Ovarian cancer will affect 1 in 70 women in the United States over their lifetime and is the deadliest gynecologic cancer. Early detection of ovarian cancer can lead to better outcomes.

Know the risks
Know the symptoms
Listen to your body
Talk with your doctor

FOUR SIMPLE STEPS YOU CAN TAKE TO REDUCE YOUR RISK.

1. Know your personal and family history and other factors that can increase your risk.
2. Know the symptoms that might be a sign of ovarian cancer.
3. Have a gynecological exam every year.* And talk to your doctor about your ovarian cancer risk, and if you should participate in ovarian cancer prevention strategies.
4. Talk to your doctor immediately if you experience any of the ovarian cancer symptoms described in this brochure on a daily basis for 2-3 weeks.

* It is important to know that a Pap smear only screens for cervical cancer and does not screen for ovarian cancer.
ALL WOMEN HAVE SOME RISK OF OVARIAN CANCER.

What factors contribute to your risk for ovarian cancer?

Not every factor has the same impact on risk. Some increase your risk only slightly. Others can raise it much more. These factors include:

Age – Your risk increases as you get older.

Family History – Your risk is higher if you have any close blood relatives who have had breast cancer prior to age 50 or ovarian cancer at any age.

Reproductive History – Your risk is higher if you have never had children or have a history of difficulty getting pregnant.

Medication Exposure – Your risk is lower if you have used oral contraceptives. Your risk may be higher if you have taken hormone replacement.

Ethnicity – White women from Europe and North America may have a higher risk than other groups. Jewish women of Eastern European (Ashkenazi) background may have an even higher risk.

Other Factors – Your risk is higher if you have a history of a condition called endometriosis.

WHAT SYMPTOMS COULD BE EARLY SIGNS OF OVARIAN CANCER?

Symptoms associated with ovarian cancer are common, and often experienced by women without ovarian cancer. This is one reason why detecting ovarian cancer is difficult.

Recent studies, however, have shown that the following symptoms are much more likely to occur in women with ovarian cancer than in the general population.

- Bloating
- Pelvic or abdominal pain
- Difficulty eating or feeling full quickly
- Urinary symptoms (urgency or frequency)

LISTEN TO YOUR BODY.

Women with ovarian cancer frequently report that they have persistent bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, or urinary symptoms (such as urgency or frequency) which are new and represents a change from what is normal for their bodies.

Occasionally experiencing any of the above symptoms is, of course, normal for most women and does not mean that you have ovarian cancer. But if you experience any of these symptoms, that are not normal for you, almost daily for 2-3 weeks, talk to your doctor, preferably a gynecologist.

If after seeing your doctor ovarian cancer is suspected or diagnosed, see a gynecologic oncologist. Women with ovarian cancer treated by a gynecologic oncologist have better outcomes.

Several other symptoms have also been commonly reported by women with ovarian cancer, including fatigue, indigestion, back pain, pain with intercourse, constipation and menstrual irregularities. However, these other symptoms are also found just as often in women in general and therefore experiencing them alone is not as useful in identifying ovarian cancer.

HOW DO I KNOW MY RISK?

Ultimately you must talk to your doctor to fully understand your individual risk for ovarian or any other cancer. The descriptions in the following Table provide some useful information to help you with that conversation.

### RISK PROFILE

**General Risk** (1 in 70 women at this level will have ovarian cancer in her lifetime). You have:

- No family history of breast or ovarian cancer.
- No difficulty getting pregnant.
- Never taken hormone replacement therapy.

**Slightly Increased Risk** (up to 1 in 20 women at this level will have ovarian cancer in her lifetime). You have any of the following:

- A history of difficulty getting pregnant.
- A history of endometriosis.
- Taken hormone replacement therapy to help manage menopausal symptoms.

**Very Increased Risk** (up to 1 in 2 women at this level will have ovarian cancer in her lifetime). You have any of the following:

- Genetic testing indicating you have a cancer causing change (mutation) in either the BRCA1 or BRCA2 gene.

### RECOMMENDATIONS

**General Risk**

- Have a gynecological exam once a year.
- Talk to your doctor immediately if you experience any of the ovarian cancer symptoms described in this brochure on a daily basis for 2-3 weeks.

**Slightly Increased Risk**

- Have a gynecological exam once a year.
- Talk to your doctor immediately if you experience any of the ovarian cancer symptoms described in this brochure on a daily basis for 2-3 weeks.
- Consider using birth control pills, after speaking with your doctor, if you are in the reproductive age group and have not had breast cancer.

**Moderately Increased Risk**

- Have a gynecological exam once a year.
- Talk to your doctor immediately if you experience any of the ovarian cancer symptoms described in this brochure on a daily basis for 2-3 weeks.
- Consider using birth control pills, after speaking with your doctor, if you are in the reproductive age group and have not had breast cancer.
- Talk to your doctor about genetic counseling and possibly genetic testing to help determine the best screening and prevention strategies.

**Very Increased Risk**

- Have a gynecological exam one to two times per year.
- Talk to your doctor immediately if you experience any of the ovarian cancer symptoms described in this brochure on a daily basis for 2-3 weeks.
- Consider using birth control pills, after speaking with your doctor, if you are in the reproductive age group and have not had breast cancer.
- Have both annual mammograms and annual breast MRIs beginning at age 25-30.
- Have both a transvaginal ultrasound and the CA125 blood test two times per year starting at age 30-35 until the ovaries and fallopian tubes are removed preventively.