Ovarian Cancer in the US

Ovarian cancer ranks fifth in cancer deaths among women, accounting for more deaths than any other cancer of the female reproductive system. It is more common in White women than African American women. The incidence of ovarian cancer has been slowly falling over the past 20 years.

Types of Ovarian Cancer

About 90% of ovarian cancers are epithelial. Most of them are high-grade serous tumors, which have the fewest established risk factors and the worst prognosis. Other less common epithelial ovarian tumor types include mucinous, endometrioid, and clear cell.

Risk Factors

Age – The risk of developing ovarian cancer increases with age. Ovarian cancer is rare in women younger than age 40 and most often develops after menopause. About half of women diagnosed with ovarian cancer are age 63 or older.

Family history of ovarian, breast, or colorectal cancer – About 20% of women with ovarian cancer have an inherited gene mutation. Hereditary breast and ovarian cancer (HBOC) syndrome is caused by BRCA1 and BRCA2 mutations and is about 10 times more common in women of Ashkenazi Jewish descent.

Lynch syndrome or hereditary non-polyposis colorectal cancer (HNPCC) can involve various gene mutations and increases the risk for ovarian and multiple other cancers. Other syndromes associated with ovarian cancer include Peutz-Jeghers syndrome and MUTYH-associated polyposis.

Excess body weight – Studies suggest heavier body weight (BMI of at least 30) may increase risk and negatively affect survival.

Hormone therapy after menopause – Women using estrogen alone or with progesterone after menopause have an increased risk of developing ovarian cancer compared to women who have never used hormones.

Personal history of breast cancer – Women who have had breast cancer may have an increased risk for ovarian cancer.

Personal history of endometrosis or pelvic inflammatory disease can increase the risk of ovarian cancer.

Smoking is linked to an increased risk for mucinous ovarian tumors.

Reproductive history – Having at least one full-term pregnancy can decrease the risk of ovarian cancer.

Screening and Detection

Screening is a process used to test for cancer in people who have no symptoms. The American Cancer Society does not have recommended screening guidelines for ovarian cancer. Studies to identify effective screening tests are underway. In addition to a complete pelvic exam, clinicians may consider offering a transvaginal ultrasound (TVUS) and the CA-125 blood test for high-risk patients.

Signs and Symptoms

Ovarian cancer presents unique concerns because early disease often has no symptoms. Therefore, it’s difficult to detect at an early stage, when treatment is likely to be most effective. Clinicians should regularly assess for persistent signs and symptoms, including:

- Back pain
- Bloating
- Pelvic or abdominal pain
- Difficulty eating or early satiety
- Urinary symptoms such as urgency or frequency
- Abdominal distension with ascites
**Prevention** \(^1, 2\)

More research is needed to understand known and additional risk factors and their link to ovarian cancer. Patient education should include a discussion of personal and family medical history. Some patients with hereditary risk factors might benefit from meeting with a certified genetic counselor to better understand their risk and help make an informed decision about having genetic testing.

Using oral contraceptives can decrease the risk of ovarian cancer, especially if used for several years. People at high risk of ovarian cancer might consider preventive surgery to remove both ovaries and fallopian tubes, which can reduce risk of ovarian cancer.

**Treatment** \(^2, 3\)

Treatment is based on the tumor type, stage, characteristics, and additional patient factors, such as age, health, and preferences. Surgery, targeted therapy, and chemotherapy – either in combination or alone – are common treatments used for ovarian cancer. Chemotherapy given directly into the abdomen (intraperitoneal chemotherapy) might also be helpful.

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**Ovarian cancer in the US:**

**2022 estimates** \(^1\)

- **New cases:** 19,880
- **Deaths:** 12,810
- **5-year relative survival rate for localized stage epithelial ovarian cancer:** 93%
- **5-year relative survival rate for all stages combined epithelial ovarian cancer:** 49%

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**Quality of Life** \(^3, 5\)

Common issues affecting quality of life for people with ovarian cancer include fear of recurrence; pain; ascites; early menopause; loss of fertility; change in body image; intimacy issues; depression; sleep difficulties; fatigue; and the burden their cancer may have on finances and loved ones.

A cancer diagnosis can profoundly impact quality of life. Clinicians should assess for any physical, social, psychological, spiritual, and financial issues and make referrals where appropriate. Integrating palliative care can help manage symptoms, address issues, and improve quality of life. It can be offered at any time, from diagnosis until the end of life. Hospice care is appropriate for people with limited life expectancy. Studies show people with ovarian cancer are generally very concerned about end-of-life issues due to the low survival rate for ovarian cancer.

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**References**


