



# Ovarian Cancer Early Detection, Diagnosis, and Staging

## Detection and Diagnosis

Catching cancer early often allows for more treatment options. Some early cancers may have signs and symptoms that can be noticed, but that is not always the case.

- [Can Ovarian Cancer Be Found Early?](#)
- [Signs and Symptoms of Ovarian Cancer](#)
- [Tests for Ovarian Cancer](#)

## Stages and Outlook (Prognosis)

After a cancer diagnosis, staging provides important information about the extent of cancer in the body and anticipated response to treatment.

- [Ovarian Cancer Stages](#)
- [Survival Rates for Ovarian Cancer, by Stage](#)

## Questions to Ask About Ovarian Cancer

Here are some questions you can ask your cancer care team to help you better understand your cancer diagnosis and treatment options.

- [What Should You Ask Your Doctor About Ovarian Cancer?](#)

## Can Ovarian Cancer Be Found Early?

Only about 20% of ovarian cancers are found at an early [stage](#). When ovarian cancer is found early, about 94% of patients live longer than 5 years after diagnosis.

# Ways to find ovarian cancer early

## Regular women's health exams

During a pelvic exam, the health care professional feels the ovaries and uterus for size, shape, and consistency. A pelvic exam can be useful because it can find some female cancers at an early stage, but most early ovarian tumors are difficult or impossible to feel. Pelvic exams may, however, help find other cancers or female conditions. Women should discuss the need for these exams with their doctor.

The Pap test is effective in early detection of cervical cancer, but it isn't a test for ovarian cancer. Rarely, ovarian cancers are found through Pap tests, but usually they are at an advanced stage.

## See a doctor if you have symptoms

Early cancers of the ovaries often cause no symptoms. [Symptoms of ovarian cancer](#) can also be caused by other, less serious conditions. By the time ovarian cancer is considered as a possible cause of these symptoms, it usually has already spread. Also, some types of ovarian cancer can rapidly spread to nearby organs. Prompt attention to symptoms may improve the odds of early diagnosis and successful treatment. If you have symptoms similar to those of ovarian cancer almost daily for more than a few weeks, report them right away to your health care professional.

## Screening tests for ovarian cancer

Screening tests and exams are used to detect a disease, like cancer, in people who don't have any symptoms. (For example, a mammogram can often detect breast cancer in its earliest stage, even before a doctor can feel the cancer.)

There has been a lot of research to develop a screening test for ovarian cancer, but there hasn't been much success so far. The 2 tests used most often (in addition to a complete pelvic exam) to screen for ovarian cancer are *transvaginal ultrasound* (TVUS) and the *CA-125* blood test.

- **TVUS (transvaginal ultrasound)** is a test that uses sound waves to look at the uterus, fallopian tubes, and ovaries by putting an ultrasound wand into the vagina. It can help find a mass (tumor) in the ovary, but it can't actually tell if a mass is cancer or benign. When it is used for screening, most of the masses found are not cancer.

- The **CA-125 blood test** measures the amount of a protein called CA-125 in the blood. Many women with ovarian cancer have high levels of CA-125. This test can be useful as a tumor marker to help guide treatment in women known to have ovarian cancer, because a high level often goes down if treatment is working. But checking CA-125 levels has not been found to be as useful as a screening test for ovarian cancer. The problem with using this test for ovarian cancer screening is that high levels of CA-125 is more often caused by common conditions such as endometriosis and pelvic inflammatory disease. Also, not everyone who has ovarian cancer has a high CA-125 level. When someone who is not known to have ovarian cancer has an abnormal CA-125 level, the doctor might repeat the test (to make sure the result is correct) and may consider ordering a transvaginal ultrasound test.

Better ways to screen for ovarian cancer are being researched but currently there are no reliable screening tests. Hopefully, improvements in screening tests will eventually lead to fewer deaths from ovarian cancer.

