ovarian cancer:

your guide

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foundationforwomenscancer.org
You and your family have learned of a diagnosis of ovarian cancer.

The amount of information you receive at the time of diagnosis can feel overwhelming. All at once, you may feel there are many unanswered questions, decisions to be made, and so much information to understand. It can be helpful to have friends and family with you when discussing your diagnosis and treatment.

A team of health care professionals will work with you and your family throughout your treatment process. Each of them has an important job but the most vital member of the team is you. In order to play an active role during your treatment, you should try to learn as much as possible about ovarian cancer.

This booklet will take you through the basics of what you need to know about ovarian cancer. It will introduce you to the people who may be part of your treatment team. Also, it will identify the different types of treatments for ovarian cancer. Hopefully, this information will help prepare you to talk with your treatment team and to feel more confident about your treatment plan.
Cancer occurs when cells in an area of the body grow abnormally. Ovarian cancer is the seventh most common cancer among women. There are three types of ovarian cancer: epithelial ovarian cancer, germ cell cancer, and stromal cell cancer.

**Epithelial ovarian cancer** is the most common and accounts for 85% to 89% of ovarian cancers. It forms on the surface of the ovary in the epithelial cells or from the fallopian tube. It ranks fourth in cancer deaths among women and causes more deaths than any other cancer of the female reproductive system.

On the other hand, **germ cell cancer** is an uncommon form of ovarian cancer, accounting for only about 5% of ovarian cancers. Germ cell cancers start in the cells that form the eggs in the ovaries. This cancer is usually found in adolescents and young women, and usually affects only one ovary.

Equally rare, **stromal cell cancer** starts in the cells that produce female hormones and hold the ovarian tissues together.

**Familial breast-ovarian cancer syndrome** is a common inherited condition that causes 15–20% of all ovarian cancers and 5–10% of all breast cancers. The association is so common that it is now recommended that all women with epithelial ovarian cancer be tested for an inheritable BRCA mutation. This has implications for outcome, treatment, risk for breast cancer, and risk for family members. However, the implications of testing are complex enough that consultation with a genetic counselor is helpful.
Symptoms and diagnosis

Historically, ovarian cancer was called the “silent killer” because symptoms were not thought to develop until the chance of cure was poor. However, recent studies have shown this term is untrue and that the following symptoms are much more likely to occur in women with ovarian cancer than in women in the general population, even in patients with early-stage disease.

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

Women with ovarian cancer report that symptoms are persistent and represent a change from normal for their bodies. The frequency and/or number of such symptoms are key factors in the diagnosis of ovarian cancer. Several studies show that even early-stage ovarian cancer can produce these symptoms.

Women who have these symptoms almost daily for more than a few weeks should see their doctor, preferably a gynecologist. Prompt medical evaluation may lead to detection at the earliest possible stage of the disease. Early-stage diagnosis is associated with an improved prognosis. Several other symptoms have been commonly reported by women with ovarian cancer.

Medical evaluation

When a woman experiences concerning symptoms, a pelvic exam, including a rectovaginal exam, and a general physical exam should be performed. If the exam is abnormal, women should undergo a transvaginal or pelvic ultrasound to evaluate the ovaries, or a CT scan to look for distant disease.

If the exam is adequate and normal, it is reasonable to wait 2 to 3 weeks to see if the symptoms resolve. If they do not, then a transvaginal or pelvic ultrasound should be performed. If an abnormality of the ovaries is found, additional radiographic studies, such as a CT scan or an MRI, and a blood test for CA 125 may be performed. CA 125 is elevated in approximately 80% of women with advanced-stage epithelial ovarian cancer, but elevations can occur for reasons other than ovarian cancer. For more information, please visit foundationforwomenscancer.org for a brochure entitled CA 125 Levels: Your Guide.
During your treatment, you will come in contact with many health care professionals. These people make up your treatment team. They will work with each other and you to provide the special care you need. Your treatment team may include some of the health care professionals listed below.

**Gynecologic oncologists** are board-certified obstetrician-gynecologists who have an additional three to four years of specialized training in treating gynecologic cancer from an American Board of Obstetrics and Gynecology-approved fellowship program. A gynecologic oncologist can manage your care from diagnosis to completion of treatment.

