

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. There are links to Ovacome information booklets which give more details. You can view them on our website here:

**[ovacome.org.uk/information-booklets](http://ovacome.org.uk/information-booklets)**

Our booklets can be downloaded or you can order printed copies by calling our support line on **0800 008 7054 Monday - Friday 10am-5pm.**



# About ovarian cancer

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

## Diagnosis

The symptoms can be similar to other, less serious conditions, which can delay diagnosis. It is now known that many advanced ovarian cancers arise in the fallopian tubes, which are close to the ovaries. Presently there are no available tests to detect such disease before it has spread.

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. However, it can be raised for a variety of reasons and may not always be raised when someone has 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. These are painless tests that create images of the inside of your body and can show any changes around the ovaries.

See more information here:

[www.ovacome.org.uk/tests-for-ovarian-cancer-booklet](http://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 tissue the cancer cells have grown from.

### Epithelial ovarian cancer

This is the most common type of ovarian cancer, making up 90 per cent (90 in 100) 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 and clear cell. Although they may behave differently, these cancers are usually treated in a similar way.

Serous tumours can be divided into high grade serous and low grade serous. They make up 70 per cent (70 in 100) of epithelial diagnoses. 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 to three in 100).

### 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 here:

[www.ovacome.org.uk/clear-cell-carcinoma-booklet](http://www.ovacome.org.uk/clear-cell-carcinoma-booklet)

### Low grade serous

Low grade serous ovarian cancer is a form of ovarian cancer that is invasive and grows slowly on surface tissue. It is a rarer form of ovarian cancer, with about 560 people diagnosed in the UK every year. There is more information here:

[www.ovacome.org.uk/low-grade-serous-ovarian-cancer-booklet](http://www.ovacome.org.uk/low-grade-serous-ovarian-cancer-booklet)

### Borderline ovarian tumours

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.

Borderline tumours tend to act more like a non-cancerous ovarian growth and are generally localised to the ovaries when found. See more information here:

[www.ovacome.org.uk/borderline-ovarian-tumours-booklet](http://www.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.

You can find out more here:[www.ovacome.org.uk/germ-cell-ovarian-cancer-booklet](http://www.ovacome.org.uk/germ-cell-ovarian-cancer-booklet)

### 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:

[www.ovacome.org.uk/granulosa-cell-tumours-booklet](http://www.ovacome.org.uk/granulosa-cell-tumours-booklet)

[www.ovacome.org.uk/rare-ovarian-tumours-booklet](http://www.ovacome.org.uk/rare-ovarian-tumours-booklet)

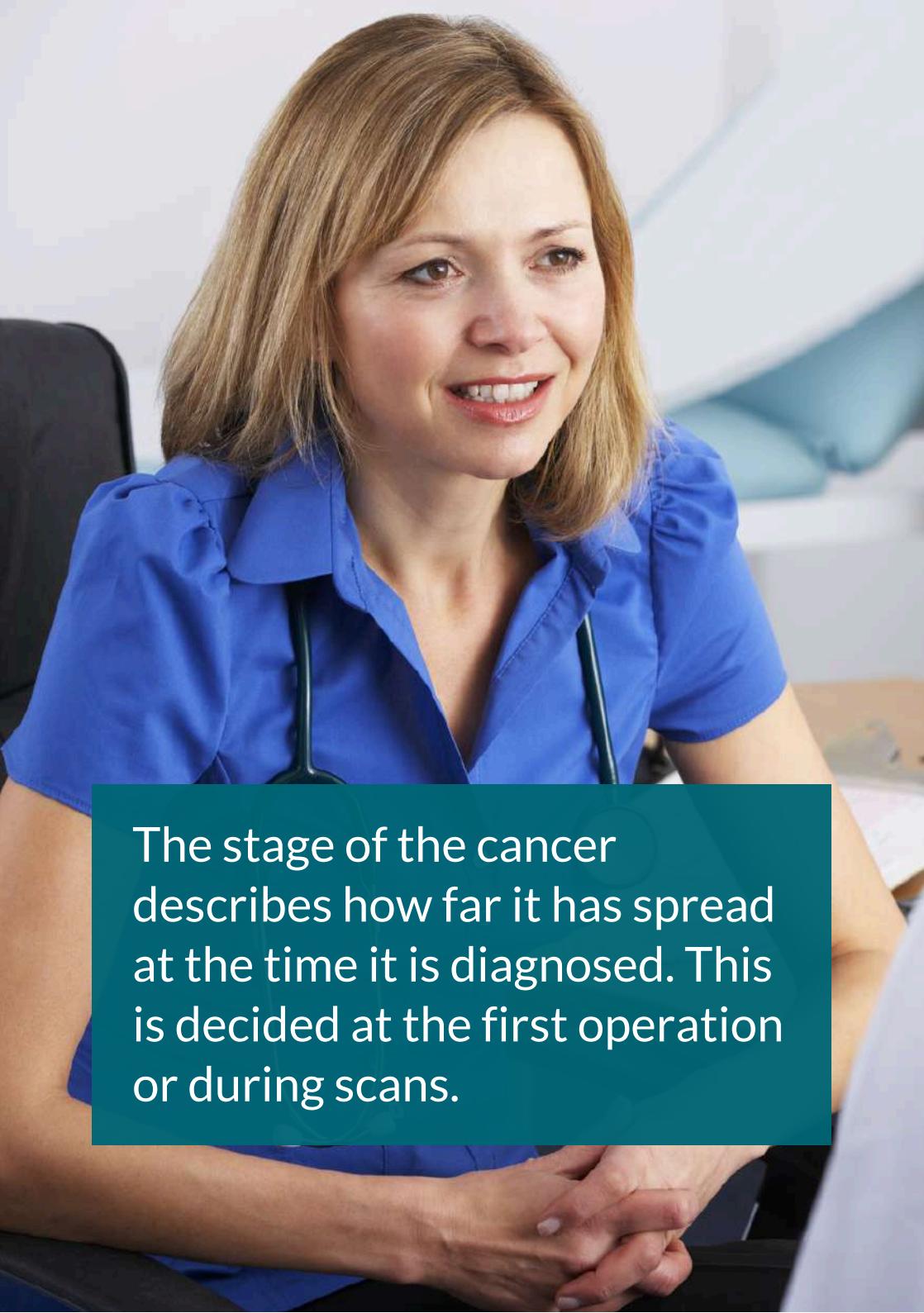
### What is staging?