### **If you're at average risk**

There are no recommended screening tests for ovarian cancer for women who do not have symptoms and are not at high risk of developing ovarian cancer. In studies of women at average risk of ovarian cancer, using TVUS and CA-125 for screening led to more testing and sometimes more surgeries, but did not lower the number of deaths caused by ovarian cancer. For that reason, no major medical or professional organization recommends the routine use of TVUS or the CA-125 blood test to screen for ovarian cancer in women at average risk.

### **If you're at high risk**

Some organizations state that TVUS and CA-125 may be offered to screen women who have a high risk of ovarian cancer due to an [inherited genetic syndrome](#) such as Lynch syndrome, BRCA gene mutations or a strong family history of breast and ovarian cancer. Still, even in these women, it has not been proven that using these tests for screening lowers their chances of dying from ovarian cancer.

### **Screening tests for germ cell tumors/stromal tumors**

There are no recommended screening tests for germ cell tumors or stromal tumors. Some germ cell cancers release certain protein markers such as human chorionic gonadotropin (HCG) and alpha-fetoprotein (AFP) into the blood. After these tumors

have been treated by [surgery](#) and [chemotherapy](#), blood tests for these markers can be used to see if treatment is working and to determine if the cancer is coming back.

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## Signs and Symptoms of Ovarian Cancer

Ovarian cancer may cause several signs and symptoms. Women are more likely to have symptoms if the disease has spread, but even early-stage ovarian cancer can cause them. The most common symptoms include:

- Bloating
- Pelvic or abdominal (belly) pain
- Trouble eating or feeling full quickly
- Urinary symptoms such as urgency (always feeling like you have to go) or frequency (having to go often)

These symptoms are also commonly caused by benign (non-cancerous) diseases and by cancers of other organs. When they are caused by ovarian cancer, they tend to be *persistent* and a *change from normal* for example, they occur more often or are more severe. These symptoms are more likely to be caused by other conditions, and most of them occur just about as often in women who don't have ovarian cancer. But if you have these symptoms more than 12 times a month, see your doctor so the problem can be found and treated if necessary.

Others symptoms of ovarian cancer can include:

- Fatigue (extreme tiredness)
- Upset stomach
- Back pain
- Pain during sex
- Constipation
- Changes in a woman's period, such as heavier bleeding than normal or irregular bleeding
- Abdominal (belly) swelling with weight loss
- [References](#)

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# Tests for Ovarian Cancer

If you have [symptoms](#) that might be due to ovarian cancer, you should see your doctor, who will examine you and may order some tests.

## Physical exam

Your doctor will first take your history and do a physical exam to look for signs of ovarian cancer. Your doctor will likely do a pelvic exam to check for an enlarged ovary, and check for signs of fluid in the abdomen (which is called *ascites*).

If there is reason to suspect you have ovarian cancer based on your symptoms and/or physical exam, your doctor will order some tests to check further.

## Consultation with a specialist

If the results of your pelvic exam or other tests suggest that you have ovarian cancer, you will need a doctor or surgeon who specializes in treating women with this type of cancer. A *gynecologic oncologist* is an obstetrician/gynecologist who is specially trained in treating cancers of the female reproductive system. Treatment by a gynecologic oncologist helps ensure that you get the best kind of surgery for your cancer. It has also been shown to help patients with ovarian cancer live longer. Anyone suspected of having ovarian cancer should see this type of specialist before having surgery.

## Imaging tests

Doctors use imaging tests to take pictures of the inside of your body. Imaging tests can show whether a pelvic mass is present, but they cannot confirm that the mass is a cancer. These tests are also useful if your doctor is looking to see if ovarian cancer has spread (metastasized) to other tissues and organs.

### Ultrasound

[Ultrasound](#) (ultrasonography) is the use of sound waves to create an image on a video

screen. Sound waves are released from a small probe placed in the woman's vagina or on the surface of her abdomen. The sound waves create echoes as they enter the ovaries and other organs. The same probe detects the echoes that bounce back, and a computer translates the pattern of echoes into a picture.

