



After Ovarian Cancer Treatment

Living as a Cancer Survivor

For many people, cancer treatment often raises questions about next steps as a survivor.

- [Living as an Ovarian Cancer Survivor](#)

Cancer Concerns After Treatment

Treatment may remove or destroy the cancer, but it is very common to have questions about cancer coming back or treatment no longer working.

- [Second Cancers After Ovarian Cancer](#)

Living as an Ovarian Cancer Survivor

For some people with ovarian cancer, treatment may remove or destroy the cancer. Completing treatment can be both stressful and exciting. You will be relieved to finish treatment, yet it is hard not to worry about cancer coming back. (When cancer returns, it is called *recurrence*.) This is very common if you've had cancer.

For other people, ovarian cancer never goes away completely. Some women may be treated with [chemotherapy](#) on and off for years. Learning to live with cancer that does not go away can be difficult and very stressful.

Life after ovarian cancer means returning to some familiar things and also making some new choices.

Follow up care

Ask your doctor for a survivorship care plan

Talk with your doctor about developing a survivorship care plan for you. This plan might include:

- A suggested schedule for follow-up exams and tests
- A schedule for other tests you might need in the future, such as early detection (screening) tests for other types of cancer, or tests to look for long-term health effects from your cancer or its treatment
- A list of possible late- or long-term side effects from your treatment, including what to watch for and when you should contact your doctor
- Diet and physical activity suggestions
- Reminders to keep your appointments with your primary care provider (PCP) who will monitor your general health care, including your cancer screening tests.

Typical Follow-up schedules after ovarian cancer

Even if you have completed treatment, you will likely have follow-up visits with your doctor for many years. It is very important to go to all of your follow-up appointments. During these visits, your doctors will ask questions about any problems you may have and may do exams and lab tests or x-rays and scans to look for signs of cancer or treatment side effects.

Some cancer treatmentside effects may last a long time or might not even show up until years after you have finished treatment. Your doctor visits are a good time to ask questions and talk about any changes or problems you notice or concerns you have.

To some extent, the frequency of follow up visits and tests will depend on the [stage](#) of your cancer and the chance of it coming back.

Doctor visits

Your doctor will probably recommend you have a physical exam and pelvic exam every 2 to 4 months for the first couple of years after treatment, then every 3-6 months or so for the next few years.

Imaging tests

Whether or not your doctor recommends imaging tests will depend on the stage of your

cancer and other factors. CT scans, MRIs or PET scans may be done depending on any symptoms or other concerning signs.

Blood tests for tumor markers

Follow-up for ovarian cancer usually includes blood tests for tumor markers or hormones that help recognize recurrence. The choice of which blood tests to do depends on the type of cancer a woman has.

- For epithelial ovarian cancer, CA-125 is the tumor marker used most often to check for recurrence. But it is not clear if checking for CA-125 levels and treating you before you have symptoms will help you live longer. Treatment based only on CA-125 levels and not symptoms can increase side effects, so it is important to discuss the pros and cons of CA-125 monitoring and quality of life with your doctor. Tests for other tumor markers, such as CA 19-9, CEA, and HE-4, are used most often for women whose CA-125 levels never went up.
- For germ cell tumors, blood is tested for alpha-fetoprotein (AFP) and/or human chorionic gonadotropin (HCG).
- For stromal cancers, checking levels of hormones like estrogen, testosterone, and inhibin is sometimes helpful.

Keeping health insurance and copies of your medical records

Even after treatment, it's very important to keep [health insurance](#). Tests and doctor visits cost a lot, and even though no one wants to think of their cancer coming back, this could happen.

At some point after your cancer treatment, you might find yourself seeing a new doctor who doesn't know about your medical history. It's important to keep copies of your medical records to give your new doctor the details of your diagnosis and treatment. Learn more in [Keeping Copies of Important Medical Records](#).

Can I lower my risk of the ovariancancer progressing or coming back?

