

Ovarian Cancer

What you should know



Marie Keating

FOUNDATION

making cancer less frightening by enlightening

ovarian cancer the facts

- Over 330 cases are diagnosed in Ireland annually
- It is the 6th most common cancer in women
- 4 out of 5 cases are diagnosed in women over 50
- Early detection offers the best chance of survival
- However, symptoms can be vague and non-specific in the early stages

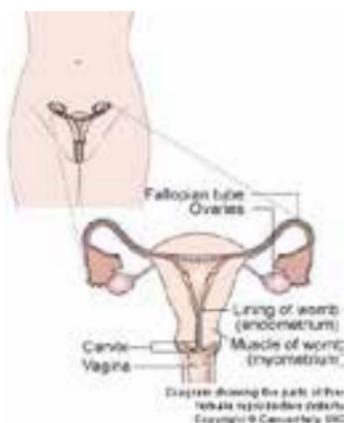
The ovaries, ovulation, and ovarian cancer

There are two ovaries, one on each side of the pelvis. The ovaries produce eggs and are the main source of the female hormones, oestrogen and progesterone.

A woman's menstrual cycle is usually about 28 days. Every month, at around the middle of the menstrual cycle, an egg is released from the ovary through the fallopian tube to the uterus. If this egg is not fertilised by sperm, the thickened lining of the womb is shed as a period at the end of the cycle. Then the whole cycle begins again.

The ovaries are made up of millions of cells. Some of these cells make hormones, some surround the eggs as they develop, and others make up the outside layer of the ovary. Cancer develops when any one of these cells start to multiply out of control, forming a tumour.

The information in this leaflet is about epithelial ovarian cancer, which accounts for nearly 9 out of 10 (90%) of cases of ovarian cancer. Epithelial means surface layer. So this is the cancer of the surface layer of the ovaries.



Risks factors

While the presence of one or more risk factors may increase a woman's chance of getting ovarian cancer, it does not necessarily mean she will get the disease. A woman should be extra vigilant in watching for early symptoms. Risk factors include:

- Personal/family history of breast, ovarian, endometrial, prostate or colon cancer
- Faulty inherited genes including BRCA1 and BRCA2
- Increasing age – 4 out of 5 cases are found in women over 50 so this age group is most at risk. However, this means 1 in 5 cases are found in women under 50 so this group should still be aware of the signs and symptoms
- Unexplained infertility, no pregnancies, and no history of oral contraceptive pill usage
- Prolonged use of fertility drugs, especially if a woman does not get pregnant

What to look out for

Common warning symptoms include:

- Unexplained weight gain - If you are eating and drinking normally and exercising in the way that you always do, but gaining weight, seek medical advice
- Distended abdomen (stomach feels hard and painful from fluid build up)
- Abdominal bloating or discomfort
- Nausea, difficulty eating or feeling full quickly
- Changes in bowel function – Irritable Bowel Syndrome (IBS)
- Passing urine more often than normal
- Bleeding after menopause
- Gastritis
- Infertility or changes in menstrual patterns
- Abdominal pain, back pain or extreme tiredness

What you can do

If you have some of the symptoms listed and they persist for three or more weeks, take action.

Because the ovaries lie hidden within the abdomen, ovarian cancer often goes unnoticed in the early stages. It is only at the advanced stage when the cancer has spread, or metastasized, that symptoms become quite clear. Most cases are only discovered when the disease has affected other pelvic and abdominal organs.

Unlike cervical cancer or breast cancer, unfortunately there is no regular screening test for ovarian cancer. If you are concerned about ovarian cancer, particularly if you have a family history of the disease, you should consult your doctor. Women who have a faulty BRAC1 or BRCA2 gene have a 10% to 40% lifetime risk of developing ovarian cancer. If you have had a BRCA test and it is positive, you may have the option of risk reducing surgery. This involves removing the ovaries and fallopian tubes. This also depends on your age, personal circumstances and family planning considerations.

If you have already been to your doctor and the symptoms have got worse or have not gone away, it is important to go back again and get checked out.

**If you feel there is something wrong, tell your doctor.
Be assertive. Your life may depend on it.**

Early detection is important. More women are surviving ovarian cancer. Finding cancer at an early stage gives a better chance of being treated successfully. Early diagnosis saves lives.

How ovarian cancer is diagnosed

Usually, you begin by seeing your GP who will ask you about your general health and gently feel your tummy (abdomen). You will be asked about any symptoms you have. Your GP may do an internal examination to see if your womb and ovaries feel normal and if your cervix looks normal. You can ask for a female doctor to do this if you prefer. This internal exam should take five minutes at most. Your GP may also take a blood sample, which can be sent away for testing for CA125, a protein that is produced by some ovarian cancers.

If your doctor thinks it is necessary, he or she might also refer you for an ultrasound scan. This scan may show if the ovaries are the right size and looks normal in texture and if there are any cysts on the ovaries. Your doctor may also ask you to have a CT scan. This is a type of X-ray that takes pictures from different angles. The pictures are fed into a computer to form a detailed picture of the inside of your body. Your doctor will use the scan to get a detailed picture of the ovaries and surrounding areas.

Currently, there is no screening programme for ovarian cancer because there is no screening test that is accurate and reliable enough to detect ovarian cancer in the general population. However, researchers are working on this all the time so it is possible that a screening test will be available in the future.

Treatment

If you are diagnosed with ovarian cancer, your doctors will assess what stage the cancer is at. This will help determine your treatment plan. The main treatments for ovarian cancer are surgery and chemotherapy.

For more information on ovarian cancer, please see www.mariekeating.ie.

About the Marie Keating Foundation

Following their mother Marie's death in 1998, the Keating family promised that they would do everything they could to bring an end to breast cancer. They committed to provide all women and their families with the necessary information to prevent cancer or detect it at its earliest stages. Their collective aim was **"making cancer less frightening by enlightening"**.

Through its community information service, the Foundation's dedicated nurses have enlightened over 180,000 people of the causes and risk factors of breast and other cancers. The Foundation is continuing to expand its awareness campaigns on each of the key cancers, at local level through its community outreach approach as well as through national campaigns.

The Foundation finances other areas of need in cancer care. Monies raised help to refurbish hospital oncology waiting rooms in making them more comfortable for patients. A limited comfort fund for those in financial difficulty as a result of their illness provides immediate assistance, when required.

On February 2nd 1998, our mother Marie died from breast cancer. At the time and all through her illness, we could do nothing to help our Mother who had, all our lives, done everything for us. We, the Keating family have set up this charity in her name to try to help and prevent others going through what Mam went through and what we are still going through to this day. This is also to show that such a wonderful mother and person did not die in vain.

Take care,



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