



FOUNDATION FOR
WOMEN'S CANCER

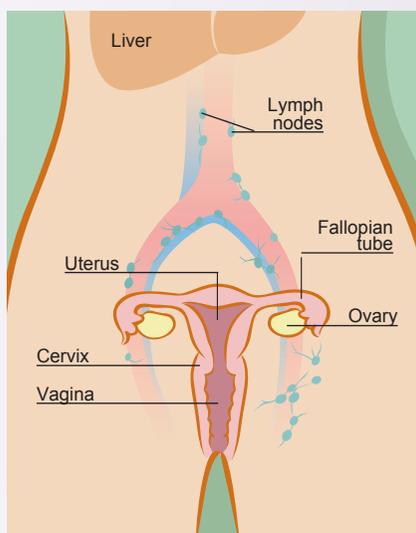
 Gynecologic Cancer
Awareness • Research • Education

Living with
Ovarian Cancer

A WOMAN'S GUIDE

Each year about 21,300 women will be diagnosed with ovarian cancer, 90% of whom are over the age of 60. Most women will experience a recurrence of their disease, but it is hard to predict who will.

The goal of this brochure is to help women navigate through this likelihood and lead the best life possible by having knowledge about treatment options and the communication skills for ongoing dialogue with their healthcare team.



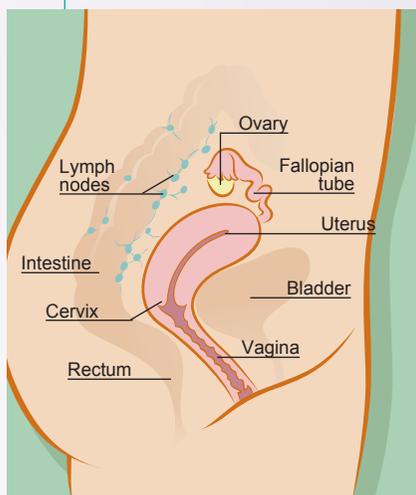
OVARIAN CANCER STAGES

Stage I: The cancer is found in one or both ovaries. Cancer cells also may be found on the surface of the ovaries or in fluid collected from the abdomen.

Stage II: The cancer has spread from one or both ovaries to other tissues in the pelvis, such as the fallopian tubes or uterus. Cancer cells may also be found in fluid collected from the abdomen.

Stage III: The cancer has spread outside the pelvis or nearby lymph nodes. Most commonly the cancer spreads to the omentum (an apron of fatty tissue that hangs down from the colon and stomach), diaphragm, intestine and the outside (surface) of the liver.

Stage IV: The cancer has spread to tissues outside the abdomen and pelvis. Most commonly the cancer has spread to the space around the lungs. If the cancer spreads inside the liver or spleen, it is considered stage IV.



TYPES OF OVARIAN CANCER

There are three major types of ovarian cancer, but the one that is most important for a discussion of advanced-stage ovarian cancer is epithelial ovarian cancer, which accounts for about 90% of all ovarian cancer diagnoses. This cancer starts in the surface layer covering the ovary.

Importantly, there are several types of epithelial ovarian cancer: serous, mucinous, endometrioid, clear cell, transitional and undifferentiated types.

Serous epithelial cancers are the most common type, accounting for about 2/3 of all epithelial ovarian cancers. It is now believed that high-grade serous ovarian cancer actually starts at the far end of the fallopian tube rather than on the ovary. This is important because now the fallopian tubes also are removed in ovarian cancer preventive surgery for high-risk women as well as for women diagnosed with ovarian cancer.

Mucinous ovarian cancers account for about 5% of epithelial ovarian cancers. Since women with mucinous ovarian cancer tend to have a poorer prognosis using standard therapy, there is active research investigating alternative therapeutic regimens.

Endometrioid ovarian cancers account for about 20% of epithelial ovarian cancers. They are associated with endometriosis and are sometimes found in women also diagnosed with endometrial cancer.

Clear cell ovarian cancers account for less than 5% of epithelial ovarian cancers, likely arise in endometrium, and are more likely to recur. Currently, the treatment for clear cell ovarian cancer is the same as that for all epithelial ovarian cancers, but research is ongoing to seek new agents to more effectively treat clear cell ovarian cancers.

Transitional cell cancer of the ovary is rare and only recently recognized as a type of epithelial ovarian cancer. Transitional cell cancers are treated similarly to other types of epithelial ovarian cancers with surgery followed by chemotherapy, but have a somewhat better prognosis.

Undifferentiated ovarian cancers are comprised of, as their name implies, cells that do not have an appearance consistent with any of the other types described. They account for about 5% of epithelial ovarian cancers.

RECURRENT OVARIAN CANCER

Unfortunately, about 85% of women with Stage III/IV epithelial ovarian cancer who have a full remission after their initial treatment will experience a recurrence of their disease. Sometimes the recurrence is recognized because of new symptoms, a rise in a woman's CA 125 level or findings, or x-rays or other imaging studies.

It is important to note that about 15% of women will survive more than 10 years after being diagnosed with an advanced-stage ovarian cancer. These women may or may not develop recurrences throughout their survivorship. New research is underway to look at factors that influence why some women with the same disease stage live 10 years and longer and why others don't. There also are new treatment options available for women with recurrent ovarian cancer.

BRCA1 AND BRCA2 STATUS

The Society of Gynecologic Oncology and other leading professional groups recommend that all women with high grade-epithelial ovarian cancer, regardless of family history, receive genetic testing to determine if they carry mutations in the BRCA1 or BRCA2 genes.