The treatment and outcome of the disease usually depend 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:

[www.ovacome.org.uk/stages-of-ovarian-cancer-booklet](http://www.ovacome.org.uk/stages-of-ovarian-cancer-booklet)

A close-up photograph of a female doctor with shoulder-length blonde hair, wearing a blue short-sleeved scrub top and a stethoscope around her neck. She is smiling warmly at the camera while gently holding a patient's hand. The background is a clinical setting with a white wall and a blue chair.

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. Radiotherapy is rarely used but can be helpful for symptom control. 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 planned by staff with a special interest in gynaecological cancers?
- What is the name and contact details of my clinical nurse specialist (CNS) or keyworker?
- Is there information on support services for me and people supporting me?



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### Surgery

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

The surgeon will aim to do a hysterectomy to 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 adapted 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.

For some people, it is better to try and reduce the cancer 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](http://www.ovacome.org.uk/surgery-for-ovarian-cancer-booklet)

## Chemotherapy

For most people, 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 (IV) 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 treated effectively with surgery alone. In other circumstances, 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, your medical team will explain these further when discussing treatment. The side effects experienced and how severe they are can vary from person to person.

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](http://www.ovacome.org.uk/chemotherapy-booklet)





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### Other therapies

Newer treatments which attack cancer in other ways are now becoming available, such as PARP inhibitors which target the way the cancer repairs itself as it grows.

The newer treatments are called novel treatments, biological therapies or targeted treatments. Some of them require long term use after chemotherapy treatment, called maintenance therapy. See more information here: [www.ovacome.org.uk/targeted-therapies-booklet](http://www.ovacome.org.uk/targeted-therapies-booklet)

### 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 (NED).

Sometimes a small amount of cancer is still left at the end of treatment but is not growing. This is called a partial remission. For a small number of people, 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 monitor the cancer.

Gradually the time between checks will get longer. If you have any worries, you can contact your oncology team 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 advanced 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 side effects from chemotherapy and maintain or improve quality of life. Many new ways of treating cancer are being researched, as well as studies of how to use existing treatments more effectively. If you would like to take part in a clinical trial, you should discuss this with your doctor.

See more information here:

[www.ovacome.org.uk/treatments-for-relapsed-ovarian-cancer-booklet](http://www.ovacome.org.uk/treatments-for-relapsed-ovarian-cancer-booklet)

We welcome your feedback on this booklet. Please email [ovacome@ovacome.org.uk](mailto: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](http://www.ovacome.org.uk). This is one of a series of information booklets produced by Ovacome. You can see them here: [www.ovacome.org.uk/information](http://www.ovacome.org.uk/information)

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## Disclaimer

Ovacome booklets provide information and support. We make every effort to ensure the accuracy and reliability of the information at the time of publication. The information we give is not a substitute for professional medical care. If you suspect you have cancer, you should consult your doctor as quickly as possible. Ovacome cannot accept any liability for any inaccuracy in linked sources.

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