Women with ovarian cancer who have their surgery done by a gynecologic oncologist have higher cure rates than women who have surgery done by another type of doctor. The better survival is related to the fact that gynecologic oncologists are more likely to remove all of the cancer at the time of surgery. Many gynecologic oncologists will also plan and administer the chemotherapy program.

To find a gynecologic oncologist in your area, log onto the Foundation for Women’s Cancer website ([foundationforwomenscancer.org](http://foundationforwomenscancer.org)) and enter your zip code in the “Find a Gynecologic Oncologist” section.
You also may be treated by:

**Medical oncologist** who specializes in using drug therapy (chemotherapy) to treat cancer.

**Radiation oncologist** who specializes in using radiation therapy to treat cancer.

**Oncology nurse** who specializes in cancer care. An oncology nurse can work with you on every aspect of your care, from helping you understand your diagnosis and treatment to providing emotional and social support.

**Social worker** who is professionally trained in counseling and practical assistance, community support programs, home care, transportation, medical assistance, insurance, and entitlement programs. Social workers are very helpful advocates, especially when you are first diagnosed and unsure about what to do next.

**Patient navigator** who educates patients about the disease and serves as an advocate on behalf of the patient and her caregivers throughout cancer treatment.

**Clinical trial/research nurse** if you are participating in a clinical trial. Clinical trials are necessary for finding new treatments and improving patient care. Clinical trial nurses play a key role in this research by ensuring patients’ safety and offering support throughout the research study.

**Nutritionist or registered dietitian** who is an expert in helping you maintain or initiate healthy eating habits. This is important in the recovery process. These professionals can help you overcome potential side effects of treatment such as poor appetite, nausea, or mouth sores. It is important to note that natural remedies and supplements should be taken only under the supervision of a naturopathic physician in consultation with your gynecologic oncologist.

**Talking with your team**

You deserve expert advice and treatment from your treatment team. Be sure to talk openly about your concerns with the members of your treatment team. Let them know what is important to you. If it is hard for you to speak for yourself, these tips may help:

- Make a list of questions before your visit. Ask the most important questions first.
- Take notes or ask if you can tape-record your medical office visits and phone conversations.
- If you don’t understand something, ask the treatment team member to explain it again in a different way.
- If possible, bring another person with you when you meet with members of your treatment team to discuss test results and treatment options.
- Be truthful in reporting how you feel and any side effects.
When ovarian cancer is diagnosed, it is vital to determine if the cancer has spread beyond the ovaries. Your treatment team may do more tests to determine this. In addition, during surgery, certain additional steps should be performed to determine the extent of the disease. This process is called staging. Staging helps to determine the exact extent of your cancer and what treatment plan is best for you.

Following surgery, your cancer will be categorized into Stage I, II, III, or IV, illustrated on the following page. The cancer will also be assigned a grade. Grade refers to how abnormal the cells appear under a microscope. Low grade tumors, also called grade 1, have features that resemble normal ovarian cells. In contrast, in high grade tumors (grade 3) the microscopic appearance is greatly altered from normal.

It is important that your surgery be performed by a gynecologic oncologist, a physician with special training in the care of women’s reproductive cancers. Studies show that patients treated by gynecologic oncologists at high-volume centers have improved outcomes.
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. The most common place for the cancer to spread is in the space around the lungs. Additionally, if the cancer spreads inside the liver or spleen, it is considered stage IV.
Ovarian cancer is most often treated with surgery and chemotherapy. Whether surgery or chemotherapy is used first will depend on several factors specific to your disease. Only rarely is radiation therapy used. It is important to distinguish between early-stage ovarian cancer and advanced disease because the treatment approaches are different.

All treatments for ovarian cancer have side effects. Most side effects can be managed or avoided. Treatments may affect unexpected parts of your life, including your function at work, home, intimate relationships, and deeply personal thoughts and feelings.

Before beginning treatment, it is important to learn about the possible side effects, and talk with your treatment team members about your feelings or concerns. They can prepare you for what to expect and tell you which side effects should be reported to them immediately. They can also help you find ways to manage the side effects that you experience.
Understanding the goals of treatment

As you begin your treatment, make sure that you understand what to expect. Is this for cure? What are the chances of cure? If there is no cure, will the treatment make me live better or longer? It is very important to understand the truth about what to expect from the treatment – and what are the potential costs of side effects, expenses, etc.– so that you can make the best decisions for yourself and the life you want to lead.

