

# ovarian cancer

**Beginning to understand your  
diagnosis and treatment**

## **Information in this booklet**

- Learning about ovarian cancer
- Your treatment
- Talking with your healthcare team

## Introduction

If you want more information or answers to some questions about ovarian cancer, this booklet is a good place to start.

Talking with your doctors, nurses, and the other medical professionals involved in your care will help you to understand your situation. That's why, as well as giving you information about ovarian cancer, this booklet also suggests questions that you can ask your healthcare team.

*Knowing more about your condition and the treatments you may be offered can help you be actively involved in the important healthcare decisions ahead.*

## Learning about ovarian cancer

### What is cancer?

Cancer is a general word for cells that grow and divide uncontrollably. Usually, cells in your body grow, divide, and organise in an orderly way. But when cancer happens, cells divide over and over again. They grow out of control, live longer than normal and lose their normal function. When they clump together in a mass these rapidly dividing cells are called a tumour, or cancer. Doctors refer to cancer by the part of the body where it starts.

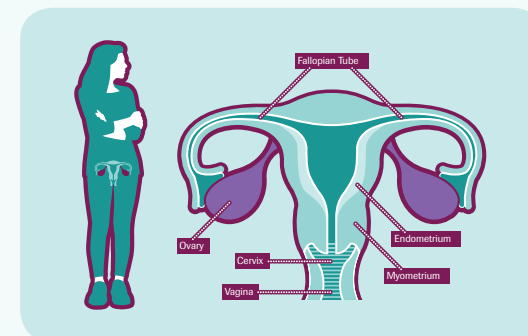
### What is ovarian cancer?

The ovaries are the part of the female reproductive system that produces eggs. Ovarian cancer occurs when cells in the ovary grow and divide uncontrollably. Sometimes, ovarian cancer starts in the cells around the fallopian tubes or endometrium. The majority of women (90%) diagnosed with ovarian cancer have a type of the disease that occurs when cells that form the surface of the ovary divide and grow in an uncontrolled way. This is known as epithelial ovarian cancer. Other types of ovarian cancer develop from the egg-producing cells or the connective tissue around the ovary.

If it is detected at a very early stage ovarian cancer can be completely removed by surgery, which can result in cure. However, the disease is most often diagnosed when the tumour may be large or has spread (metastasised) to other parts of the body. Surgery is also a key treatment in such cases.

Ovarian cancer may be diagnosed late because the woman has no clearly identifiable or specific symptoms of the disease in its early stages. For example, symptoms such as loss of appetite, irregular periods, changes in bowel habit, persistent bloating or abdominal pain may be put down to 'the time of the month' or 'something I ate' or confused with other common stomach and digestive complaints.

**Most women are diagnosed with ovarian cancer when the disease is at stage III or IV (see Table 1)**



|                     | Stage     | Classification   |
|---------------------|-----------|--|
| Early stage disease | Stage I   | Tumour confined to ovaries   |
|                     | Stage II  | Tumour involving one or both ovaries and extending into tissues in the pelvic regions                            |
| Later stage disease | Stage III | Tumour involving one or both ovaries and evidence of spread to the abdominal lining outside of the pelvic region |
|                     | Stage IV  | Most advanced stage when cancer has spread to more distant organs e.g. lungs, liver                              |

**Table 1** The stages of ovarian cancer

## Questions you may want to ask your doctor

What type of ovarian cancer do I have?

What stage is my cancer?

Has my cancer spread to other parts of my body?  
Will this cause more symptoms?

Will I need more tests? If so, what will they involve?

Should my female relatives/sisters/daughter be tested for the cancer?

Use the space below to write down other questions that you have

## Your treatment

Treatment of ovarian cancer is influenced by a number of factors including your age, general health, type and size of the tumour and whether it has spread beyond the ovary.

### What are my treatment options?

Current treatment options involve surgery and chemotherapy. Sometimes radiotherapy is also used. These treatments are generally used in combinations that are tailored to best suit you and your particular diagnosis.

It is important to remember that all treatments involve a balance between benefits and side effects. As you learn more about what each treatment can do and what side effects may occur, you may want to discuss these in detail with your doctor. This will help you and your doctor select the best options at each stage of your treatment.

### Surgery

Surgery is usually used to remove all, or as much as possible, of the cancer. Your doctor will decide on the most appropriate type and extent of surgery for you, depending on the type and size of your cancer and whether it has spread. It is important to discuss all the possible options for surgery with your doctor before your operation because sometimes this information only becomes available during the operation itself.

Surgery can be the first stage of treatment, or it can be used after chemotherapy has been given to shrink the tumour. You may need further surgery if the cancer progresses (gets worse).

### Chemotherapy

Chemotherapy is given at regular intervals over a period of several months with recovery periods between treatments. These are called chemotherapy 'cycles'. Chemotherapy works by killing fast-growing cancer cells or by preventing them from dividing and multiplying. Most normal cells in an adult are not affected by chemotherapy because they grow and divide at a normal rate. Some exceptions are hair forming cells and the cells lining the mouth and stomach.

