

Ovarian Cancer

Ovarian cancer develops in the ovary and falls into one of four categories: epithelial, stromal, germ cell, and small cell. Epithelial tumors arise from the surface of the ovary and account for about 85 to 90 percent of all ovarian cancers. Nationally, ovarian cancer is the 10th most commonly diagnosed cancer in women and the fifth-leading cause of cancer death in women in 2022. Ovarian cancer is a serious disease, but if caught in its early stages before it spreads, the five-year survival rate is 93 percent, but only 19 percent of diagnoses are made at this localized stage.

Statistics

- In 2022, **19,880 U.S. women** are expected to be diagnosed with ovarian cancer, and approximately **12,810 will die**.
- Ovarian cancer is the **leading cause of gynecologic cancer deaths**. A woman's lifetime risk of developing ovarian cancer is **one in 78**.
- In 2022, an estimated **1,783 Texas women** will face an ovarian cancer diagnosis, with an estimated **1,055 deaths**.
- Between **10 and 20 percent** of women with ovarian cancer have a gene, usually BRCA1 or BRCA2, that puts them at higher risk for developing the disease. **Texas Oncology recommends genetic testing in appropriate family members**. There are options for prevention of ovarian cancer in those known to have one of these genes.

Risk Factors

- **Family History:** Women with immediate family members (mother, sister, or daughter) who have had ovarian cancer have an increased risk of developing the disease. The risk can originate from the mother's or father's side of the family. If you have a family history of cancer, genetic testing can help determine your risk.
- **Age:** Approximately 50 percent of women diagnosed with ovarian cancer are age 63 or older.
- **Parity:** Women who have never given birth or had a first full-term pregnancy after age 35 face a higher risk. Women with a first full-term pregnancy before age 26 have lower risk, which is reduced with each subsequent full-term pregnancy.
- **Breast or Colon Cancer:** Women who have had breast cancer or have a family history of breast or colon cancer face a higher risk of developing ovarian cancer. Some of the inherited genetic disorders that increase a woman's risk for breast cancer, such as a BRCA1 and BRCA2 gene mutation, also increase the risk of developing ovarian cancer.
- **Medical Conditions:** Women with Cowden syndrome, Peutz-Jeghers syndrome, Lynch syndrome, pelvic inflammatory disease, Li-Fraumeni syndrome, ataxia-telangiectasia, or MUTYH-associated polyposis have an increased risk.
- **Obesity:** Being overweight may increase the risk of ovarian cancer.
- **Hormone Use:** Women who use estrogen-only hormone therapy after menopause have a higher risk of ovarian cancer.
- **Ethnicity:** Women of North American, Northern European, or Ashkenazi Jewish descent are at a higher risk.

Symptoms

Currently, there is no standard screening test for ovarian cancer, as the Pap test screens only for cervical cancer and some infections. Occasionally pelvic exams detect ovarian cancer, usually once the cancer is at an advanced stage. Therefore, women should be aware of the symptoms for ovarian cancer, as early detection is critical. Women should consult their physician if they persistently experience any of the following symptoms:

- Abdominal bloating or swelling with weight loss
- Fatigue
- Pain in back, abdomen, pelvis, or during sex
- Constipation
- Heavier or irregular menstruation, discharge
- Indigestion
- Urinary symptoms (urgency or frequency)
- Trouble eating, feeling full quickly, upset stomach

Prevention

Ovarian cancer cannot be prevented in most cases, but women can take steps to decrease risk of developing the disease.

- **Oral contraceptives:** Women who have used birth control pills for more than five years reduce their risk by 50 percent, compared to women who have never taken oral contraceptives.
- **Removal of the fallopian tubes and ovaries:** Studies show that removing the fallopian tubes and the ovaries in premenopausal women with the BRCA1 or BRCA2 genetic mutation can reduce risk of ovarian cancer by 85 to 95 percent and breast cancer by 50 percent.

Treatment Options

Women with ovarian cancer should consult a gynecologic oncologist to determine their specific treatment needs. Treatment for ovarian cancer may include surgery, chemotherapy, radiation therapy, targeted therapy, hormone therapy, palliative medicine, or a combination. For younger patients whose cancer has not spread, it may be possible to save the unaffected ovary and fallopian tube to preserve fertility.

About Texas Oncology

Texas Oncology is an independent private practice with more than 525 physicians and 220 locations across the state and southeastern Oklahoma. Meeting the oncology needs of Texans for more than 35 years, the practice includes Texas Center for Proton Therapy, Texas Breast Specialists, Texas Colon and Rectal Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists, Texas Imaging & Infusion Center, and Texas Center for Interventional Surgery. As a lead participant in US Oncology Research, Texas Oncology played a role in the development of more than 100 FDA-approved therapies. For more information, visit www.TexasOncology.com.

Sources: American Cancer Society, American Society of Clinical Oncology, National Cancer Institute, Ovarian Cancer Research Alliance, and Texas Cancer Registry



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