

## **Cancer of the Ovary**

By Simon Crocker

First of all what are the ovaries? These two almond sized organs are seated deep in the pelvis behind and to the side of the uterus (womb). They produce the female hormones, mainly oestrogen but also progesterone, from the time of puberty until the menopause in monthly cycles that result in periods and many other symptoms. In addition the ovaries produce eggs, usually one a month. The cells on the surface of the ovary and within it can undergo a cancerous change. Ovarian cancer can occur in any age group but is more common in those over 40. So there is a 1 in 100 chance of developing this cancer by 65 and a 1 in 48 lifetime chance – 7,000 women have this new diagnosis each year in the UK (there are more than 40,000 new breast cancer patients per year).

Most cancers of the ovary come from its surface cells – epithelial cancers though less common ones arise from germ cells – these are cells that would go on to become eggs and some can be hormone producing. So let's deal with the more common type.

Why does ovarian cancer occur? Good question. Easy answer – we don't know. There are some associations: having several pregnancies seems to give some protection and the combined contraceptive pill that partly shuts down the ovaries reduces the risk.

Does it run in families? Some families have a high risk due to a genetic fault that increases the risk of ovarian and breast cancer but only 1 in 10 ovarian cancers are of the inherited type. Although blood testing to detect the faulty gene in a woman who has ovarian cancer and is from a family with several affected women is possible there is no easy test that can be used for the general population.

So what of the symptoms? Here's the problem: the ovaries are tucked away in the pelvis and the cancer develops quietly initially with no symptoms. A lump may be found during a routine medical examination for another problem and sometimes the woman may notice a lump in the lower abdomen giving some pressure symptoms such as urinary frequency. Of course, cysts (collections of fluid within the ovary) are common and almost always innocent but, if found, tests are done to give an idea of the type of cyst present. When there are no other signs of disease the tests are of help but do not prove whether the cyst is innocent or not. Scans can give an idea and a blood test, CA 125, may help.

Sadly the blood test is often negative when the cancer is still contained within the ovary and it can even be positive in some innocent conditions.

Then what? If the cyst is small and appears innocent it can be left alone but if larger, causing symptoms or the scan / blood test suggests disease an operation will be recommended.

So what's the real problem? It's the fact that the disease remains silent for so long normally only giving symptoms when it has broken out of the ovary and spread. Ovarian cancer spreads locally at first to the Fallopian tubes and the uterus and then across the peritoneum – the skin that lines the abdominal cavity – to the surface of the bowel, liver, spleen and diaphragm. Within the abdomen, hanging down from the edge of the stomach, is a fatty curtain called the omentum and this tissue collects implants of such cancers. As the cancer spreads it produces ascites – free fluid in the abdomen and it is this that gives distension and may be the first symptom. So there we are - vague symptoms of bloating, distension, feeling a bit low, a bit of indigestion and slight change in bowel or bladder function and only rarely abnormal uterine bleeding - symptoms so easy to ignore particularly in the elderly where such body changes are common.

What's next? Where the examination suggests ovarian cancer, blood tests and scans are performed to see the extent of the disease (the Cancer Stage) and sometimes a sample of the ascites is drawn off for analysis that may confirm the presence of free ovarian cancer cells.

And treatment? This depends on the health of the woman and the nature and stage of the disease. It may be that a cyst or ovary alone has been removed and an unsuspected cancer found within it. If the woman is young and wishes to maintain her fertility it may be reasonable to do nothing more but follow her with blood tests and scans to keep an eye on the remaining ovary. In those who no longer wish for or can have more children the recommendation will be removal of both ovaries and tubes, the uterus and the omentum – a cure is more likely and the tissues can all be analysed to see if there had been any unsuspected spread.

The same operation is carried out when the tests show that the cancer has spread but that all or the majority of it may be removable. Sometimes the operation involves removing lymph glands that drain tissue fluid from the area filtering out cancer cells.

When tests show that surgery will be unsuccessful or too dangerous drug treatment, chemotherapy, is recommended. This is also advised if surgery has not been curative – if there is tumour left that could not be removed or if it is likely that there are cells still present. Chemotherapy is given intravenously usually every 3 to 4 weeks for up to 6 cycles. The commonest drug to be used is a platinum agent but a stronger drug and with more side-effects, Taxol, is often suggested as the prospects for cancer remission seem to be better with the combination.

Treatment will depend on the woman's health and the stage of her disease and following a full discussion of the benefits and side-effects of treatment she will need support and time to reflect on the future before making a decision over the treatment and its extent. Whatever the future, the woman and her family will need help and support from the oncologists, specialist nurses and counselling and support groups.

.. and the future: perhaps tests that can be used on the general population to identify cancers before they spread, tests to identify risk groups, better drugs that target cancer cells only thus avoiding the unpleasant side-effects of present drugs and genetic measures to prevent cells switching to cancer or to turn them away from their destructive course.

**HELPFUL LINKS**

**CancerBACUP**

Tel: 020761302121

[www.cancerbacup.org.uk](http://www.cancerbacup.org.uk)

**Ovacome**

Tel: 02073809589

[www.ovacome.org.uk](http://www.ovacome.org.uk)

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[www.wellbeingofwomen.org.uk](http://www.wellbeingofwomen.org.uk)