Surgery

Surgery is usually the first step in treating ovarian cancer and it should be performed by a gynecologic oncologist. Most surgery is performed using a procedure called a laparotomy during which the surgeon makes a long cut in the wall of the abdomen. Occasionally, early-stage ovarian cancer can be managed by laparoscopic surgery whereby multiple (1/2” to 3/4”) small incisions are made in the belly button or lower abdomen. Laparoscopic surgery sometimes can also be performed in women with advanced ovarian cancer.

If ovarian cancer is found, the gynecologic oncologist usually performs the following procedures:

**Salpingo-oophorectomy:** both ovaries and fallopian tubes are removed.

**Hysterectomy:** the uterus is removed.

**Staging procedure:** including omentectomy, lymph node removal.

**Debulking:** removal of any additional visible disease.

For staging, the omentum, a fatty pad of tissue that covers the intestines, is removed along with nearby lymph nodes and multiple tiny samples of tissues from the pelvis and abdomen.

If the cancer has spread, the gynecologic oncologist removes as much cancer as possible. This is called “debulking” surgery. Often this will involve extensive surgery, including removal of portions of the small or large intestine and removal of tumor from the liver, diaphragm, and pelvis. Removal of as much tumor as possible is one of the most important factors affecting cure rates.

If you have early stage I cancer and still hope to get pregnant, it may be possible to only remove one ovary and fallopian tube. Your future pregnancy wishes should be discussed with your gynecologic oncologist before surgery.
Goals of surgery

It is important to understand that the goals of surgery are to remove as much cancer as possible — with the best outcome if the surgeon can remove all visible cancer. In some cases, your surgeon may want to start with a laparoscopy to look inside to determine if the cancer can be optimally removed. In this case, the surgeon may proceed with the full operation and “debulking” or stop and plan for neoadjuvant chemotherapy to shrink the tumor(s) so that they can be removed after several treatments of chemotherapy.

Side effects of surgery

Some discomfort is common after surgery. It often can be controlled with medicine. Tell your treatment team if you are experiencing pain. Talk to your doctor if you are experiencing any other possible side effects, such as:

- Nausea and vomiting
- Infection, fever
- Wound problem
- Fullness due to fluid in the abdomen
- Shortness of breath due to fluid around the lungs
- Anemia
- Swelling caused by lymphedema, usually in the legs
- Blood clots
- Difficulty urinating or constipation

Neoadjuvant chemotherapy

Occasionally, cancers will be advanced at initial diagnosis and your gynecologic oncologist may feel that surgery is unlikely to be as effective as desired, or that immediate surgery will be too difficult for you to tolerate. In this situation, chemotherapy treatments can be given to shrink the tumor before surgery takes place. This is called neoadjuvant chemotherapy. Once there has been shrinkage of the tumor and your physical condition is improving, surgery is performed, usually followed by more chemotherapy. Since most women with ovarian cancer present with advanced-stage disease, which is determined by a clinical exam and imaging, a biopsy may be needed if neoadjuvant chemotherapy is going to be considered.
Chemotherapy

Chemotherapy is the use of drugs to kill cancer cells. Chemotherapy for ovarian cancer is usually given intravenously (injected into a vein). You may be treated in the doctor’s office or the outpatient part of a hospital.

The drugs travel through the bloodstream to reach all parts of the body. This is why chemotherapy can be effective in treating ovarian cancer that has spread beyond the ovaries. However, the same drugs that kill cancer cells may also damage healthy cells, leading to side effects. Chemotherapy is usually given in cycles. Periods of chemotherapy treatment are alternated with rest periods when no chemotherapy is given. Most women with ovarian cancer receive chemotherapy for about 6 months following their surgery. In some cases, it may be appropriate to continue chemotherapy for a longer period of time to reduce the chance of the cancer returning.