If you test positive for these genetic mutations, you may have additional treatment options. Based on multiple trials, the FDA has given approval to the PARP inhibitor olaparib for use in women with inherited BRCA1/2 mutations who have received at least three lines of prior therapy. The response rate to olaparib in these patients is approximately 35%. As with any drug, there are potential side effects that should be discussed with your gynecologic oncologist prior to beginning treatment.

However, this represents the first therapy approved for a specific population of ovarian cancer patients, officially welcoming the era of personalized therapy.

PLATINUM-RESISTANT OVARIAN CANCER

Chemotherapy drugs used to treat ovarian cancer are fairly standard, typically platinum-based drugs such as carboplatin or cisplatin with a taxane such as paclitaxel or docetaxel. Women who experience a recurrence of disease following an initial response to standard treatment or whose disease continues to progress while being treated are described as platinum-resistant. This is considered the most difficult group of women to treat. Cytotoxic drugs used to treat platinum-resistant disease include liposomal doxorubicin, gemcitabine, and topotecan. In 2014 the FDA approved bevacizumab, a drug that inhibits the growth of small blood vessels that bring oxygen and nutrients to tumors,

for treatment of women with platinum-resistant, recurrent ovarian cancer. In clinical trials, bevacizumab plus chemotherapy improved response rates and survival was increased by 3 months compared to chemotherapy alone. There are potential side effects for bevacizumab that should be discussed with your gynecologic oncologist before beginning treatment. It also is expensive, up to \$100,000 per year.

CLINICAL TRIALS

There are many clinical trials looking for ways to provide better treatment options for women with recurrent ovarian cancer. Ask your gynecologic oncologist if one is right for you. You can also visit the Foundation for Women's Cancer website, foundationforwomenscancer.org, which has a list of clinical trials that are recruiting patients. A contact and enrollment criteria are listed for each trial.

SUPPORTIVE OR PALLIATIVE CARE

Supportive or palliative care refers to care given to relieve the pain you experience as a result of your ovarian cancer disease. It can be given to make you feel more comfortable whether you are in active treatment or have been discharged.

Some women think that palliative care or supportive care means care at the end of life. While this type of care certainly can be needed at that time, it is an important resource regardless of where you are in your survivorship journey. Now, there is a specific board certification for gynecologic oncologists who wish to specialize in supportive or palliative care.

The goal of supportive or palliative care is to help you experience the best quality of life regardless of where you are in your ovarian cancer journey. It is directed toward relieving symptoms like pain, fatigue, nausea or shortness of breath, for example, and other side effects you may experience. In some settings, there is a special team dedicated to addressing these concerns.

The emotional impact of a gynecologic cancer diagnosis is also an aspect of supportive or palliative care.

COPING WITH RECURRENT OVARIAN CANCER

Despite these promising new options for treating recurrent ovarian cancer, hearing that your cancer has returned can be devastating, resulting in many emotions to sort through. Each person approaches this news differently. And remember, your family and friends most likely understand that you have feelings of fear, anger and sadness because they probably feel the same way.

Here are some suggestions to consider:

- Talk with your treatment team. They have had experience with women in your situation and can talk with you about your feelings, and perhaps recommend options that might help you work through your feelings.
- Try to express your feelings to your family and friends—when you are ready. They love you and want to support you as best they can.
- Be kind to yourself and give yourself as many “treats” as you can manage.
- Consider joining a support group to have a place to express your feelings with others who are experiencing similar situations.
- Find an outlet that has meaning to you. Some women find comfort and peace in specific hobbies (for example, art, writing, or photography). Outlets allow you to channel emotions into a positive action that can be healing and promote a sense of well-being.
- Spend time with those you love and feel the most supported by. Now is the time to draw strength from others and enlist their help whenever possible.
- Sometimes even the best coping strategies are not enough. Feelings of sadness and anxiety are normal, but when these feelings begin to take center stage and disrupt your daily living, you should talk to your care team to determine if additional actions are necessary to help you manage.

Symptoms of anxiety may include:

- Feeling very tense and nervous
- Racing heartbeat
- Heavy sweating
- Trouble breathing or catching your breath
- Lump in throat or knot in stomach
- Sense of dread

Symptoms of depression may include:

- Feeling a sense of helplessness and hopelessness
- Lack of interest in family, friends or hobbies
- Loss of appetite
- Problems concentrating or sleeping
- Racing thoughts
- Crying uncontrollably for long periods of time and many times throughout the day
- Thoughts of wanting to hurt yourself

Your treatment team can help should symptoms of anxiety or depression interfere with your ability to cope and manage activities of daily living. As mentioned, it's normal to feel sadness, fear, stress, anxiety, loneliness and anger when learning that cancer has returned. If these feelings overtake your life and jeopardize your ability to cope, additional help and support may be necessary. Palliative care specialists, social workers and psychologists can provide an additional source of support beyond your existing healthcare team under difficult circumstances such as these.



We hope that this information is helpful to you as you continue your survivorship journey. If you have information to share with other women, we would be happy to receive it for this purpose.

Also, please visit our website (foundationforwomenscancer.org) or sign-up for our mailing list so you can find out more about our free ovarian cancer survivors courses. Gynecologic cancer experts present information about the latest treatment options, recurrent disease, clinical trials, quality of life and other topics of interest. There is time for networking, so you may meet other women who live nearby who are sharing your experience.

Please write to us at info@foundationforwomenscancer.org to share ideas or add your name to our mailing list.

The Society of Gynecologic Oncology's (SGO) Foundation for Women's Cancer is dedicated to increasing public awareness of gynecologic cancer risk awareness, prevention, early detection, and optimal treatment. Founded by SGO in 1991, the Foundation for Women's Cancer is a nonprofit organization that also provides funding for gynecologic cancer research and training as well as educational programs and resources.

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Awareness • Research • Education

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