



Early detection of Ovarian Cancer

Each year more than 1200 Australian women are diagnosed with ovarian cancer. The main risk factor for ovarian cancer is getting older, with over 80 per cent of women diagnosed when they are over 50 years of age, and the average age at diagnosis 64 years of age. Ovarian cancer can be difficult to diagnose at an early stage, largely because symptoms can be vague and similar to those of other common illnesses.

Is there a screening test for ovarian cancer?

Currently there are no tests effective enough for a population based screening program for ovarian cancer. In addition, there is no evidence to suggest that screening will reduce the number of deaths from ovarian cancer.

What about the blood test CA125?

The blood test CA125 can be used to help diagnose or exclude ovarian cancer. CA125 is a protein found in the blood and can be produced by ovarian cancer cells. However, there are other causes for raised CA125 levels such as menstruation, endometriosis or ovarian cysts.

The CA125 test is more reliable in post menopausal women. Half of all women with early stage ovarian cancer do not have elevated CA125 levels. It is for these reasons CA125 is not recommended as a screening test for women with no symptoms.

For those women with symptoms, the CA125 test alone cannot be used to investigate their symptoms. Transvaginal ultrasound should be used in conjunction with the CA125 test to diagnose ovarian cancer.

What is surveillance?

Surveillance means monitoring women who currently have no symptoms of ovarian cancer, but who are at an increased risk of developing the disease due to family history.

What if I have a family history of ovarian cancer?

Having a genetic family history of ovarian cancer is an important risk factor in developing the disease. A family history of breast cancer and/or bowel cancer is also a risk factor. However, only 5 to 10 per cent of all ovarian cancers are associated with a family history. The risk of developing ovarian cancer increases with the number of affected first degree relatives (parents, siblings, children).

For an Ashkenazi Jewish woman with a family history of breast or ovarian cancer, Jewish background should be considered as an additional risk factor. If you have a family history of ovarian or breast cancer, talk to your doctor.

What sort of monitoring is available if I have an increased risk?

If you are at an increased risk for ovarian cancer, monitoring may be appropriate, however it is important to be aware of the current limitations. There is no evidence that conclusively shows that monitoring has a favourable impact on the stage of diagnosis or preventing death from ovarian cancer in women at risk.

What are the symptoms I need to look out for?

Symptoms that may indicate ovarian cancer are vague and may include one or more of the following:

- Abdominal bloating or a feeling of fullness.
- Loss of appetite.
- Unexplained weight gain.
- Constipation.
- Heartburn.
- Back, abdominal or pelvic pain.
- Frequent urination.
- Fatigue.
- Indigestion.
- Pain during sexual intercourse.

These symptoms are often related to more common, less serious health problems and most women will have these symptoms at some time. However, if you notice any unusual changes or these symptoms persist, visit your doctor.

Remember, if you have any concerns or questions, please contact your doctor.

Where can I get reliable information?

National Breast and Ovarian Cancer Centre
www.nbocc.org.au

National Ovarian Cancer Network
1300 660 334
www.ovca.org

Cancer Council Australia acknowledges the contribution of the National Breast and Ovarian Cancer Centre in developing this fact sheet.

Cancer Council NSW 13 11 20

Information and support for you and your family for the cost of a local call anywhere in Australia.

www.cancercouncil.com.au

Translating and Interpreting Service (TIS) 131 450