



OVARIAN CANCER

The ovaries are part of a woman's reproductive system. They are in the pelvis. The ovaries make the female hormones—oestrogen and progesterone. They also release eggs

BENIGN AND MALIGNANT CYSTS

An ovarian cyst may be found on the surface of an ovary or inside it. A cyst contains fluid. Sometimes it contains solid tissue too. Most ovarian cysts are benign (not cancer). Most ovarian cysts go away with time. Sometimes, a doctor will find a cyst that does not go away or that gets larger. The doctor may order tests to make sure that the cyst is not cancer.

Ovarian cancer can invade, shed, or spread to other organs:

- **Invade:** A malignant ovarian tumour can grow and invade organs next to the ovaries, such as the fallopian tubes and uterus.
- **Shed:** Cancer cells can shed (break off) from the main ovarian tumour. Shedding into the abdomen may lead to new tumours forming on the surface of nearby organs and tissues. The doctor may call these seeds or implants.
- **Spread:** Cancer cells can spread through the lymphatic system to lymph nodes in the pelvis, abdomen, and chest. Cancer cells may also spread through the bloodstream to organs such as the liver and lungs.

RISK FACTORS

Studies have found the following risk factors for ovarian cancer:

- **Family history of cancer:** Women who have a mother, daughter, or sister with ovarian cancer have an increased risk of the disease. Also, women with a family history of cancer of the breast, uterus, colon, or rectum may also have an increased risk of ovarian cancer. If several women in a family have ovarian or breast cancer, especially at a young age, this is considered a strong family history.
- **Personal history of cancer:** Women who have had cancer of the breast, uterus, colon, or rectum have a higher risk of ovarian cancer.
- **Age over 55:** Most women are over age 55 when diagnosed with ovarian cancer.
- **Never pregnant:** Older women who have never been pregnant have an increased risk of ovarian cancer.
- **Menopausal hormone therapy:** Some studies have suggested that women who take oestrogen by itself (oestrogen without progesterone) for 10 or more years may have an increased risk of ovarian cancer.

SYMPTOMS

Early ovarian cancer may not cause obvious symptoms. But, as the cancer grows, symptoms may include:

- Pressure or pain in the abdomen, pelvis, back, or legs
 - A swollen or bloated abdomen
 - Nausea, indigestion, gas, constipation, or diarrhoea
 - Feeling very tired all the time
- Less common symptoms include:
- Shortness of breath
 - Feeling the need to urinate often
 - Unusual vaginal bleeding (heavy periods, or bleeding after menopause)

DIAGNOSIS

You may have one or more of the following tests. Your doctor can explain more about each test:

- **Physical exam:** Your doctor checks general signs of health. Your doctor may press on your abdomen to check for tumours or an abnormal build up of fluid (ascites). A sample of fluid can be taken to look for ovarian cancer cells.
- **Pelvic exam:** Your doctor feels the ovaries and nearby organs for lumps or other changes in their shape or size.
- **Blood tests:** Your doctor may order blood tests. The lab may check the level of several substances, including CA-125. CA-125 is a substance found on the surface of ovarian cancer cells and on some normal tissues. A high CA-125 level could be a sign of cancer or other conditions. The CA-125 test is not used alone to diagnose ovarian cancer.
- **Ultrasound:** The ultrasound device uses sound waves that people cannot hear. The device aims sound waves at organs inside the pelvis. The waves bounce off the organs. A computer creates a picture from the echoes. The picture may show an ovarian tumour. For a better view of the ovaries, the device may be inserted into the vagina (transvaginal ultrasound).
- **Biopsy:** A biopsy is the removal of tissue or fluid to look for cancer cells.

Based on the results of the blood tests and ultrasound, your doctor may suggest surgery (a laparotomy) to remove tissue and fluid from the pelvis and abdomen. Surgery is usually needed to diagnose ovarian cancer.

STAGING

The stage is based on whether the tumour has invaded nearby tissues, whether the cancer has spread, and if so, to what parts of the body. Usually, surgery is needed before staging can be complete. The surgeon takes many samples of tissue from the pelvis and abdomen to look for





cancer. Your doctor may order tests to find out whether the cancer has spread:

- **CT scan:** Doctors often use CT scans to make pictures of organs and tissues in the pelvis or abdomen. An x-ray machine linked to a computer takes several pictures. You may receive contrast material by mouth and by injection into your arm or hand. The contrast material helps the organs or tissues show up more clearly. Abdominal fluid or a tumour may show up on the CT scan.
- **Chest x-ray:** X-rays of the chest can show tumours or fluid.
- **Barium enema x-ray:** Your doctor may order a series of x-rays of the lower intestine. You are given an enema with a barium solution. The barium outlines the intestine on the x-rays. Areas blocked by cancer may show up on the x-rays.
- **Colonoscopy:** Your doctor inserts a long, lighted tube into the rectum and colon. This exam can help tell if cancer has spread to the colon or rectum.

These are the stages of ovarian cancer:

- **Stage I:** Cancer cells are found in one or both ovaries. Cancer cells may be found on the surface of the ovaries or in fluid collected from the abdomen.
- **Stage II:** Cancer cells have spread from one or both ovaries to other tissues in the pelvis. Cancer cells are found on the fallopian tubes, the uterus, or other tissues in the pelvis. Cancer cells may be found in fluid collected from the abdomen.
- **Stage III:** Cancer cells have spread to tissues outside the pelvis or to the regional lymph nodes. Cancer cells may be found on the outside of the liver.
- **Stage IV:** Cancer cells have spread to tissues outside the abdomen and pelvis. Cancer cells may be found inside the liver, in the lungs, or in other organs.

TREATMENT

Your doctor can describe your treatment choices and the expected results. Most women have surgery and chemotherapy. Rarely, radiation therapy is used. Your doctor may refer you to a gynaecologic oncologist, a surgeon who specializes in treating ovarian cancer. Or you may ask for a referral. Other types of doctors who help treat women with ovarian cancer include gynaecologists, medical oncologists, and radiation oncologists. You may have a team of doctors and nurses.

Supportive care for people with ovarian cancer can be given for the following:

- Pain
- Swollen abdomen
- Blocked intestine
- Swollen legs
- Shortness of breath
- Sadness

TIPS:



Seek a second opinion

Before starting treatment you might want to get a second opinion on diagnosis and treatment plan. This will give you a greater sense of control and confidence as you will have more information on the available options.

Nutrition and physical activity

It is important to eat well and stay active. Walking, yoga, swimming and other activities can keep you strong and increase your energy.

Follow-up care

You will need regular checkups after treatment for ovarian cancer. If you have any health problems between checkups, you should contact your doctor.

SOURCES OF SUPPORT

- Doctors, nurses, and other members of your health care team.
- Social workers, counsellors, or members of the clergy
- Support groups
- Cancer Institutions such as the Africa Cancer Foundation and Faraja Cancer Support Trust

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