



Ovarian Cancer Fact Sheet

for Health Care Professionals



Ovarian Cancer in the US^{1, 2}

Ovarian cancer diagnoses have been slowly falling over the past few decades. However, it is still one of the leading causes of cancer deaths among women.

Types of Ovarian Cancer^{1, 2}

About 90% of ovarian cancers are epithelial. Most of these epithelial tumors are high-grade serous tumors, that are thought to develop in cells at the end of the fallopian tubes, and have a poor prognosis. Other less common epithelial ovarian tumor types include mucinous, endometrioid, and clear cell.

Risk Factors^{1, 2}

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.

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

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

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

Personal history of endometriosis or pelvic inflammatory disease: A personal history of endometriosis or pelvic inflammatory disease can increase the risk of ovarian cancer.

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

Reproductive history: Not having children, having a first child after age 35, or having a long menstrual history with early menarche and/or late menopause can increase the risk of ovarian cancer.

Height: Women who are tall may have an increased risk for ovarian cancer.

Screening and Detection^{1, 2}

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 people who are at high risk for ovarian cancer. However, this has not been shown to reduce mortality and is associated with serious harms including surgery in cases when no cancer is present (false-positive).

Signs and Symptoms^{1, 2}

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 people 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 the risk of ovarian cancer. Women at average risk who are having pelvic surgery for other medical reasons may choose to have their fallopian tubes removed (opportunistic salpingectomy), as this may also decrease ovarian cancer risk.

Increasing evidence suggests that regular aspirin use is associated with a decreased risk of ovarian cancer, however, this can have serious health effects. There is limited evidence suggesting a link between talc and an increased risk of ovarian cancer, although contamination of talc-containing products with asbestos remains a major concern in this association.

References

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2. American Cancer Society. *Ovarian Cancer* 2025. Accessed at <https://www.cancer.org/cancer/ovarian-cancer.html> on January 23, 2025.
3. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology (NCCN Guidelines). Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer, Version 3.2024. Accessed at https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf on January 23, 2025.
4. Edwards RL, Taylor RA, Bakitas MA. Integration of palliative care. In: Haylock PJ, Curtiss CP, eds. *Cancer Survivorship: Interprofessional, Patient-Centered Approaches to the Seasons of Survival*. Oncology Nursing Society; 2019: 137-151.

Ovarian Cancer in the US:

2025 estimates¹

- New cases: 20,890
- Deaths: 12,730
- 5-year relative survival rate for localized-stage ovarian cancer: 92%
- 5-year relative survival rate for all stages combined ovarian cancer: 51%

Treatment^{2, 3}

Treatment options are based on the tumor subtype, stage, and molecular characteristics, along with patient comorbidities. Surgery, radiation therapy, chemotherapy, targeted therapy, and immunotherapy drugs, either in combination or alone, are common treatments that might be used. Visit cancer.org/cancer/ovarian-cancer to learn more about treatment options for the different types of ovarian cancer.

Quality of Life^{3, 4}

Common issues affecting quality of life for women with ovarian cancer include fear of recurrence, concerns about side effects (including pain, ascites, depression, sleep difficulties, fatigue, early menopause, and loss of fertility), intimacy issues, change in body image, and the burden 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.** 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.

