



Think Ovarian!

Facts for Health Professionals

- In Canada, 2,300 to 2,600 new cases of ovarian cancer are diagnosed annually.
- Because early symptoms can be non-specific and because there is no effective screening test, ovarian cancer is usually detected in its later stages.
- This year, 1,750 Canadian women will die of ovarian cancer.
- Ovarian cancer is the leading cause of mortality due to gynecological malignancy, making it the fifth ranking cause of cancer death for women.

Symptoms of Ovarian Cancer

- Symptoms may be non-specific. They can mimic menopausal or peri-menopausal symptoms; irritable bowel syndrome/non ulcer dyspepsia. They may include:
 - Bloating
 - Pelvic or abdominal pain
 - Difficulty eating or feeling full quickly
 - Urinary symptoms (urgency or frequency)
 - Back pain
 - Fatigue/sleep changes
 - Nausea, indigestion, flatulence
 - Changes in bowel function (constipation, diarrhea)
 - Menstrual irregularities
 - Weight gain or loss

If these symptoms persist for **3 weeks or longer**, consider ovarian cancer in your differential diagnosis.

Diagnostic Tests

These tests can assure both your patient and you that a potentially lethal diagnosis is not missed:

- Bimanual recto-vaginal pelvic exam
- Pelvic/Transvaginal ultrasound
- AFP, betaHCG, LDH – If a mass is detected in women under 30
- CA-125 – Use if there is an adnexal mass on exam or ultrasound, or if there is free fluid and its origin is unclear. **CA-125 should not be used alone** to either establish or rule out a diagnosis of ovarian cancer.

Referral

- If symptoms persist and tests are negative, consider referral to a gynecologist or gynecologic oncologist.

- If a suspicious ovarian mass is detected, referral to a gynecologic oncologist is urged.

Risk Factors for Ovarian Cancer

- Age and menopausal status – Approximately 60% of women diagnosed with ovarian cancer are in the 50 to 79 age range. However, ovarian cancer can occur in **any age group**.
- Family history of breast or ovarian cancer.
- Hereditary ovarian cancer is more likely to occur in younger women when there is a family history of ovarian or breast cancer with a BRCA germline mutation.
- Infertility, nulliparity and low parity.

Familial Factors

Hereditary factors play a role in some cases of ovarian cancer.

- Genetic testing for the BRCA1/2 genes should be considered in families with a history of breast and/or ovarian cancer and especially in families of Ashkenazi Jewish descent. Women of French Canadian, Dutch and Icelandic descent may also be at increased risk.
- Hereditary Non-Polyposis Colorectal Cancer (HNPCC), also known as Lynch Syndrome, is characterized by a family history of predominantly colorectal and endometrial cancers. However, ovarian cancer is also associated to a small degree. Therefore, symptoms in a woman in combination with a history of colorectal or endometrial cancer in her family should prompt consideration of ovarian cancer.

Some factors that may indicate your patient is at risk for hereditary ovarian cancer include:

- Cancer occurs in several generations and may be through the mother or the father
- Three or more relatives affected
- Onset before 50 years of age
- Individuals with multiple primary cancers

There is preliminary evidence that high grade epithelial serous tumours (the most common form of ovarian cancer) may arise in the fallopian tube rather than the ovary. If a woman requires gynecologic surgery such as hysterectomy or tubal ligation, and preservation of the fallopian tubes and fertility are not issues, then consideration may be given to removal of the fallopian tubes.

