower if you have used oral contraceptives. Your risk may be higher if you have taken hormone replacement.

Ethnicity – White women from Europe and North America have a higher risk than other groups. Jewish women of Eastern European (Ashkenazi) background may have an even higher risk.

Other Factors – Your risk is higher if you have a history of a condition called endometriosis.

WHAT SYMPTOMS COULD BE EARLY SIGNS OF OVARIAN CANCER?

Symptoms associated with ovarian cancer are common, and often experienced by women without ovarian cancer. This is one reason why detecting ovarian cancer is difficult.

Recent studies, however, have shown that the following symptoms are much more likely to occur in women with ovarian cancer than in the general population.

- **Bloating**
- **Pelvic or abdominal pain**
- **Difficulty eating or feeling full quickly**
- **Urinary symptoms (urgency or frequency)**

LISTEN TO YOUR BODY.

Women with ovarian cancer frequently report that they have **persistent bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, or urinary symptoms** (such as urgency or frequency) which are new and represents a change from what is normal for their bodies.

Occasionally experiencing any of the above symptoms is, of course, normal for most women and does not mean that you have ovarian cancer. But if you experience any of these symptoms, that are not normal for you, almost daily for 2-3 weeks, talk to your doctor, preferably a gynecologist.

If after seeing your doctor ovarian cancer is suspected or diagnosed, see a gynecologic oncologist. Women with ovarian cancer treated by a gynecologic oncologist have better outcomes.

Several other symptoms have also been commonly reported by women with ovarian cancer, including fatigue, indigestion, back pain, pain with intercourse, constipation and menstrual irregularities. However, these other symptoms are also found just as often in women in general and therefore experiencing them alone is not as useful in identifying ovarian cancer.

HOW DO I KNOW MY RISK?

Ultimately you must talk to your doctor to fully understand your individual risk for ovarian or any other cancer. The descriptions in the following Table provide some useful information to help you with that conversation.

RISK PROFILE

RECOMMENDATIONS

General Risk (1 in 70 women at this level will have ovarian cancer in her lifetime). You have...

- No family history of breast or ovarian cancer.
- No difficulty getting pregnant.
- Never taken hormone replacement therapy.

- Have a gynecological exam once a year.
- **Talk to your doctor immediately if you experience any of the ovarian cancer symptoms described in this brochure on a daily basis for 2-3 weeks.**

Slightly Increased Risk (up to 1 in 20 women at this level will have ovarian cancer in her lifetime). You have any of the following...

- A history of difficulty getting pregnant.
- A history of endometriosis.
- Taken hormone replacement therapy to help manage menopausal symptoms.

- Have a gynecological exam once a year.
- Talk to your doctor immediately if you experience any of the ovarian cancer symptoms described in this brochure on a daily basis for 2-3 weeks.
- **Consider using birth control pills, after speaking with your doctor, if you are in the reproductive age group and have not had breast cancer.**

Moderately Increased Risk (up to 1 in 10 women at this level will have ovarian cancer in her lifetime). You have any of the following...

- A close blood relation (i.e. mother, sister, daughter, grandmother, granddaughter, aunt or niece), on either your mother's or father's side of the family, who has had ovarian cancer at any age.
- Personally had breast cancer before age 45,
- Personally had breast cancer before age 50 and have at least one close relative who has had breast cancer prior to age 50 or ovarian cancer at any age.
- Two or more close relatives on the same side of the family (either your mother's or father's) that have had breast cancer before age 50 or ovarian cancer at any age.
- Eastern European (Ashkenazi) Jewish ancestry and you or a close relative, on either side of your family, has had breast cancer before age 50 or ovarian cancer at any age.

- Have a gynecological exam once a year.
- Talk to your doctor immediately if you experience any of the ovarian cancer symptoms described in this brochure on a daily basis for 2-3 weeks.
- Consider using birth control pills, after speaking with your doctor, if you are in the reproductive age group and have not had breast cancer.
- **Talk to your doctor about genetic counseling and possibly genetic testing to help determine the best screening and prevention strategies.**

Very Increased Risk (up to 1 in 2 women at this level will have ovarian cancer in her lifetime).

You have had...

- Genetic testing indicating you have a cancer causing change (mutation) in either the *BRCA1* or *BRCA2* gene.

- Have a gynecological exam one to two times per year.
- Talk to your doctor immediately if you experience any of the ovarian cancer symptoms described in this brochure on a daily basis for 2-3 weeks.
- Consider using birth control pills, after speaking with your doctor, if you are in the reproductive age group and have not had breast cancer.
- **Have both annual mammograms and annual breast MRIs beginning at age 25-30.**
- **Have both a transvaginal ultrasound and the CA125 blood test two times per year starting at age 30-35 until the ovaries and fallopian tubes are removed preventively.**

Ovarian cancer will affect 1 in 70 women in the United States over their lifetime and is the deadliest gynecologic cancer.

Early detection of ovarian cancer can lead to better outcomes.

Know the risks
Know the symptoms
Listen to your body
Talk with your doctor

FOUR SIMPLE STEPS YOU CAN TAKE TO REDUCE YOUR RISK.

1. Know your personal and family history and other factors that can increase your risk.
2. Know the symptoms that might be a sign of ovarian cancer.
3. Have a gynecological exam every year.* And talk to your doctor about your ovarian cancer risk, and if you should participate in ovarian cancer prevention strategies.
4. Talk to your doctor **immediately** if you experience any of the ovarian cancer symptoms described in this brochure on a daily basis for 2-3 weeks.

* **It is important to know that a Pap smear only screens for cervical cancer and does not screen for ovarian cancer.**

TALK WITH YOUR DOCTOR.

There are currently two options that may lower your risk for ovarian cancer. Your doctor can tell you about these options and whether either may be appropriate for you.

Medications: Birth control pills (oral contraceptives) have been shown to reduce the risk of ovarian cancer by up to 30–60%.

However, oral contraceptives have been linked to breast cancer and may be associated with other health risks. You should only use oral contraceptives for reducing your risk of ovarian cancer after discussing the risks and benefits with your doctor.

Preventive Surgery: Preventive surgery to remove the ovaries and fallopian tubes prior to cancer being able to develop is the most effective method for preventing ovarian cancer. However, this surgery is generally only recommended after genetic counseling and testing has shown a genetic change (mutation) associated with a very increased risk of ovarian cancer. For women at this highest level of risk, removing the ovaries and fallopian tubes after child bearing is complete can reduce the risk of ovarian and related cancers by 85–90%.

For pre-menopausal women, removal of the ovaries and fallopian tubes can also reduce the risk of breast cancer by 40–70%.

The decision to undergo a preventive surgery is a very important and personal choice and should only be made after careful consideration of the pros and cons with an appropriate medical professional.