There is another way to deliver chemotherapy, called intraperitoneal (IP) chemotherapy. With IP chemotherapy, the medications are injected directly into the abdominal cavity in hopes of delivering a large dose directly to the tumor location. Usually, some of the chemotherapy is administered into the belly and some is still administered in the vein.

Your surgeon may talk to you about placing a special catheter in your belly at the time of your operation if he/she feels that you could benefit from IP chemotherapy.

Intraperitoneal chemotherapy is recommended for women with stage III ovarian cancer in whom all of the tumor spots bigger than 1 centimeter were removed with surgery. Recent studies have shown that while IP chemotherapy has more short-term toxicity, it is associated with a longer survival rate. It is important for you to talk with your team about the pros and cons of this approach.

Side effects of chemotherapy

Each person responds to chemotherapy differently. Some people may have very few side effects while others experience several. Most side effects are temporary. They include:

- Nausea
- Loss of appetite
- Mouth sores
- Increased chance of infection
- Bleeding or bruising easily
- Vomiting
- Hair loss
- Fatigue
- Neuropathy (weakness, numbness, and pain from nerve damage)
- “Chemo brain” (memory lapses, problems with concentration)
Radiation therapy
 Radiation therapy (also called radiotherapy) uses high-energy x-rays, or other types of radiation, to kill cancer cells or stop them from growing. Radiation therapy is not usually part of the first treatment plan for women with ovarian cancer, but may be used if the tumor returns.

Side effects of radiation
The side effects of radiation therapy depend on the dose used and the part of the body being treated. Common side effects include:

- Dry, reddened skin in the treated area
- Fatigue
- Diarrhea
- Discomfort when urinating
- Narrowing of the vagina
- Anemia

Most of these side effects are temporary. Be sure to talk with your treatment team members about any side effects you experience. They can help you find ways to manage them.

Hormone therapy
A few types of ovarian cancer need hormones to grow. In these cases, hormone therapy may be a treatment option. Hormone therapy removes female hormones or blocks their action as a way of preventing ovarian cancer cells from getting or using the hormones they may need to grow. Hormone therapy is usually taken as a pill but can be given as a shot.

Side effects of hormone therapy
The side effects depend on the type of hormones being used. Some women retain fluid and have a change in appetite, or have hot flashes.

Targeted therapies
There are many new treatments that are targeting specific mechanisms of tumor growth. For example, there are drugs that can block new blood vessel formation or target specific tumor enzymes to inhibit tumor growth. Many of these new agents are being investigated in clinical trials. Because these drugs block pathways that are more active in tumor cells, they are not as damaging to normal cells. Sometimes these targeted therapies are combined with chemotherapy to try to make the chemotherapy more effective. For patients, this often means fewer serious side effects, but targeted therapy drugs have their own unique side effects, which will be discussed by your team.
Importance of participation in clinical trials

There are many ongoing clinical trials studying new and better ways to treat ovarian cancer. Many treatment options are available today because women diagnosed with ovarian cancer were willing to participate in prior clinical trials. Clinical trials are designed to test some of the newest and most promising treatments for ovarian cancer. The Foundation for Women’s Cancer partners with NRG Oncology (formerly Gynecologic Oncology Group), part of the only National Cancer Institute cooperative group working only on gynecologic cancer clinical trials, and others to make information about current clinical trials available. For more information about clinical trials available for enrollment, visit www.clinicaltrials.gov.

Follow up after treatment

In general, women are followed up with exams (including a pelvic exam) every 3 to 4 months for 3 years, and then every 6 months. In addition, CA 125 and imaging studies such as x-rays, CT scans, or MRIs may be periodically performed, especially if you have any new pains or symptoms.

Recurrent disease

Recurrences are often diagnosed when the CA 125 level begins to rise, or new masses are found on imaging studies or by examination. A biopsy may be required to be certain a lesion is a recurrent tumor.

If ovarian cancer recurs, there are several options for treatment. These include repeat surgery, re-treatment with the same chemotherapy given initially, treatment with a different type of agent (chemotherapy, hormonal or targeted therapy), and sometimes radiation. As each recurrence will be different, it is important to discuss your individual situation with your team. It is also important to investigate whether there is a clinical trial that is appropriate for you. Don’t be afraid to seek a second opinion.

