

Frequently Asked Questions

What are the early warning signs of ovarian cancer?



- Vaginal bleeding or discharge from your vagina that is not normal for you.
- Pain in the pelvic or abdominal area (the area below your stomach and between your hip bones).
- Back pain.
- Bloating.
- Feeling full quickly while eating.
- A change in your bathroom habits, such as having to pass urine very badly or very often, constipation, or diarrhea.

What are some foods that help fight cancer?

- Apples*
- Blueberries
- Broccoli *
- Cherries
- Coffee



- Cranberries
- Endives**
- Flaxseed
- Fish**
- Grapefruit
- Legumes



- Soy
- Squash
- Walnuts
- Whole grains



- Dark green, leafy vegetables*



- Garlic
- Grapes*
- Green Tea*
- Onions**
- Tomatoes**

*fight women's cancers
**fight ovarian cancer

What are the risk factors?

AGE

The risk of developing ovarian cancer gets higher with age. Ovarian cancer is rare in women younger than 40. Most ovarian cancers develop after menopause. Half of all ovarian cancers are found in women 63 years of age or older.

OBESITY

Various studies have looked at the relationship of obesity and ovarian cancer. Overall, it seems that obese women (those with a body mass index of at least 30) have a higher risk of developing ovarian cancer.

REPRODUCTIVE HISTORY

Women who have been pregnant and carried it to term have a lower risk of ovarian cancer than women who have not. The risk goes down with each full-term pregnancy. Breastfeeding may lower the risk even further.

BIRTH CONTROL

Women who have used oral contraceptives (also known as *birth control pills* or *the pill*) have a lower risk of ovarian cancer. The lower risk is seen after only 3 to 6 months of using the pill, and the risk is lower the longer the pills are used. This lower risk continues for many years after the pill is stopped.

A recent study found that the women who used depot medroxyprogesterone acetate (DMPA or Depo-Provera CI[®]), an injectable hormonal contraceptive had a lower risk of ovarian cancer. The risk was even lower if the women had used it for 3 or more years.

GYNECOLOGIC SURGERY

Tubal ligation (having your tubes tied) may reduce the chance of developing ovarian cancer by up to two-thirds. A hysterectomy (removing the uterus without removing the ovaries) also seems to reduce the risk of getting ovarian cancer by about one-third.

FERTILITY DRUGS

In some studies, researchers have found that using the fertility drug clomiphene citrate (Clomid[®]) for longer than one year may increase the risk for developing ovarian tumors. The risk seemed to be highest in women who did not get pregnant while on this drug. Fertility drugs seem to increase the risk of the type of ovarian tumors known as “low malignant potential” (described in the section, “[What is ovarian cancer?](#)”). If you are taking fertility drugs, you should discuss the potential risks with your doctor. However, women who are infertile may be at higher risk (compared to fertile women) even if they don’t use fertility drugs. This might be in part because they haven’t given birth or used birth control pills (which are protective). More research to clarify these relationships is now underway.

ANDROGENS

Androgens are male hormones. Danazol, a drug that increases androgen levels, was linked to an increased risk of ovarian cancer in a small study. In a larger study, this link was not confirmed, but women who took androgens were found to have a higher risk of ovarian cancer. Further studies of the role of androgens in ovarian cancer are planned.

ESTROGEN THERAPY AND HORMONE THERAPY

Some recent studies suggest women using estrogens after menopause have an increased risk of developing ovarian cancer. The risk seems to be higher in women taking estrogen alone (without progesterone) for many years (at least 5 or 10). The increased risk is less certain for women taking both estrogen and progesterone.

FAMILY HISTORY OF OVARIAN CANCER, BREAST CANCER, OR COLORECTAL CANCER

Ovarian cancer can run in families. Your ovarian cancer risk is increased if your mother, sister, or daughter has (or has had) ovarian cancer. The risk also gets higher the more relatives you have with ovarian cancer. Increased risk for ovarian cancer does not have to come from your mother's side of the family — it can also come from your father's side.

Up to 10% of ovarian cancers result from an inherited tendency to develop the disease. A family history of some other types of cancer caused by an inherited *mutation* (change) in certain genes can increase the risk of ovarian cancer. For example, mutations in the genes *BRCA1* and *BRCA2* increase the risk of breast cancer — so having a family member with breast cancer can increase your risk of ovarian cancer. Another set of genes increase the risk of colon cancer, so women who have colon cancer in their families may have a higher risk of developing ovarian cancer. Many cases of familial epithelial ovarian cancer are caused by inherited gene mutations that can be identified by genetic testing.

