




FOUNDATION FOR
WOMEN'S CANCER

 Gynecologic Cancer
Awareness • Research • Education

Understanding Ovarian Cancer

A WOMAN'S GUIDE

foundationforwomenscancer.org

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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.

INTRODUCTION

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 questions to be answered, decisions to be made and so much information to be understood.

A team of healthcare professionals will work with you throughout your treatment process. Each of them has an important job, but the most vital member of the team is you. To play an active role during your treatment, it helps to learn as much about ovarian cancer as possible.

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. It will identify the different types of treatment for ovarian cancer. It may also help prepare you to talk with your treatment team and to feel more confident about your treatment plan.

OVARIAN CANCER: AN OVERVIEW

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: (1) epithelial ovarian cancer, (2) germ cell cancer and (3) stromal cell cancer.

Epithelial ovarian cancer is the most common and accounts for 85 percent to 89 percent 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 five percent of ovarian cancers. Germ cell cancers start in the cells that form the eggs in the ovaries. This cancer is usually found in adolescent girls and young women, and usually affects only one ovary. Please visit the foundationforwomenscancer.org for more information.

Equally rare, **stromal cell cancer** starts in the cells that produce female hormones and hold the ovarian tissues together. Again, please visit the foundationforwomenscancer.org for more information.

Familial breast-ovarian cancer syndrome is a common inherited condition that causes 15–20 percent of all ovarian cancers and 5–10 percent 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. For more information about this syndrome, request a copy of the brochure “Links between Ovarian and Breast Cancer” from the Foundation for Women’s Cancer. Contact information for the Foundation can be found on the back cover of this brochure.

RISK FACTORS

Epithelial Ovarian Cancer: Risk increases with age, especially around the time of menopause. A family history of epithelial ovarian cancer, fallopian tube cancer, peritoneal cancer, premenopausal breast cancer and/or male breast cancer is a very important risk factor. Some families affected by colon and endometrial cancer may also have an increased risk. Also, Ashkenazi Jewish women are at increased risk for developing ovarian cancer.

A personal history of premenopausal breast cancer is also an important risk factor. Infertility and not bearing children are also risk factors.

SYMPTOMS

Epithelial Ovarian Cancer: 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 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. These symptoms include fatigue, indigestion, back pain, pain with intercourse, constipation and menstrual irregularities. However, these

other symptoms are not as useful in identifying ovarian cancer because they are also found in equal frequency in women in the general population who do not have ovarian cancer.

It is important to understand that symptoms associated with ovarian cancer are common and often due to other causes. We all have these symptoms from time-to-time, but it does not mean that we have ovarian cancer. Again, if you have these symptoms, and they are new and occur almost daily for more than a few weeks, this could be a sign of ovarian cancer. Seek prompt medical attention, preferably from a gynecologist.

The Foundation for Women's Cancer has a brochure, "Understanding Your Risk of Ovarian Cancer: A Woman's Guide," that discusses both ovarian cancer symptoms and risks. Contact information for the Foundation can be found at the back cover of this brochure.

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.

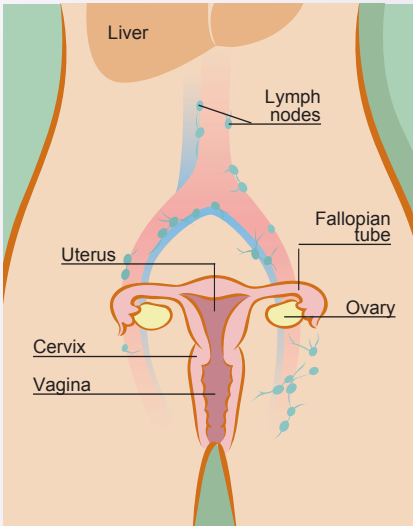
If the exam is normal, it is reasonable to wait 2–3 weeks to see if the symptoms resolve. If they do not, then a transvaginal or pelvic ultrasound should be performed. If an abnormality of the ovaries is found, additional radiographic studies, such as a CT scan or MRI, and a blood test for CA 125, may be performed. CA 125 is elevated in approximately 80 percent of women with advanced stage epithelial ovarian cancer, but elevations can occur for reasons other than ovarian cancer. If you suspect or have been diagnosed with ovarian cancer, it is important to see a gynecologic oncologist. For more information about CA 125, please visit the Foundation for Women's Cancer Web site (foundationforwomenscancer.org) for a brochure entitled "Understanding CA 125 Levels."