A recent advance in ovarian cancer treatment is the successful use of poly ADP ribose polymerase (PARP) inhibitors. This category of drugs is especially effective in patients with \textit{BRCA1} and \textit{BRCA2} mutations. Currently only one PARP inhibitor has received FDA approval for ovarian cancer patients who are \textit{BRCA1/2} positive. Several other PARP inhibitors are undergoing clinical trials. This advance underscores the strong recommendation that all women with ovarian cancer be tested for the \textit{BRCA1/2} mutations. This is important information for family members and can guide treatment options for patients.
The experience of being diagnosed with ovarian cancer and undergoing cancer treatment may change the way you feel about your body, and will affect your life in many ways. You may experience many or relatively few side effects. Being aware of the possible treatment side effects may help you anticipate them and plan ways to cope.

**Fatigue**

Regardless of the treatment prescribed, you are likely to experience fatigue, frequent medical appointments, and times when you do not feel well enough to take care of tasks at home. You will need to rely on family and friends to help with some of the things you usually do. You may want to consider hiring someone for help with chores until you feel well enough to manage again.

If you know that you will not have support at home, talk frankly with your health care team as early as possible so that alternatives can be explored. Since a nourishing diet is important, be sure to ask for help, if needed, in maintaining healthy meal and snack choices in your home.

Be sure that your blood count is checked to rule out anemia as a treatable cause of fatigue. There are also medications for the relief of fatigue.
Facing the world

The effects of cancer and your cancer treatment may alter your appearance. You may appear fatigued, pale, and slow-moving, and you may have to face temporary hair loss. You may feel self-conscious because of these changes. It might help to imagine how you might feel if you saw a friend or sister looking as you do. Remember that many people are loving you rather than judging you as they notice these changes.

Work accommodations

You will probably need to be away from work quite a bit during the first month or two of your treatment. Talk with your supervisors at work and with your health care team to set up a realistic plan for work absences and return to work. Remember to tell your work supervisor that any plan must be flexible because your needs may change as treatment progresses. The Family Medical Leave Act (FMLA) offers certain protections for workers and family members who must be away from work for health reasons.

Family, friendships, and fun

No matter what type of treatment you have for your ovarian cancer, you may experience side effects that could affect how you feel about joining in social events with friends and family. Talk to your healthcare team if special events are coming up, such as a wedding or graduation. It may be possible to adjust the timing of your treatments so that you feel as well as possible for these special days. Don’t hesitate to plan activities that you enjoy. You may have to cancel an occasion or leave a little early, but the good times will help you to find strength for the hard days.

It is often difficult for young children to understand what you are going through. Counselors are available to help you answer questions and to help your children cope. It is also a good idea to ask family and friends to help you keep your children’s normal routine.

Driving

For many people, driving is an almost indispensable part of adult life. You should not drive if you are taking medications that cause drowsiness, such as narcotic pain relievers and some nausea medications. Most women can start driving again within a few weeks of surgery, and usually women can drive most days during chemotherapy and radiation therapy. Be sure to ask your health care team about driving.
Exercise

During treatment, you may find that even the stairs to your bedroom are a challenge, even if you have worked hard during your adult life to keep fit. Discuss with your provider whether you can maintain a similar physical exercise routine as the one you had before the diagnosis. If you’ve had surgery, ask your doctor for specific guidelines about exercise. During chemotherapy or radiation therapy, adjust your exercise according to how you feel.

You should avoid overexerting or dehydrating yourself. Over the weeks and months after you finish cancer treatment, you can build back toward your previous level of fitness.
Some treatments for ovarian cancer can cause side effects that may change the way you feel about your body or make it difficult to enjoy intimate or sexual relationships. Which side effects you experience depend on your treatment course. You may experience some or none at all. Being aware of the possible side effects may help you anticipate them and learn ways to cope.

Possible side effects include:

**Hair loss.** A common side effect of chemotherapy, hair loss is usually temporary. Still, it can be difficult to accept. If you experience hair loss, you may choose to wear flattering wigs, scarves, or other head wear.

**Vaginal changes.** Some forms of treatment, such as hysterectomy and radiation therapy, may cause dryness, shortening, and narrowing of the vagina. These changes can make sexual activity uncomfortable. Using an over-the-counter vaginal lubricant may help you feel more comfortable. Your treatment team may also recommend a vaginal dilator.