Ultrasound is often the first test done if a problem with the ovaries is suspected. It can be useful finding an ovarian tumor and seeing if it is a solid mass (tumor) or a fluid-filled cyst. It can also be used to get a better look at the ovary to see how big it is and how it looks inside (the internal appearance or complexity). These factors help the doctor decide which masses or cysts are more worrisome.

## **Computed tomography (CT) scans**

The [CT scan](#) is an x-ray test that produces detailed cross-sectional images of your body. Instead of taking one picture, like a conventional x-ray, a CT scanner takes many pictures as it rotates around you. A computer then combines these pictures into an image of a slice of your body. The machine will take pictures of multiple slices of the part of your body that is being studied.

CT scans do not show small ovarian tumors well, but they can see larger tumors, and may be able to see if the tumor is growing into nearby structures. A CT scan may also find enlarged lymph nodes, signs of cancer spread to liver or other organs, or signs that an ovarian tumor is affecting your kidneys or bladder.

CT scans are not usually used to biopsy (see biopsy in the section "Other tests") an ovarian tumor, but they can be used to biopsy a suspected metastasis. For this procedure, called a *CT-guided needle biopsy*, the patient stays on the CT scanning table, while a radiologist moves a biopsy needle toward the location of the mass. CT scans are repeated until the doctors are confident that the needle is within the mass. A fine needle biopsy sample (tiny fragment of tissue) or a core needle biopsy sample (a thin cylinder of tissue about ½ inch long and less than 1/8 inch in diameter) is removed and examined under a microscope.

## **Barium enema x-ray**

This is a test to see if the cancer has invaded the colon (large intestine) or rectum (it is also used to look for colorectal cancer). After taking laxatives the day before, barium sulfate, a chalky substance, is put into the rectum and colon and [x-rays](#) are taken. Because x-rays don't penetrate (go through) barium, the colon and rectum are outlined on the x-rays. This test is rarely used now in women with ovarian cancer. [Colonoscopy](#) may be done instead.

## Magnetic resonance imaging (MRI) scans

[MRI scans](#) also create cross-section pictures of your insides. But MRI uses strong magnets to make the images – not radiation. MRI scans are not used often to look for ovarian cancer. They are particularly helpful to examine the brain and spinal cord.

## Chest x-ray

An [x-ray](#) might be done to determine whether ovarian cancer has spread (metastasized) to the lungs. This spread may cause one or more tumors in the lungs and more often causes fluid to collect around the lungs. This fluid, called a *pleural effusion*, can be seen with chest x-rays as well as other types of scans.

## Positron emission tomography (PET) scan

For a [PET scan](#), radioactive glucose (sugar) is given to look for the cancer. Because cancers use glucose at a higher rate than normal tissues, the radioactivity will tend to concentrate in the cancer. A scanner can spot the radioactive deposits. This test can be helpful in spotting small collections of cancer cells. It is even more valuable when combined with a CT scan (PET/CT scan). In some instances this test has proved useful in finding ovarian cancer that has spread. However, PET scans are expensive and are not always covered by insurance when they are used to look for ovarian cancer.

## Other tests

### Laparoscopy

This procedure uses a thin, lighted tube through which a doctor can look at the ovaries and other pelvic organs and tissues in the area. The tube is inserted through a small incision (cut) in the lower abdomen and sends the images of the pelvis or abdomen to a video monitor. Laparoscopy provides a view of organs that can help plan surgery or other treatments and can help doctors confirm the [stage](#) (how far the tumor has spread) of the cancer. Also, doctors can manipulate small instruments through the laparoscopic incision(s) to perform biopsies.