SURGICAL STAGING

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 if the cancer has spread. 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.

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. For more information, see the section "Working with Your Treatment Team."

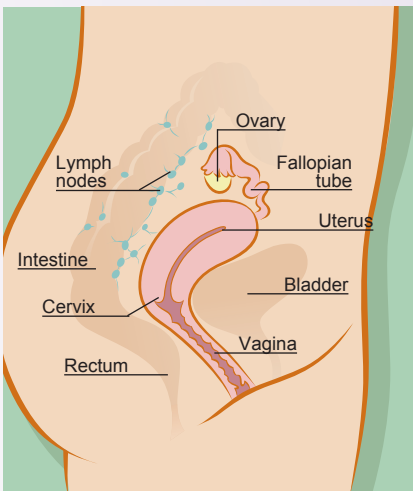
Following surgery, your cancer will be categorized into one of the following stages:



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. 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.

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 (grades 3) the microscopic appearance is greatly altered from normal.

WORKING WITH YOUR TREATMENT TEAM

During your treatment, you will come in contact with many healthcare 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 healthcare professionals listed below.

Ideally, your treatment will be provided and managed by a **gynecologic oncologist**. 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 for ovarian cancer 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. 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. They are very helpful advocates, especially when you are first diagnosed and unsure what to do next.
- **Nutritionist or registered dietician** who are experts in helping you either 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 treatment 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.

TREATMENT

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.

Your specific treatment plan will depend on several factors, including:

- The stage and grade of your cancer
- The size and location of your cancer
- Your age and general health

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 you experience.

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 a small (1/2" to 3/4" incision is made in the belly button or lower abdomen. Laparoscopic surgery sometimes can also be performed on 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.

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. Other possible side effects are:

- 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

Talk with your doctor if you are experiencing any of the side effects listed above.

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. Once there has been shrinkage and your physical condition is improving, surgery is performed usually followed by more chemotherapy.

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. 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

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. For patients this often means fewer serious side effects. Sometimes these targeted therapies are combined with chemotherapy to try to make the chemotherapy more effective.

IMPORTANCE OF PARTICIPATION IN CLINICAL TRIALS

There are many on-going 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 the Gynecologic Oncologist Group (GOG), now known as the NRG Oncology, 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. To read about trials that are currently enrolling patients, visit foundationforwomenscancer.org/clinicaltrials/gog.

ONCE YOU HAVE BEEN TREATED, THEN WHAT?

In general, women are followed 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 PARP inhibitors. This category of drugs is especially effective in patients with BRCA 1 and BRCA 2 mutations. Currently only one PARP inhibitor has received FDA approval for ovarian cancer patients who are 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 BRCA1/2 mutations. This is important information for family members and can guide treatment options for patients.

LIVING WITH CANCER THERAPY

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 healthcare 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.

WORK LIFE

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 healthcare 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.

FACING THE WORLD

The effects of cancer and your cancer treatment may alter your appearance. You may appear fatigued, pale, 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.

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. The timing of your treatments may be able to be adjusted 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 women who drive, 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 healthcare team about driving.

SEXUALITY

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 with them.

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 headwear.
- **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. Your treatment team members 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 or permanent?
- 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. Having 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 through them together. 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. For more information, please visit the Foundation for Women's Cancer Web site (foundationforwomenscancer.org) for a brochure entitled "Renewing Intimacy and Sexuality after Gynecologic Cancer."

Seek support. There are many resources available to help you deal with any sexual or emotional issues you may have as 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 a support group near you, visit the Sisterhood of Survivorship section of the Foundation for Women's Cancer Web site (foundationforwomenscancer.org).

