ovacome..
ovarian cancer

About ovarian cancer

Ovacome is a national charity providing support and information to anyone affected by ovarian cancer.

We run a free telephone and email support line and work to raise awareness and give a voice to all those affected by ovarian cancer.

This booklet is part of a series giving clinical information about ovarian cancer.

It describes the different types of ovarian cancer and how it is diagnosed and treated.

Trusted Information Creator

Patient Information Forum

About ovarian cancer

There are about 7,500 new cases of ovarian cancer each year in the UK.

Diagnosis

The symptoms can be similar to other less serious conditions which can delay diagnosis. The ovaries are deep in the pelvis and difficult to examine and screen, which is also why this cancer can be difficult to diagnose.

A blood test to measure levels of CA125 can help to diagnose ovarian cancer. CA125 is a protein in your blood which can rise with ovarian cancer. Your GP can arrange this test.

A CA125 level of 35 and over means that ovarian cancer could be present, and more tests are needed. These may be ultrasound scans or CT scans, which are painless tests that create images of the inside of your body and can show any abnormalities around the ovaries.

See more information here:
www.ovacome.org.uk/tests-for-ovarian-cancer-booklet

What are the different types of ovarian cancer?

There are many types of ovarian cancer. It can be divided into three main groups; epithelial, germ cell and sex-cord stromal tumours, depending on the type of tissue the cancer cells have grown out of.

Epithelial ovarian cancer

This is the most common type of ovarian cancer, making up 90 per cent (nine out of 10) of cases. Epithelial ovarian cancer develops from cells that cover or line the ovaries.

These cancers are grouped according to how they look under a microscope. Epithelial ovarian cancer is subdivided into serous, mucinous, endometrioid, clear cell and borderline. Although they may behave slightly differently, these cancers are usually treated in a similar way.

Serous tumours make up 70 per cent (seventy in 100) of epithelial cases. Endometrioid tumours make up five per cent (five in 100) of cases and are more likely to be associated with disease in the uterus (womb). Mucinous tumours are rare and make up one to three per cent (one in 100 to three in 100). Sometimes an ovary is found to be affected when a person is diagnosed with endometrial cancer.

Clear cell

Clear cell tumours make up three per cent to five per cent (three to five in 100) of epithelial ovarian cancer cases. You can get more information about them in our booklet *Clear cell carcinoma of the ovary* at ovacome.org.uk/clear-cell-carcinoma-booklet

Borderline

Borderline tumours make up around 15 per cent (15 in 100) of epithelial ovarian tumours. They are not cancerous or benign. They are usually not able to spread, and their growth is more controlled. Borderline is not a cancer diagnosis, although you will be treated by cancer specialists. Surgery may be the only treatment needed. This means that borderline tumours often have a better outcome than other ovarian tumours.

See more information here:
ovacome.org.uk/borderline-ovarian-tumours-booklet

Germ cell

Germ cell tumours make up three per cent (three in 100) of ovarian cancers. They originate from cells that produce the eggs in the ovaries and are more common in young people. Not all germ cell tumours are cancers.

Sex-cord stromal

Sex-cord tumours are made up of the cells that produce hormones and support cells in the ovary. They make up five per cent (five in 100) of ovarian cancers. The most common type is granulosa cell tumour and others include sertoli-leydig.

See more information here:
ovacome.org.uk/rare-ovarian-tumours-booklet

What is staging?

The treatment and prognosis (predicted outcome of the disease) usually depends on the type and stage of the cancer. The stage describes how far the cancer has spread at the time it is diagnosed. This is decided at the first operation or during scans.

Stage 1
The cancer is on or in one or both ovaries and has not spread.