### Colonoscopy

A [colonoscopy](#) is a way to examine the inside of the large intestine (colon). The doctor looks at the entire length of the colon and rectum with a colonoscope, a thin, flexible,



lighted tube with a small video camera on the end. It is inserted through the anus and into the rectum and the colon. Any abnormal areas seen can be biopsied. This procedure is more commonly used to look for colorectal cancer.

## **Biopsy**

The only way to determine for certain if a growth is cancer is to remove a sample of the growth from the suspicious area and examine it under a microscope. This procedure is called a [\*biopsy\*](#). For ovarian cancer, the biopsy is most commonly done by removing the tumor.

In rare cases, a suspected ovarian cancer may be biopsied during a laparoscopy procedure or with a needle placed directly into the tumor through the skin of the abdomen. Usually the needle will be guided by either ultrasound or CT scan. This is only done if you cannot have surgery because of advanced cancer or some other serious medical condition, because there is concern that a biopsy could spread the cancer.

If you have ascites (fluid buildup inside the abdomen), samples of the fluid can also be used to diagnose the cancer. In this procedure, called *paracentesis*, the skin of the abdomen is numbed and a needle attached to a syringe is passed through the abdominal wall into the fluid in the abdominal cavity. Ultrasound may be used to guide the needle. The fluid is sucked up into the syringe and then sent for analysis to see if it contains cancer cells.

In all these procedures, the tissue or fluid obtained is sent to the laboratory. There it is examined under the microscope by a *pathologist*, a doctor who specializes in diagnosing and classifying diseases by examining cells under a microscope and using other lab tests.

## **Blood tests**

Your doctor will order blood count tests to make sure you have enough red blood cells, white blood cells and platelets (cells that help stop bleeding). There will also be tests to measure your kidney and liver function as well as your general health status. Finally the doctor will order a CA-125 test. Women who have a high CA-125 level are often referred to a gynecologic oncologist, but any woman with suspected ovarian cancer should see a gynecologic oncologist, as well.

Some germ cell cancers can cause elevated blood levels of the tumor markers human chorionic gonadotropin (HCG), alpha-fetoprotein (AFP), and/or lactate dehydrogenase

(LDH). These may be checked if your doctor suspects that your ovarian tumor could be a germ cell tumor.

Some ovarian stromal tumors cause the blood levels of a substance called *inhibin* and hormones such as estrogen and testosterone to go up. These levels may be checked if your doctor suspects that you have this type of tumor.

## Genetic counseling and testing if you have ovarian cancer

If you have been diagnosed with an epithelial ovarian cancer, your doctor will likely recommend that you get genetic counseling to help you decide if you should be tested for certain [inherited gene changes](#), such as a mutation in the *BRCA1* or *BRCA2* gene. Some ovarian cancers are linked to mutations in these or other genes.

Genetic testing to look for inherited mutations can be helpful in several ways:

- If you are found to have a gene mutation, you might be more likely to get other types of cancer as well, so you might benefit from doing what you can to lower your risk of these cancers, as well as having tests to find them early.
- If you have a gene mutation, your family members (blood relatives) might also have it, so they can decide if they want to be tested to learn more about their cancer risk.
- If you have a *BRCA1* or *BRCA2* mutation, at some point you might benefit from treatment with [targeted drugs](#) called *PARP inhibitors*.

You may have heard about some home-based genetic tests. There is a concern that these tests are promoted by companies without giving full information. For example, a test for a small number of [BRCA1 and BRCA2 gene mutations](#) has been approved by the FDA. However, there are more than 1,000 known BRCA mutations, and the ones included in the approved test are not the most common ones. This means there are many BRCA mutations that would not be detected by this test.

A genetic counselor or other qualified medical professional can help you understand the pros, cons, and possible limits of what genetic testing can tell you. This can help you decide if testing is right for you, and which testing is best.

