TEXAS ONCOLOGY
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Ovarian Cancer

Ovarian cancer develops in the ovaries or fallopian tubes and falls into one of four categories: epithelial, stromal, germ cell, and small cell. Epithelial tumors arise from the surface of the ovary, lining of the fallopian tubes or peritoneum and account for about 90% of all ovarian cancers. Nationally, ovarian cancer is one of the leading causes of cancer deaths in women in 2024. Ovarian cancer is a serious disease, but if caught in its early stages before it spreads, the five-year survival rate is 92%. Only 20% of diagnoses are made at this localized stage.

Statistics

- In 2024, **19,680 U.S. women** are expected to be diagnosed with ovarian cancer, and approximately **12,740 will die**.
- Ovarian cancer is the **leading cause of gynecologic cancer deaths**. A woman's lifetime risk of developing ovarian cancer is **1 in 87**.
- In 2024, an estimated **1,680 Texas women** will face an ovarian cancer diagnosis, with an estimated **960 deaths**.
- Between 35 and 70% of women with a BRCA1 gene mutation and 10% and 30% with a BRCA2 gene mutation may develop ovarian cancer. **Texas Oncology recommends genetic counseling and testing for appropriate family members with family history of ovarian cancer**. There are options to reduce the risk of ovarian cancer in those known to have one of these gene mutations.

Risk Factors

- **Family History:** Women with immediate family members or close relatives who have had ovarian cancer have an increased risk of developing the disease. The risk can originate from the mother's (maternal) or father's (paternal) side of the family. If you have a family history of ovarian cancer, genetic testing can help determine your risk.
- **Age:** Approximately 50% 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 replacement therapy (HRT) after menopause have a higher risk of ovarian cancer.
- **Ethnicity:** Ovarian cancer is more common among non-Hispanic white women, and those of Ashkenazi Jewish descent are at higher risk due to increased prevalence of BRCA1 and BRCA2 gene mutations.

Symptoms

Currently, there is no standard screening test for ovarian cancer, as the Pap test screens only for cervical cancer and certain infections. Occasionally routine 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
- Unintentional weight loss
- Fatigue
- Pain in back, abdomen, pelvis, or during sex
- Change in bowel habits, such as constipation
- Heavier or irregular menstruation, discharge
- Indigestion
- Urinary symptoms (urgency or frequency)
- Trouble eating, feeling full quickly, upset stomach

Prevention

Women can take steps to decrease risk of developing ovarian cancer.

- **Oral contraceptives:** Women who have used birth control pills for more than five years reduce their risk by 50% 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 a BRCA1 or BRCA2 gene mutation can reduce risk of ovarian cancer by 85% to 95% and breast cancer by 50%.

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 of these. 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

With more than 530 physicians and 280 locations, Texas Oncology is an independent private practice, a member of The US Oncology Network, that sees more than 71,000 new cancer patients each year. Founded in 1986, Texas Oncology provides comprehensive, multi-disciplinary care, and includes Texas Center for Proton Therapy, Texas Breast Specialists, Texas Colon & Rectal Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists and Texas Infusion and Imaging Center. Texas Oncology's robust community-based clinical trials and research program has contributed to the development of more than 100 FDA-approved cancer therapies. Learn more at TexasOncology.com.

Sources: American Cancer Society, National Cancer Institute, Ovarian Cancer Research Alliance, and U.S. Centers for Disease Control and Prevention

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