Most chemotherapy treatments are given intravenously (drip into the veins); some are available in tablet form and can be taken orally. The treatment is likely to be given over a period of a few months, with cycles of treatment followed by time to give the body some rest to regain strength.

There are many different types of chemotherapy medicines and each has a different effect on cancer cells. They are often given in combination with each other to make the treatment more effective. Sometimes additional medicines are needed to help control side effects of chemotherapy.

## Your treatment (continued)

### Radiotherapy

Radiotherapy is the use of high energy radiation to kill cancer cells and shrink tumours. Radiation may come from a machine outside the body - external-beam radiation therapy - or from materials called radioisotopes planted in the body. Radiotherapy is sometimes used as part of a treatment plan for ovarian cancer.

### Other options

A biological therapy that is designed to target a particular aspect of how cancer grows and spreads is emerging as a new option in ovarian cancer treatment. Your doctor may discuss this with you.

Research into ovarian cancer and its treatment is ongoing. Potential new treatment options such as gene therapy and hormone therapy are being tested in clinical trials but what role they may play will not be known for several years. Your doctor may discuss participating in clinical studies of these therapies as part of your treatment plan.

### What can treatment do for me?

For the majority of women diagnosed with ovarian cancer the goals of treatment are to:

- Surgically remove as much of the cancer as possible
- Kill as many cancer cells as possible
- Stop the cancer from progressing
- Help relieve cancer-related symptoms

Depending on the stage of your disease, treatment is either intended to cure you of your cancer or to reduce and stabilise your cancer for as long as possible, while keeping you feeling as well as possible. If one of your treatments stops working or causes uncomfortable side effects, your healthcare team may suggest trying something different. Because every patient is different your healthcare team will make a plan that is designed specifically for you. Your treatment plan may not be the same as other patients you meet because they may have a different type or stage of ovarian cancer.

### Who is likely to be involved in my treatment?

Throughout your treatment you will be supported by a team of specialists that is likely to include:

- A surgeon, usually one who specialises in gynaecological cancers (called a gynaecological oncologist)
- A medical oncologist (decides which chemotherapy to use)
- A radiologist (analyses x-rays and other diagnostic tests such as PET or CT scans)
- A pathologist (analyses tissue samples)

Your team may also include a number of other healthcare professionals such as:

- Specialist nurse (often known as a clinical nurse specialist or CNS)
- Dietician
- Occupational therapist
- Psychologist or counsellor

### What can I do to feel better?

You may be getting medicines to control your cancer, its symptoms and to help manage any treatment-related side effects. There are also some things that you can do for yourself that can help you feel well.

Some ideas are:

- Keep up your relationships – seeing or telephoning your friends and family can keep you in touch with life away from cancer
- Stay active – schedule some things to look forward to, for example a yoga or meditation class
- Take care of yourself – eat healthy foods, even if you don't have much of an appetite
- Get the rest and sleep you need

## Questions you may want to ask your doctor

How long will my treatment last?

Will I be able to continue working during my treatment?

What treatment will I have first?

What can I expect from treatment?

What side effects might there be with the treatments?  
How will you help me cope with them?

What will you do if the treatment doesn't work?

## Questions you may want to ask your doctor

Can you tell me what will happen before, during and after the operation?

Can you tell me what you are going to remove during surgery?

Will I lose my hair during chemotherapy?

I feel very worried about my diagnosis and treatment – do you have any advice about how to manage this?

## Questions you may want to ask your doctor

Are there any other new treatments for my type of ovarian cancer? Are there any clinical studies that I should consider being involved in?

Who should I call at night or weekends if I am worried about the side effects of my treatment?

Could treatment affect my sex life? Will I still be able to have children?

Use the space below to write down other questions that you have

## Talking with your doctor and healthcare team

The treatment of ovarian cancer can be complicated and you may feel that there isn't a lot of time for talking or asking questions during your medical appointments. Don't let this make you feel that you shouldn't ask questions. If at any time you don't understand what is happening or have a concern or query about your illness or your treatment plan you should ask questions. Two questions that can be useful at any stage are:

What is the purpose of this test or treatment?  
Can you explain that more simply?

Asking questions does not mean that you think your healthcare team is not doing a good job. It means that you are taking an active interest in your treatment and that you are working with your healthcare team to get the best possible results.

### Remembering the answers

During some of your healthcare visits you will get a lot of information and it can be very hard to remember all of the details when your appointment is over. It may help you to:

- Bring a family member or a friend to your appointments. Ask them to listen carefully to what is discussed. You can then review with them later what was said.
- Take notes. You can read these again at home and note down extra questions you may have. This booklet has some sample questions and space for you to record the answers.

**Always remember, if you don't understand something that your healthcare team says to you, ask them to explain it again. When you are well informed, you can take better care of yourself.**

### Where to find more information, advice and help about ovarian cancer

*[Country to add contact details for local patient organisations and websites. You must obtain permission from a patient group before including their details]*

Disclaimer: Roche has developed this leaflet as part of its commitment to patients. The content should not be used to inform the treatment decisions of individual patients.

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