If you have (or have had) ovarian cancer, you probably want to know if there are things you can do that might lower your risk of the cancer growing or coming back, such as exercising, eating a certain type of diet, or taking nutritional supplements. Unfortunately,

it's not yet clear if there are things you can do that will help.

Adopting healthy behaviors such as [not smoking](#), [eating well](#), [getting regular physical activity](#), and [staying at a healthy weight](#) might help, but no one knows for sure. However, we do know that these types of changes can have positive effects on your health that can extend beyond your risk of ovarian cancer or other cancers.

About dietary supplements

So far, no [dietary supplements](#) (including vitamins, minerals, and herbal products) have been shown to clearly help lower the risk of ovarian cancer progressing or coming back. This doesn't mean that no supplements will help, but it's important to know that none have been proven to do so.

Dietary supplements are not regulated like medicines in the United States – they do not have to be proven effective (or even safe) before being sold, although there are limits on what they're allowed to claim they can do. If you're thinking about taking any type of nutritional supplement, talk to your health care team. They can help you decide which ones you can use safely while avoiding those that might be harmful.

If the cancer comes back

If the cancer does recur at some point, your treatment options will depend on where the cancer is located, what treatments you've had before, and your health.

For more general information on recurrence, you may also want to see [Understanding Recurrence](#).

Could I get a second cancer after ovarian cancer treatment?

People who've had ovarian cancer can still get other cancers. Ovarian cancer survivors are at higher risk for getting some other types of cancer. Learn more in [Second Cancers After Ovarian Cancer](#).

Getting emotional support

Some amount of feeling depressed, anxious, or worried is normal when cancer is a part

of your life. Some people are affected more than others. But everyone can benefit from help and support from other people, whether friends and family, religious groups, support groups, professional counselors, or others. Learn more in [Life After Cancer](#).

- [References](#)

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Second Cancers After Ovarian Cancer

Cancer survivors can be affected by a number of health problems, but often their greatest concern is facing cancer again. If a cancer comes back after treatment it is called a “recurrence.” But some cancer survivors may develop a new, unrelated cancer later. This is called a “second cancer.” No matter what type of cancer you have had, it is still possible to get another (new) cancer, even after surviving the first.

Unfortunately, being treated for cancer doesn't mean you can't get another cancer. People who have had cancer can still get the same types of cancers that other people get. In fact, certain types of cancer and cancer treatments can be linked to a higher risk of certain second cancers.

Survivors of ovarian cancer can get any type of second cancer, but they have an increased risk of:

- [Colon cancer](#)
- [Rectal cancer](#)
- [Small intestine cancer](#)
- [Cancer of the renal pelvis](#) (part of the kidney)
- [Breast cancer](#)
- [Bladder cancer](#)
- [Bile duct cancer](#)
- [Melanoma of the eye](#)
- [Acute leukemia](#)

Women treated with radiation therapy also have an increased risk of [soft tissue cancer](#) and possibly [pancreas cancer](#).

The increased risk of leukemia is linked to treatment with chemotherapy. The main drugs linked with leukemia risk are platinum agents (like cisplatin and carboplatin) and alkylating agents (like cyclophosphamide and ifosfamide). The risk increases as the total dose of these drugs increases, but the overall risk is still low.

Genetic factors that may have caused ovarian cancer in the first place may also add to the risk of breast and colorectal cancers. For example, women with mutations in the *BRCA* genes have a high risk of both ovarian and breast cancer, as well as some other cancers. Women with the inherited disorder called hereditary non-polyposis colorectal cancer (HNPCC, also called Lynch syndrome), have a high risk of colon, rectum, small intestine, and renal pelvis cancers, as well as ovarian and other cancers.

Other risk factors for ovarian and breast cancer that overlap may also help explain some of the increased risk of breast cancer in ovarian cancer survivors.

Studies have shown that the risk of developing solid tumors is higher during all follow-up periods after ovarian cancer.

See [Second Cancers in Adults](#) for more information about causes of second cancers.

- [References](#)

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