To learn more about some of the pros and cons of genetic testing, see [Should I Get Genetic Testing for Cancer Risk?](#)

- [References](#)

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## Ovarian Cancer Stages

After a woman is diagnosed with ovarian cancer, doctors will try to figure out if it has spread, and if so, how far. This process is called *staging*. The stage of a cancer describes how much cancer is in the body. It helps determine how serious the cancer is and how best to treat it. Doctors also use a cancer's stage when talking about survival statistics.

Ovarian cancer stages range from stage I (1) through IV (4). As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage IV, means cancer has spread more. Although each person's cancer experience is unique, cancers with similar stages tend to have a similar outlook and are often treated in much the same way.

One of the goals of surgery for ovarian cancer is to take tissue samples for diagnosis and staging. To stage the cancer, samples of tissues are taken from different parts of the pelvis and abdomen and examined in the lab.

### How is the stage determined?

The 2 systems used for staging ovarian cancer, the **FIGO (International Federation of Gynecology and Obstetrics) system** and the **AJCC (American Joint Committee on Cancer) TNM staging system** are basically the same.

They both use 3 factors to stage (classify) this cancer :

- The extent (size) of the **tumor (T)**: Has the cancer spread outside the ovary or fallopian tube? Has the cancer reached nearby pelvic organs like the uterus or bladder?
- The spread to nearby **lymph nodes (N)**: Has the cancer spread to the lymph nodes in the pelvis or around the aorta (the main artery that runs from the heart down along the back of the abdomen and pelvis)? Also called para-aortic lymph nodes.

- The spread (**metastasis**) to distant sites (**M**): Has the cancer spread to fluid around the lungs (malignant pleural effusion) or to distant organs such as the liver or bones?

Numbers or letters after T, N, and M provide more details about each of these factors. Higher numbers mean the cancer is more advanced. Once a person's T, N, and M categories have been determined, this information is combined in a process called *stage grouping* to assign an overall stage.

The staging system in the table below uses the pathologic stage (also called the surgical stage). It is determined by examining tissue removed during an operation. This is also known as **surgical staging**. Sometimes, if surgery is not possible right away, the cancer will be given a clinical stage instead. This is based on the results of a physical exam, biopsy, and imaging tests done **before** surgery. For more information see [Cancer Staging](#).

The system described below is the most recent AJCC system effective January 2018. It is the staging system for ovarian cancer, fallopian tube cancer, and primary peritoneal cancer.

Cancer staging can be complex, so ask your doctor to explain it to you in a way you understand.

AJCC Stage	Stage grouping	FIGO Stage	Stage description*
I	T1 N0 M0	I	The cancer is only in the ovary (or ovaries) or fallopian tube(s) (T1). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
IA	T1a N0 M0	IA	The cancer is in one ovary, and the tumor is confined to the inside of the ovary; or the cancer is in in one fallopian tube, and is only inside the fallopian tube. There is no cancer on the outer surfaces of the ovary or fallopian tube. No cancer cells are found in the fluid (ascites) or washings from the abdomen and pelvis (T1a). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
IB	T1b N0 M0	IB	The cancer is in both ovaries or fallopian tubes but not on their outer surfaces. No cancer cells are found in the fluid (ascites) or washings from the abdomen and pelvis (T1b). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
IC	T1c N0 M0	IC	The cancer is in one or both ovaries or fallopian tubes and any of the following are present: <ul style="list-style-type: none"> <li>• The tissue (capsule) surrounding the tumor broke during surgery, which could allow cancer cells to leak into the abdomen and</li> </ul>

