

Ovarian Cancer: The Silent Killer

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Why is ovarian cancer a "silent" killer?

Ovarian cancer is often called the "silent" killer because many times there are no symptoms until the disease has progressed to an advanced stage. One-third of American women will get some form of cancer in their lifetime and approximately one and one half percent of those cases will be cancer involving one or both ovaries.

Early symptoms of ovarian cancer are often mild, making this disease difficult to detect. Some early symptoms may include:

- An unusual feeling of fullness or discomfort in the pelvic region
- Unexplainable indigestion, gas, or bloating that is not relieved with over-the-counter antacids
- Pain during sexual intercourse
- [Abnormal bleeding](#)
- Swelling and pain of the abdomen

Most often these symptoms do not indicate ovarian cancer. However, if you experience them you should discuss them with your clinician.

Early detection of ovarian cancer offers a 90% cure rate. Sadly, a lack of symptoms from this silent disease means that about 75% of ovarian cancer cases will have spread to the abdomen by the time they are detected and, unfortunately, most patients die within five years.

Diagnosis...

Symptom-less ovarian cancer is most often detected during a woman's [regular gynecological examination](#). (*If there are symptoms or problems, make sure please that your physician will refer you to a **Gynecological Oncologist** - MJW). Your physician will palpitate your ovaries during your pelvic and rectal exam for the presence of ovarian cysts or [fibroid tumors](#). If any abnormalities are noted, he will follow up with further [testing](#) which may include an ultrasound and chest X-ray. If further testing is required, a [laparo-](#)

[scopy](#) may be performed.

New methods for early screening of ovarian cancer are being investigated including ultrasound in conjunction with a blood test. The blood test may detect an antigen called CA 125 which has been detected in the blood of women with ovarian cancer.

These tests are useful in evaluating tumor growth, however neither of them has been proven as a reliable way to screen for ovarian cancer. Ultrasound can detect changes, but it does not give enough information alone to diagnose ovarian cancer. The CA 125 blood test can return positive results when no cancer is present due to other conditions a woman may experience including [fibroid tumors](#), [endometriosis](#), pelvic infection, pregnancy, or other non-gynecological problems.

Although these methods of screening for ovarian cancer look promising, further study is needed before either of these tests are routinely used to screen for ovarian cancer.

The treatment for ovarian cancer varies according to a number of factors. For most women, the first treatment is also a diagnostic procedure which involves surgery to determine the extent to which the disease has spread. As a result of surgery, the cancer will be staged.

Stages range from I to IV, with I being the earliest and IV being the most advanced stage. Treatment of ovarian cancer is based on the stage and grade of the disease. A pathologist will determine the grade (how likely it is to spread) of the malignancy.

[Hysterectomy](#) with salpingo oophorectomy (removal the fallopian tubes and one or both ovaries) will most often follow a diagnosis of ovarian cancer. Young women who still desire children and who have certain types of early ovarian cancer confined to one ovary may be able to have only the diseased ovary removed.

Chemotherapy or radiation will follow the hysterectomy based on individual cases.

Are You at Risk?

- An immediate (mother, sister, or daughter) family member who has had ovarian cancer increases your risk of developing this disease about three times, giving you a 5% to 7% risk of future ovarian cancer.
- When the cause is [genetic](#), ovarian cancer usually shows up a decade earlier in each successive generation. (If your mother had ovarian cancer in her 60s, you stand a good chance that this disease will develop in you in your 50s.)
- Genetic counseling is a good idea for women with a family history of breast or ovarian cancers. Women with a family history may opt for oophorectomy, although this procedure does not offer absolute protection it does reduce risk

by 75% to 90%

- Research has determined that women who use powders to dust their genital areas have a 60% higher risk of ovarian cancer. Feminine deodorant sprays can almost double your risk.
- Women who use oral [contraceptives](#) for at least five years reduce their chance of developing ovarian cancer by half for the short-term following use and possibly for life-time. The longer you use the pill, the lower your risk.
- Having two or three children can cut your risk by as much as 30% over women who never conceive or give birth. Having five or more children reduces the risk up to 50%, and breastfeeding your children can further reduce your risk.
- Tubal ligation reduces a woman's risk up to 70%.

Remember, the best way to detect ovarian cancer is by [regular pelvic examinations](#). See your gynecologist for a [Pap smear](#) (*screens for cervical cancer only*) and pelvic/rectal exam yearly or as your physician determines best for you.

There's more information on Ovarian Cancer on the Internet at http://womenshealth.about.com/cs/ovariancancer/a/ovarcansilkille_2.htm

Please go here to check to see where the nearest Gynecological Oncologist is located (copy & paste into your web browser address window) -

<http://www.healthgrades.com/local-doctors-directory/by-specialty/gynecological-oncology>

*Thank you for helping to spread the word within your office, your Board, your community and to women everywhere. **If the recent statistics are correct, and 1 out of every 55 women will develop Ovarian Cancer, by helping to spread the word, you'll be helping someone you already know!***

Martha Woodbury