Women with ovarian cancers caused by some of these inherited gene mutations may have a better outcome than patients who don't have any family history of ovarian cancer. (See the section on [causes of ovarian cancer](#) for information on these gene mutations.)

Genetic counseling, genetic testing, and strategies for preventing ovarian cancer in women with an increased familial risk are discussed in the [prevention section](#) of this document. See the "[Additional resources for ovarian cancer](#)" section for more information on these topics.

PERSONAL HISTORY OF BREAST CANCER

If you have had breast cancer, you may also have an increased risk of developing ovarian cancer. There are several reasons for this. Some of the reproductive risk factors for ovarian cancer may also affect breast cancer risk. The risk of ovarian cancer after breast cancer is highest in those women with a family history of breast cancer. A strong family history of breast cancer may be caused by an inherited mutation in the *BRCA1* or *BRCA2* genes. These mutations can also cause ovarian cancer. (See the section, "[Do we know what causes ovarian cancer?](#)").

TALCUM POWDER

It has been suggested that talcum powder applied directly to the genital area or on sanitary napkins may be carcinogenic (cancer-causing) to the ovaries. Some studies suggest a very slight increase in risk of ovarian cancer in women who used talc on the genital area. In the past, talcum powder was sometimes contaminated with asbestos, a known cancer-causing mineral. This might explain the association with ovarian cancer in some studies. Body and face powder products have been required by law for more than 20 years to be asbestos-free. However, proving the safety of these newer products will require follow-up studies of women who have used them for many years. There is no evidence at present linking cornstarch powders with any female cancers.

DIET

A study of women who followed a low-fat diet for at least 4 years showed a lower risk of ovarian cancer. Some studies have shown a reduced rate of ovarian cancer in women who ate a diet high in vegetables, but other studies disagree. The American Cancer Society recommends eating a variety of healthful foods, with an emphasis on plant sources. Eat at least 2½ cups of fruits and vegetables every day, as well as several servings of whole grain foods from plant sources such as breads, cereals, grain products, rice, pasta, or beans. Limit the amount of red meat and processed meats you eat. Even though the effect of these dietary recommendations on ovarian cancer risk remains uncertain, following them can help prevent several other diseases, including some other types of cancer.

What kind of doctor should I see?

“[After meeting with your regular physician] if there is any reason to suspect ovarian cancer, the doctor will take steps to find out if the disease is really present. One of the first steps will be for you to meet with a doctor who has special training in treating women with this type of cancer (a ***gynecologic oncologist***). Treatment by a gynecologic oncologist helps you get the best kind of surgery for your cancer. And it has been shown to help patients with ovarian cancer live longer. Women who might have ovarian cancer should see this type of doctor before surgery.”



What are my treatment options?

The main treatments for ovarian cancer are:

- Surgery
- Chemotherapy
- Hormone therapy
- Targeted therapy
- Radiation therapy

Often, 2 or more different types of treatments are used.

Consider the options without feeling rushed. If there is anything you don't understand, ask to have it explained. The choice of treatment depends largely on the type of cancer and the stage of the disease. In patients who did not have surgery as their first treatment, the exact stage may not be known. Treatment then is based on other available information.

Other factors that could play a part in choosing the best treatment plan might include your general state of health, whether you plan to have children, and other personal considerations. Age alone isn't a determining factor since several studies have shown that older women tolerate ovarian cancer treatments well. Be sure you understand all the risks and side effects of the various therapies before making a decision about treatment.

What are some statistics?

2014 ESTIMATES

- About 21,980 women will receive a new diagnosis of ovarian cancer.
- About 14,270 women will die from ovarian cancer.

GENERAL

- Ovarian Cancer ranks 5th in cancer deaths among women
- Ovarian cancer rates are highest in women aged 55-64
- The median age at which women are diagnosed is 63
- Only 15% of cases are diagnosed at stage 1
- Accounts for 2.4% of all cancer-deaths and 1.3% of new cases
- 5-year survival rate is 44.6%

What are some N.O.C.C. resources?

- Newly Diagnosed: http://www.ovarian.org/newly_diagnosed.php
- Local Chapters: http://www.ovarian.org/local_chapters.php