			<p>pelvis (called <b>surgical spill</b>). This is stage <b>IC1</b>.</p> <ul style="list-style-type: none"> <li>• Cancer is on the outer surface of at least one of the ovaries or fallopian tubes <b>or</b> the capsule (tissue surrounding the tumor) has ruptured (burst) before surgery (which could allow cancer cells to spill into the abdomen and pelvis). This is stage <b>IC2</b>.</li> <li>• Cancer cells are found in the fluid (ascites) or washings from the abdomen and pelvis. This is stage <b>IC3</b>.</li> </ul> <p>It has not spread to nearby lymph nodes (N0) or to distant sites (M0).</p>
II	T2 N0 M0	II	The cancer is in one or both ovaries or fallopian tubes and has spread to other organs (such as the uterus, bladder, the sigmoid colon, or the rectum) within the pelvis <b>or</b> there is primary peritoneal cancer (T2). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
IIA	T2a N0 M0	IIA	The cancer has spread to or has invaded (grown into) the uterus or the fallopian tubes, or the ovaries. (T2a). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
IIB	T2b N0 M0	IIB	The cancer is on the outer surface of or has grown into other nearby pelvic organs such as the bladder, the sigmoid colon, or the rectum (T2b). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
IIIA1	T1 or T2 N1 M0	IIIA1	The cancer is in one or both ovaries or fallopian tubes, <b>or</b> there is primary peritoneal cancer (T1) and it may have spread or grown into nearby organs in the pelvis (T2). It has spread to the retroperitoneal (pelvic and/or para-aortic) lymph nodes only. It has not spread to distant sites (M0).
IIIA2	T3a N0 or N1 M0	IIIA2	The cancer is in one or both ovaries or fallopian tubes, <b>or</b> there is primary peritoneal cancer and it has spread or grown into organs outside the pelvis. During surgery, no cancer is visible in the abdomen (outside of the pelvis) to the naked eye, but tiny deposits of cancer are found in the lining of the abdomen when it is examined in the lab (T3a). The cancer might or might not have spread to retroperitoneal lymph nodes (N0 or N1), but it has not spread to distant sites (M0).
IIIB	T3b N0 or N1 M0	IIIB	There is cancer in one or both ovaries or fallopian tubes, <b>or</b> there is primary peritoneal cancer and it has spread or grown into organs outside the pelvis. The deposits of cancer are large enough for the surgeon to see, but are no bigger than 2 cm (about 3/4 inch) across. (T3b). It may or may not have spread to the retroperitoneal lymph nodes (N0 or N1), but it has not spread to the inside of the liver or spleen or to distant sites (M0).
IIIC	T3c	IIIC	The cancer is in one or both ovaries or fallopian tubes, <b>or</b> there is

	N0 or N1 M0		primary peritoneal cancer and it has spread or grown into organs outside the pelvis. The deposits of cancer are larger than 2 cm (about 3/4 inch) across and may be on the outside (the capsule) of the liver or spleen (T3c). It may or may not have spread to the retroperitoneal lymph nodes (N0 or N1), but it has not spread to the inside of the liver or spleen or to distant sites (M0).
IVA	Any T Any N M1a	IVA	Cancer cells are found in the fluid around the lungs (called a malignant pleural effusion) with no other areas of cancer spread such as the liver, spleen, intestine, or lymph nodes outside the abdomen (M1a).
IVB	Any T Any N M1b	IVB	The cancer has spread to the inside of the spleen or liver, to lymph nodes other than the retroperitoneal lymph nodes, and/or to other organs or tissues outside the peritoneal cavity such as the lungs and bones (M1b).

\* The following additional categories are not described in the table above:

- **TX:** Main tumor cannot be assessed due to lack of information
- **T0:** No evidence of a primary tumor.
- **NX:** Regional lymph nodes cannot be assessed due to lack of information.
- [References](#)

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## Survival Rates for Ovarian Cancer, by Stage

Survival rates tell you what percentage of people with the same type and stage of cancer are still alive a certain length of time (usually 5 years) after they were diagnosed. These numbers can't tell you how long you will live, but they may help give you a better understanding about how likely it is that your treatment will be successful. Some people will want to know the survival rates for their cancer type and stage, and some people won't. If you don't want to know, you don't have to.

