Ovarian Cancer

Ovarian Cancer is a type of cancer. It starts in the Ovaries and mostly affects women over the age of 50. The ovaries are where the eggs a woman ovulates during her reproductive cycle are stored. Most women have two of them.

Ovarian cancer is known as the silent killer because it often diagnosed late because of no screening programme and early symptoms that are often not noticed or are confused with another medical condition by patients and medical professionals.

Symptoms of Ovarian Cancer include.

- Frequently having a swollen tummy or feeling bloated.
- Pain or tenders in the tummy or pelvis.
- Loss of appetite
- Feeling full soon after eating.
- Increase in sudden need to urinate or more frequent urination.
- Indigestion
- Constipation or Diarrhoea
- Back Pain
- Frequently feeling tired.
- Unexpected weight loss.
- Post menopause vaginal bleeding.

The earlier Ovarian cancer is diagnosed the more treatable it is.

The first step in getting diagnosed is for someone to try and get a GP an appointment. If they manage that at the appointment, they should first be asked about their general health, and it is important any family history of Ovarian and/or Breast cancer is raised. The GP or practise nurse should examine the patient - requests for a female medical professional to undertake this examination are allowed.

The examination involves the patient undressing from the waist down (behind a screen for privacy.) and then being given a sheet to protect them. The examination normally involves looking into the vagina via the use of a speculum followed by pressing in the tummy and inside the vagina to check for lumps and tender/sore areas. The examination is normally not painful, but some discomfort can be felt.

If the examiner decides a specialist should be seen there will refer the patient to the hospital, within the two-week waiting time for potential cancer referrals. However, getting such a referral does not mean the examiner thinks the patient has Ovarian cancer.

At the hospital the first things normally done are blood tears and scans. The scan is normally an ultrasound done either as a trans vaginal scan or an abdominal scan. After the menopause the ovaries are often too small to show up on a scan.

CT scans, needle biopsies, laparoscopic scans and laparotomic surgeries are sometimes also conducted,

The results of the tests should be back within two weeks. If a diagnosis of Ovarian cancer is given to a patient a team of specialists will look after them throughout the entire process. This will include a clinical nurse specialist who will be the patient's main point of call during and after treatment. Further tests post diagnosis may also include such as CT scans, MRI scan, PET scan and a chest X-ray. Genetic testing may also occur.
If a patient is diagnosed with Ovarian cancer treatment depends on the type of cancer, the size of any tumour/s, the spread of the cancer and the general health of the patient.

The most common treatments are surgery and chemotherapy, but radiotherapy, targeted medicines and hormonal treatments may also be offered.

Surgery tends to involve removing the ovaries, fallopian tubes, womb and cervix while chemotherapy is sometimes given before and/or after surgery or sometimes as the only treatment. Radiotherapy is normally given in cases of advanced cancer or to help with symptom relief. Targeted therapies and hormonal therapies are both normally only given for advanced cancers.

There are many risk factors for Ovarian cancer. Things that are said by the NHS to increase the risk include.

- Previous diagnosis of breast and/ bowel cancer.
- Previous radiotherapy treatment for cancer.
- Suffering from endometriosis and/or diabetes.
- Starting periods young, having a late menopause (Over 55) or never having children. This risk is due to more someone has ovulated the greater risk of Ovarian cancer they are at.
- Never using hormonal contraception.
- Taking HRT
- Being overweight.
- Being a smoker.

The risk of having an ovarian cancer can be reduced in the following ways.

- Stopping smoking.
- Being at a healthy weight.
- Taking hormonal contraception or removing the ovaries if a patient's risk is particularly high.

There is a genetic component to Ovarian cancer – particularly the BRCA1 and 2 genes that are also linked to Breast cancer. A woman with either of those genes is said to have up to an estimated 40% chance of developing Ovarian Cancer and therefore some doctors recommend removing the Ovaries at or after the menopause.

More than half of cases are diagnosed over the age of 65.

A webinar was held on the 4th July 2023 to discuss a pilot study led by Target Ovarian cancer which tested a clinical IT alert, a retrospective audit search and safety netting search. The pilot diagnosed two women with Ovarian cancer earlier than they would have been because of raised awareness of the symptoms and the prompt to test.

[Improving early diagnosis of ovarian cancer: Understanding the impact of clinical IT alerts](#)

Where to find help and support

[Macmillan Cancer Support](#)

[Cancer Research UK](#)

[Ovacome](#)

[Ovacome: support for LGBTQ+ people](#)

[Target Ovarian cancer](#)

[Eve Appeal](#)

[Maggie's Centres](#)

[Marie Curie](#)

Other links

[Squelching ovarian cancer: the not-so-silent killer](#)

[Certain symptoms may be early signs of ovarian cancer](#)

[Ovarian cancer surgery](#)

[Types of ovarian cancer surgery](#)

[Support Group Meetings](#)

Ovarian cancer family history clinic

Let's get talking about ovarian cancer NHS Kent and Medway

Charities and Supporting Patients

Ovarian Cancer Action Research Centre

Ovarian cancer population screening and mortality after long-term follow-up in the UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS): a randomised controlled trial

Ovarian cancer in numbers

End of life support

Body image, sex and intimacy for younger women with a diagnosis

Ovarian cancer and your fertility

Targeted therapy for ovarian cancer