

What can be done to reduce the risk of ovarian cancer?

The Pill

There is evidence that taking the Pill for 2 years or more protects against ovarian cancer for the rest of a woman's life. If a woman has never taken the Pill her gynaecologist may discuss the possibility of her taking it for a short time. However, the Pill may slightly increase the risk of breast cancer and it is therefore important that this is discussed with a specialist doctor.

Surgery

Women at greatly increased risk of ovarian cancer may consider surgery to remove the ovaries and fallopian tubes. Sometimes this can be done using 'keyhole' surgery. However this is dependent on several factors and should be discussed with a gynaecologist.

Surgery has been shown to remove the risk of ovarian cancer and reduce the risk of breast cancer. However there remains a small risk of developing cancer in the area surrounding the ovaries.

Once the ovaries are removed a woman will have a menopause because the ovaries no longer produce hormones. She may need to take hormone replacement therapy (HRT). This should be discussed with a gynaecologist.

For more information:

If you need more information about inherited cancer please contact:

Clinical Genetics Departments

Northern Scotland (main base Aberdeen)
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If you need more advice about cancer and support groups, please contact:

Maggies Centres

www.maggiescentres.org

Maggies Highlands Tel: 01463 706302

Maggies Dundee Tel: 01382 496384

Maggies Edinburgh Tel: 0131 5373131

Maggies Glasgow Tel: 0141 330 3311

Seen in clinic by.....

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Updated by Genetic Interest Group Scotland

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Screening and reducing the risk of ovarian cancer

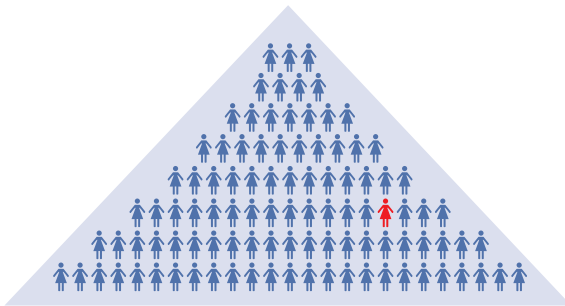


For women at increased risk of ovarian cancer due to family history

How common is ovarian cancer?

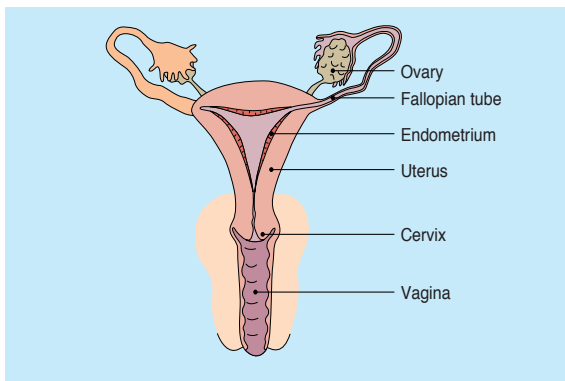
In the UK approximately 1 woman in 100 develops ovarian cancer during her lifetime. Most of those women are aged over 50.

Ovarian Cancer



What are the ovaries?

A woman has two ovaries. These are situated deep within the pelvis. The ovaries produce eggs and hormones during the fertile years of a woman's life. Women go through the menopause or 'change of life' at about the age of 50. Once a woman has gone through the menopause the ovaries no longer produce eggs or hormones and a woman will no longer menstruate or have 'periods'.



What factors increase the risk of ovarian cancer?

Getting older and going through the menopause are unavoidable risk factors for ovarian cancer. Ovarian cancer is uncommon before the age of 50.

Research has shown that pregnancy and the oral contraceptive pill (the Pill) reduce the risk of ovarian cancer, probably by giving the ovaries a 'rest' from the menstrual cycle.

Women who have 2 or more close relatives with ovarian cancer, or 1 close relative with ovarian cancer and several close relatives with breast cancer at a young age, may have an increased chance of developing ovarian or fallopian tube cancer themselves.

What is available for the early detection of ovarian cancer?

Ovarian cancer is difficult to detect. There are no obvious warning signs. Ovarian screening aims to pick up cancer early and to improve the outcome for women with ovarian cancer.

Ovarian screening is only offered to women who are at increased risk because of their family history. Yearly screening is available to these women from the age of 35. However, ovarian screening is not available at every hospital and women may need to go to a specialist centre for screening.

What are the limitations of screening?

The benefit of screening women with a family history of the disease is still being researched. Women who are offered screening may be asked to take part in a research study.

Ovarian screening has limitations. Sometimes cancer is missed and sometimes the tests are abnormal,

even in women who do not have cancer. Occasionally, as a result, a woman may have an unnecessary operation for what turns out not to be cancer. Waiting for the results of screening can be a worrying time.

What does ovarian screening involve?

An ultrasound scan

The scan looks at the size and shape of the ovaries. This can be done externally by moving the scanner over the abdomen (rather like when a woman is pregnant). However, the most effective type of scan is an internal or 'transvaginal' ultrasound scan.

During a transvaginal scan the ultrasonographer gently inserts a probe into the vagina to look at the ovaries. The scan takes about 10 minutes. Most women find this acceptable and not particularly uncomfortable.

A blood test

This is the same as any routine blood test. A substance called CA125 (released by the ovaries) is measured in the blood. Sometimes a woman may need to have her CA125 level checked several times in order to find out what the normal level is for her. Once the doctors know her normal CA125 level they will check it each year to make sure her level stays about the same.

What happens if the ovarian screening is not normal?

If the CA125 level is increased or the scan is unusual further investigations may be done. **This does not necessarily mean that the woman has ovarian cancer** but it does mean that the doctors need to take a closer look at the ovaries. This may involve repeating the tests and possibly having a laparoscopy (a minor surgical procedure). If a woman is found to have cancer, further surgery and treatment will be offered.