



OVARIAN CANCER

1. Guidelines for Screening

Risk factors:

General population 1-2% lifetime risk

Family history of breast and/or ovarian cancer

BRCA 1 and 2 mutation carriers – lifetime risk 60-85%

Hereditary non-polyposis colorectal cancer (HNPCC) – lifetime risk 7-12%

Prior diagnosis of breast, colorectal or uterine cancer

Age (post menopause)

Nulliparity

Hormone replacement therapy

Fertility drugs

Talc

Obesity

To date, no studies have shown that screening either high risk populations or the general population has an impact on mortality or morbidity of the disease

Women at very high risk (BRCA gene mutation carriers) may be screened with CA-125 and transvaginal ultrasonography at age 30-35 years or at age 5-10 years before the earliest age of onset of disease in the family. Prevention by removal of the ovaries after child-bearing is finished (see prevention section below)

No national organization or expert consensus panel recommends screening women at average risk. There is no evidence that any of the following can effectively screen the general population for ovarian cancer:



Pelvic examination

CA-125

No randomized controlled clinical trial (RCT) of screening for ovarian cancer with mortality outcomes in the general population has been completed.

At least three RCTs are currently in progress:

- (1) UK Collaborative Trial of Ovarian Cancer Screening
- (2) NIH Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Trial
- (3) European Randomized Trial of Ovarian Cancer Screening

New research has shown that symptom identification is important in the diagnosis of this disease. In women with abdominal bloating, increasing abdominal size, pelvic pain, abdominal pain, early satiety, difficulty eating, or urinary symptoms of new onset or greater than 12 times a month, ovarian cancer should be considered as a possibility.

2. Cancer Prevention

Identification of women at greatest genetic risk is the most effective prevention strategy.

Women at highest genetic risk – recommend risk reducing salpingo-oophorectomy between the ages of 35-50 and upon conclusion of childbearing or individualized based on age of earliest onset of ovarian cancer in the family.

[The following other protective factors may decrease the risk of ovarian cancer:](#)

[Oral contraceptives](#)

[Pregnancy and breastfeeding](#)

[Bilateral tubal ligation or hysterectomy](#)

Clinical trials are being conducted:

1. [Levonorgestrel in Preventing Ovarian Cancer in Patients at High Risk for Ovarian Cancer](#)



Dedicated to promote cure by early detection and research to prevent cancer since 1933

2. [Effect of Flutamide on Biomarkers in Blood and Tissue Samples from Patients at High Risk of Ovarian Cancer](#)

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