## What is a 5-year survival rate?

Statistics on the outlook for a certain type and stage of cancer are often given as 5-year survival rates, but many people live longer – often much longer – than 5 years. The 5-year survival rate is the percentage of people who live at least 5 years after being diagnosed with cancer. For example, a 5-year survival rate of 90% means that an estimated 90 out of 100 people who have that cancer are still alive 5 years after being diagnosed.

**Relative survival rates** are a more accurate way to estimate the effect of cancer on survival. These rates compare people with cancer to people in the overall population. For example, if the 5-year relative survival rate for a specific type and stage of cancer is 90%, it means that people who have that cancer are, on average, about 90% as likely as people who don't have that cancer to live for at least 5 years after being diagnosed.

But remember, survival rates are estimates – your outlook can vary based on a number of factors specific to you.

## Cancer survival rates don't tell the whole story

Survival rates are often based on previous outcomes of large numbers of people who had the disease, but they can't predict what will happen in any particular person's case. There are a number of limitations to remember:

- The numbers below are among the most current available. But to get 5-year survival rates, doctors look at people who were treated at least 5 years ago. As treatments are improving over time, people who are now being diagnosed with ovarian cancer may have a better outlook than these statistics show.
- These statistics are based on the stage of the cancer when it was first diagnosed. They do not apply to cancers that come back later or spread, for example.
- Besides the cancer stage, many other factors can affect a person's outlook, such as age and overall health, and how well the cancer responds to treatment.

Your doctor can tell you how these numbers may apply to you, as he or she is familiar with the aspects of your particular situation.

For all types of ovarian cancer, the 5-year relative survival is 47%. Women diagnosed when they are younger than 65 do better than older women. If ovarian cancer is found (and treated) before the cancer has spread outside the ovary (stages IA and IB), the 5-year relative survival rate is 92%. However, only 15% of all ovarian cancers are found at this early stage.

The survival rates given below are for the different types of ovarian cancer. They come from the National Cancer Institute, SEER Data Base and are based on patients diagnosed from 2007 to 2013. These numbers are based on a previous version of the staging system (6th edition of the American Joint Committee on Cancer), which had different stages.

## **Invasive epithelial ovarian cancer**

### **Stage Relative 5-Year Survival Rate**

I	78%
IA	93%
IB	91%
IC	84%
II	61%
IIA	82%
IIB	72%
IIC	67%
III	28%
IIIA	63%
IIIB	53%
IIIC	41%
IV	19%

## **Ovarian stromal tumors**

### **Stage Relative 5-yr Survival Rate**

I	99%
II	79%
III	63%
IV	36%

## **Germ cell tumors of the ovary**



### Stage Relative 5-yr Survival Rate

I	98%
II	90%
III	87%
IV	64%

### Fallopian tube carcinoma

#### Stage Relative 5-yr Survival Rate

I	93%
II	87%
III	50%
IV	30%

- [References](#)

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## What Should You Ask Your Doctor About Ovarian Cancer?

It is important for you to have honest, open discussions with your cancer care team. They want to answer all of your questions, no matter how trivial you might think they are. Here are some questions to consider:

- What type of ovarian cancer do I have?
- Has my cancer spread beyond the ovaries?
- What are the cell type, microscopic grade, and stage of my cancer? What does that mean?
- What treatments do you recommend for me? Why?
- What risks or side effects should I expect?
- What are the chances my cancer will recur (come back) with the treatments we have discussed?
- What should I do to be ready for treatment?
- Should I follow a special diet?
- Will I be able to have children after my treatment?
- What is my expected prognosis?
- Will I lose my hair?
- What do I tell my children, husband, parents, and other family members?
- Should I think about [genetic testing](#)? What are my testing options? Should I take a home-based genetic test? What would the pros and cons of testing be?

In addition to these sample questions, be sure to write down some of your own. For instance, you might want specific information about anticipated recovery times so that you can plan your work schedule. You may also want to ask about [second opinions](#) or about [clinical trials](#) for which you may qualify.

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