**Reduced sexual desire.** The stress and fatigue you may experience during cancer treatment may cause you to lose interest in sex for a period of time.

**Tips for coping**

Talk with your treatment team. They can provide advice based on your individual situation, so it is very important that you talk honestly with them. You may want to ask:

- How will my treatment affect my sexuality?
- Will these effects be temporary?
- Are there other treatment options that might lessen these effects?
- Do you have suggestions about how I can deal with the effects of treatment on my sexuality?
Communicate with your partner. Cancer can strain both partners in a relationship. Talking about the sexual and emotional effects cancer has on your relationship can be difficult. But you may find it easier to work through the challenges if you talk about them. Be prepared to share your own feelings and to listen to what your partner has to say.

Shift your focus to intimacy. Sexual intercourse is only one part of intimacy. You may find that touching, kissing, and cuddling are equally fulfilling.

Be patient with yourself. Understand that a return to a sexual relationship may take time. Your treatment team can tell you if and how long you should wait to have sex after treatment. It may be longer before you feel emotionally ready. Give yourself the time you need.

Keep an open mind. Having an open mind and a sense of humor about ways to improve your sexuality may help you and your partner find what works best for you.
As you go through cancer treatment, be patient with yourself. Understand that a return to your full life will take time. Your treatment team can guide you through the difficulties that you will face if they know what is troubling you. Talk openly about the things that bother you. Give yourself the time you need.

**Nurture hope.** It’s up to you to take charge of your reaction even as you face the unknown of cancer. Hope helps you see the positive aspects of life.

If you have inner spiritual beliefs, reach out to your religious community to give you additional support to face each day and **LIVE.**

**Seek support.** There are many resources available to help you deal with the physical, sexual, or emotional issues you may have as a result of cancer and its treatment. Specially trained counselors can help you deal with the impact of cancer on your life. Support groups are another good resource. People who are facing a situation similar to yours can come together to share their experiences and give one another advice and emotional support. To find support services in your area, talk with a member of your treatment team or contact the resources on the next page. Remember, you are surrounded by a devoted health care team, so let us be at your side.

Advance Medical Directives can be a helpful tool for clarifying your medical care wishes. We encourage both patients and families to complete one. Your health care team is available for guidance on this matter.
What can you do to help us End Women's Cancer?

Raise awareness about gynecologic cancers.

Donate to the Foundation for Women’s Cancer online.

Participate in the National Race to End Women’s Cancer by running, walking or donating to a team. endwomenscancer.org

Host your own fundraising event or partner with the Foundation.

Give a Matching Gift through your employer to the Foundation.

Give gifts of stock or securities to the Foundation.

Designate a planned gift to the Foundation.

To make a gift or for additional information, please email the Foundation at info@foundationforwomenscancer.org or call 312.578.1439.

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The Foundation for Women’s Cancer offers many resources for women, advocates and the general public, including Survivor Courses around the U.S. and online. Find more about all of them on our website.
Only 15% of all ovarian cancer cases are detected at the earliest, most curable stage.

One in 71 women will develop ovarian cancer in her lifetime.

Ovarian cancer is the fifth leading cause of cancer death in women.

Risk factors

- Risk increases with age, especially around the time of menopause.
- Family history of ovarian cancer, fallopian tube cancer, primary peritoneal cancer, or premenopausal breast cancer, or a personal history of premenopausal breast cancer.
- Infertility and not bearing children are risk factors, while pregnancy and the use of birth control pills decrease risk.
- Family history of both colon and endometrial cancers: any male family member with breast cancer.
- Ashkenazi Jewish heritage.

Symptoms

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

These symptoms are particularly concerning if they occur almost daily for a few weeks or more. If this happens to you, see a doctor, preferably a gynecologist, and specifically ask about the possibility of ovarian cancer as a cause of your symptoms. If ovarian cancer is suspected or diagnosed, seek care first from a gynecologic oncologist.
The Foundation for Women’s Cancer (FWC) is a 501(c)3 nonprofit organization dedicated to increasing research, education and awareness about gynecologic cancer risk, prevention, early detection and optimal treatment.

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