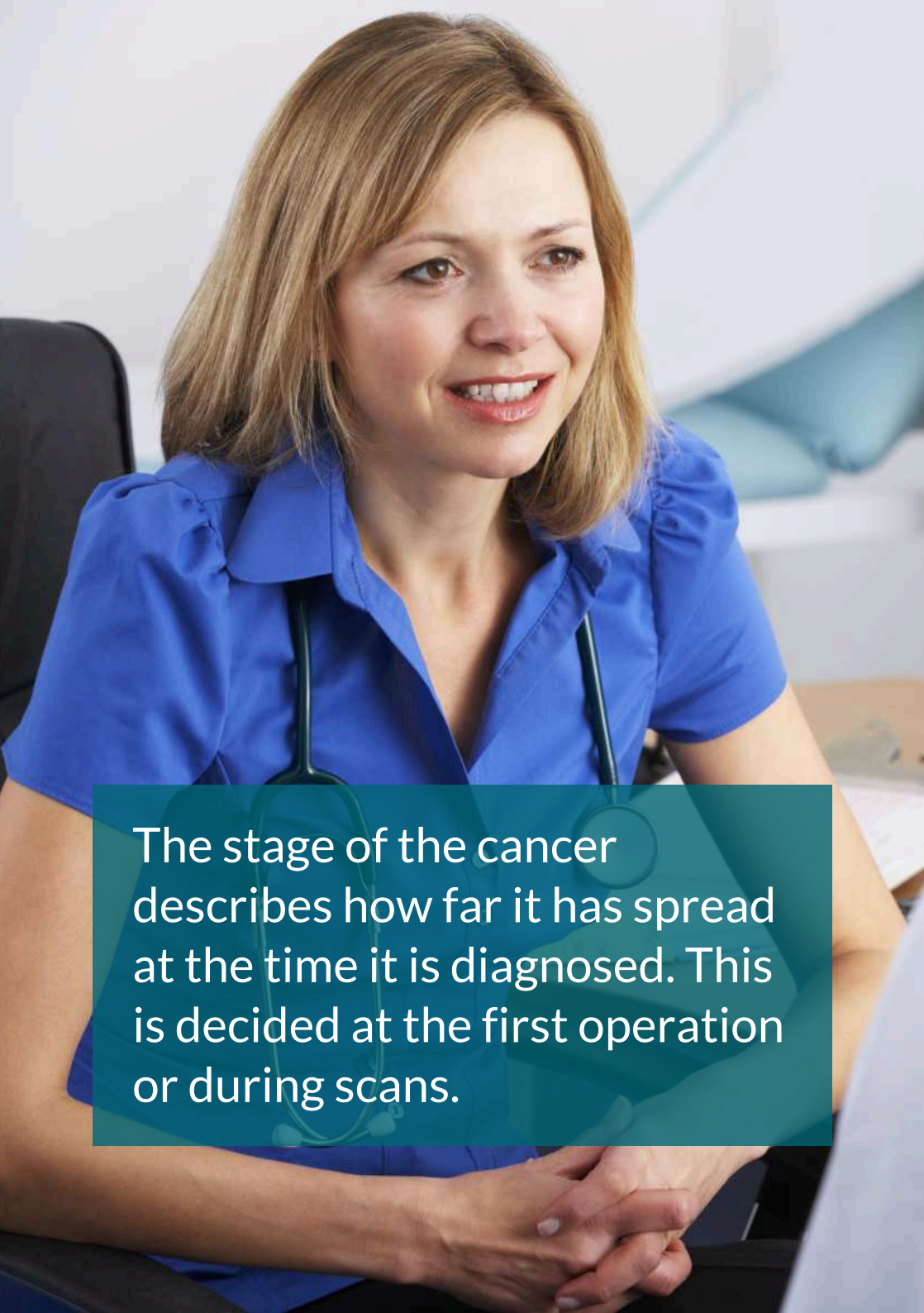
Stage 2
The cancer has spread outside the ovary to the lining of the pelvis and can involve the uterus, fallopian tubes, bladder and rectum.

Stage 3
The cancer has spread within the abdomen, the surface of the bowel, the omentum and the lymph glands in the pelvis or around the aorta.

Stage 4
The cancer has spread beyond the abdomen to other organs such as the liver and lungs.

The stages are classified further with the letters a, b and c.

See more information here:
ovacome.org.uk/stages-of-ovarian-cancer-booklet .


The stage of the cancer describes how far it has spread at the time it is diagnosed. This is decided at the first operation or during scans.

Grading

You may also find that your doctor mentions grade or differentiation when talking about ovarian cancer. The grade of a tumour is decided by how the cancer cells look under the microscope.

Grading is divided into three groups: one, two and three. It is an indication of how quickly the cancer cells may divide and grow.

Treatments

There are two main treatments for ovarian cancer – surgery and chemotherapy. If your cancer has been found using a scan, the multidisciplinary team (MDT) will look at the results and discuss which option is best for you. You may be offered one of these treatments or a combination of both.

Important questions to ask

Will I be referred quickly to a medical team that specialises in diagnosing and treating gynaecological cancers?

Will the surgery be done by a specialist gynaecological oncologist?

Will medical professionals discuss the surgery and chemotherapy with me before my treatment starts?

Will my chemotherapy be carried out by staff with a special interest in gynaecological cancers?

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What is the name and contact details of my clinical nurse specialist (CNS)?

Can my family and I get information on support services?

Will I get information on any ongoing clinical trials, both at this hospital and elsewhere?