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. It's discouraging, but normal, to have to reduce or interrupt your fitness routine. If you've had surgery, ask your doctor for specific guidelines about exercise. During chemotherapy or radiation, 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.

HOPEFUL MESSAGES

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.

Advance Medical Directives can be a helpful tool for clarifying your medical care wishes. We encourage both patients and families to complete one. Your healthcare team is available for guidance on this matter.

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 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 listed on page 15. Remember you are surrounded by a devoted healthcare team, so let us be at your side.



RESOURCES FOR MORE INFORMATION

American Cancer Society

800.ACS.2345
cancer.org

American College of Obstetricians and Gynecologists

202.863.2518
acog.org
resources@acog.org

CancerCare

800.813.HOPE
cancercare.org
info@cancercare.org

Cancer Support Community

917.305.1200
cancersupportcommunity.org

Centers for Disease Control and Prevention

800.CDC.INFO (800.232.4636)
cdc.gov/cancer
cancerinfo@cdc.gov

EyesOnThePrize.org Support for Gynecologic Cancer

eyesontheprize.org
info@eyesontheprize.org

Force: Facing Our Risk of Cancer Empowered

866.288.RISK
facingourrisk.org
info@facingourrisk.org

Gilda Radner Familial Ovarian Cancer Registry

800.OVARIAN
716.845.4503
ovariancancer.com
gradner@roswellpark.org

Foundation for Women's Cancer

312.578.1439
foundationforwomenscancer.org
info@foundationforwomenscancer.org

Lynne Cohen Foundation for Ovarian Cancer Research

877.OVARY.11
877.682.7911
lynnecohenfoundation.org
info@lcfoer.org

National Cancer Institute Cancer Information Service

800.4.CANCER
cancer.gov/cis
cisinfo@cancer.gov

National Coalition for Cancer Survivorship

301.650.9127
canceradvocacy.org
info@canceradvocacy.org

National Ovarian Cancer Coalition

888.OVARIAN
ovarian.org
nocc@ovarian.org

**Office on Women's Health
Department of Health & Human
Services**
800.994.WOMAN
4woman.gov

Ovarian Cancer Canada
877.413.7970
ovariancancercanada.ca
info@ovariancancercanada.ca

**Ovarian Cancer National
Alliance**
202.331.1332
ovariancancer.org
ocna@ovariancancer.org

**Ovarian Cancer Research
Fund, Inc.**
212.268.1002
800.873.9569
ocrf.org
info@ocrf.org

Patient Advocate Foundation
800.532.5274
patientadvocate.org
info2patientadvocate.org

**SHARE: Self-help for Women
with Breast or Ovarian Cancer**
866.891.2392 (Ovarian Cancer Hotline)
212.719.0364
sharecancersupport.org

TAKE ACTION — TELL A FRIEND!

KNOW YOUR RISK

Women at increased risk include those with:

- Family history of ovarian, fallopian tube, peritoneal or premenopausal breast cancer
- Family history of male breast cancer
- Ashkenazi Jewish ancestry with a history of ovarian, fallopian tube, peritoneal or breast cancer
- Personal history of premenopausal breast cancer
- Family history of both colon and endometrial cancers

KNOW THE SYMPTOMS

Symptoms concerning ovarian cancer include:

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

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, consult a gynecologic oncologist.

- Women treated by gynecologic oncologists are more likely to get appropriate surgery and have higher cure rates.
- To find a gynecologic oncologist in your area, log onto the Foundation for Women's Cancer Women's Cancer website (**foundationforwomenscancer.org**) and enter your zip code in the "Find a Gynecologic Oncologist" section.

Help the Foundation for Women's Cancer Spread the Word

Please consider a donation to the Foundation for Women's Cancer to help us reach more women with these important messages. You can donate online at **foundationforwomenscancer.org**, contact Headquarters at 312.578.1439 or **info@foundationforwomenscancer.org**.

FOUNDATION FOR WOMEN'S CANCER



Gynecologic Cancer
Awareness • Research • Education

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