Surgery

The aim of the operation is to remove as much of the tumour as possible without causing damage to surrounding organs. Sometimes it is not possible to remove all the tumour.

The surgeon will aim to do a hysterectomy (remove the uterus (womb)), a bilateral salpingo-oophorectomy (remove the ovaries and fallopian tubes) and remove the omentum (a fatty layer in the abdomen).

If the tumour has not spread, it may sometimes be possible for the surgery to be modified to preserve fertility.

Your surgeon will discuss your operation and give you the chance to ask as many questions as you want to. You will be asked to sign a consent form to give your permission for the operation.

In some cases, it is better to try and reduce the size of the tumour with chemotherapy first and operate later. You should discuss any advantages and disadvantages of this option with your surgeon.

After surgery you are likely to be in hospital for three to seven days and you will have to take it easy at home for several weeks. You should avoid lifting and driving for four to six weeks.

See more information here:
www.ovacome.org.uk/surgery-for-ovarian-cancer-booklet

Chemotherapy

In most cases, you will be advised to have chemotherapy, either to prepare for surgery or to kill any cancer cells left after surgery.

Chemotherapy is a drug treatment that can kill cancer cells. A doctor called a medical oncologist prescribes it.

There are many different types of chemotherapy, and your oncologist will discuss the various options.

Most chemotherapy for ovarian cancer is given as an intravenous treatment (via a small tube into your vein). You will usually be treated in hospital as an outpatient and be able to go home after the sessions.

Very early stage ovarian cancer, stage 1a or 1b, which is low grade (slow to spread) and borderline tumours can sometimes be cured with surgery alone. In other cases, treatment usually involves a combination of chemotherapy and surgery. Chemotherapy is also often the recommended treatment for ovarian cancer that has recurred.

Side effects

Chemotherapy does have potential side effects. They depend on which drugs you are given. Most side effects can be managed by medication and usually resolve when the treatment is completed.

Side effects experienced by those being treated for ovarian cancer include:

- Suppressed immune system making you more likely to catch infections and viruses.
- Sickness.
- Fatigue.
- Constipation.
- Numbness in fingers and toes.
- Hair loss.

See more information here:
www.ovacome.org.uk/chemotherapy-booklet

Other therapies

New treatments which attack cancer in other ways are now becoming available, such as Avastin which targets the blood vessels that supply the cancer. These are called novel treatments, biological therapies or targeted treatments. Some of them require long term use, called maintenance therapy.

See more information here:
www.ovacome.org.uk/targeted-therapies-booklet

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Remission and relapse

Chemotherapy and surgery can often shrink the tumour until there is no sign of cancer left. This may be called a complete remission or no evidence of disease.

Sometimes a small amount of cancer is still left at the end of treatment but is not growing. This is called a partial remission. In a small number of cases, the chemotherapy does not kill the cancer and the disease does not improve.

If this happens, the oncologist will change the type of chemotherapy. After treatment, you may need to visit the hospital regularly to check that the cancer has not come back.

Gradually the time between checks will get longer. If you have any worries, you can see your oncologist between appointments.

Although ovarian cancer is frequently controlled by chemotherapy it may come back. This is called a relapse or recurrence.

It is difficult to predict how long the benefits of the chemotherapy will last. For some people it only lasts a few months, for others remission continues for a lot longer.

If your cancer comes back after the initial (first line) chemotherapy, your oncologist will suggest another course (second line). The aim is to get a remission that is as long as possible. Some people go on to have successful third- and fourth-line treatment, sometimes more.

Treatment for ovarian cancer is increasingly seen as the long-term management of a chronic condition with the aim of achieving remissions rather than cure.

The treatment aims to control the disease, manage symptoms, limit the effects of toxicity from chemotherapy and maintain or improve the quality of life.

Many new ways of treating cancer are being investigated, as well as studies of how to use existing treatments more effectively. If you would like to take part in a trial, you should discuss this with your doctor.

See more information here:
www.ovacome.org.uk/treatments-for-relapsed-ovarian-cancer-booklet

We welcome your feedback on this booklet. Please email ovacome@ovacome.org.uk or call 0800 008 7054. If you would like to discuss anything about ovarian cancer, please phone our support line on 0800 008 7054 Monday to Friday between 10am and 5pm. You can also visit our website at www.ovacome.org.uk. This is one of a series of information booklets produced by Ovacome. You can see them here: ovacome.org.uk/information.

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Disclaimer

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Ovacome is a charity. We receive no government funding and most of our funding is provided by our community of supporters. We want to continue providing free support and information to people when they need it most. If you can, then please help us by making a donation. You can **scan the QR code** to the right or visit **www.ovacome.org.uk/donate.**

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