

Frequently Asked Questions

Overview

What is cancer?

Normal cells in the body grow, divide, and are replaced on a routine basis. Sometimes, cells divide abnormally and begin to grow out of control. These cells may form growths or tumors.

Tumors can be benign (not cancer) or malignant (cancer). Benign tumors do not spread to other body tissues. Malignant tumors can invade and destroy nearby healthy tissues and organs. Cancer cells can also spread to other parts of the body and form new cancerous areas.

What is ovarian cancer?

Ovarian cancer is cancer that affects one or both **ovaries**. Ovarian cancer is not common. But because ovarian cancer often goes undetected until it is in an advanced stage, it is the number one cause of deaths from gynecologic cancer in the United States.

What is the most common type of ovarian cancer?

Ovarian cancer can develop on the surface of the ovary or from tissues inside the ovary. There are three main types of ovarian cancer. The type that develops on the surface of

the ovary, epithelial ovarian cancer, is the most common type. About 9 in 10 cases of ovarian cancer involve epithelial tumors. This page discusses epithelial ovarian cancer.

What are the stages and grades of ovarian cancer?

Stage refers to the size of a tumor and whether cancer cells have spread to other parts of the body. Ovarian cancer has four stages:

- Stage I—The earliest stage. Cancer is found in one or both ovaries.
- Stage II—Cancer is found in the pelvic region.
- Stage III—Cancer has spread to areas of the abdomen.
- Stage IV—The most advanced stage. Cancer has spread beyond the abdomen to other parts of the body, such as the lungs.

Grade refers to how abnormal cancer cells look under a microscope. Ovarian tumors are graded as low-grade or high-grade. Low-grade tumors look the most like normal ovarian tissue. High-grade tumors look the least like normal ovarian tissue.

The stage and grade of ovarian cancer help guide treatment decisions.

Researchers now believe that some high-grade tumors may develop in a [fallopian tube](#) and travel to an ovary. More research is needed in this area.

Risk Factors and Symptoms

What are the risk factors for ovarian cancer?

Certain risk factors are associated with epithelial ovarian cancer. These risk factors include the following:

- Age older than 55
- Family history of breast cancer, ovarian cancer, colon cancer, or endometrial cancer (cancer of the lining of the [uterus](#))
- Personal history of breast cancer
- [Mutations](#) in [BRCA1](#) and [BRCA2](#) genes
- Never having had children

- Infertility
- Endometriosis
- Lynch syndrome

Another risk factor is a strong family history of ovarian and breast cancer. [Hereditary breast and ovarian cancer \(HBOC\)](#) syndrome is an inherited risk of breast cancer, ovarian cancer, and other types of cancer. HBOC syndrome is most commonly linked to mutations in two genes called *BRCA1* and *BRCA2*. As many as 24 in 100 cases of ovarian cancer are due to mutations in *BRCA1* and *BRCA2*.

There are other genes that may cause ovarian cancer too. These genes include *BRIP1*, *RAD1C*, and *RAD51D*. For these reason, health care professionals may recommend genetic testing that looks for mutations in several genes at once. This is called [multigene panel testing](#).

How does age affect my risk of ovarian cancer?

Ovarian cancer can occur at any age, but the risk increases as you get older. Most cases occur after [menopause](#) in women age 55 to 64. Ovarian cancer is much less common in pre-menopausal women.

What are the symptoms of ovarian cancer?

If you have any of the following symptoms, especially if you have them for more than 12 days per month, contact your [obstetrician–gynecologist \(ob-gyn\)](#) or other health care professional:

- Bloating or an increase in abdominal size
- Pelvic or abdominal pain
- Difficulty eating or feeling full quickly
- Urinary symptoms (frequency and urgency)

Other symptoms can include vaginal bleeding, especially after menopause, and a change in bowel habits. Having these symptoms does not mean that you have ovarian cancer, but it is a good idea to find out what is causing them.

Be alert to any changes in your body and discuss them with your health care professional. The earlier that ovarian cancer is diagnosed, the more likely that treatment will be successful.

Diagnosis and Treatment

Is there a screening test for ovarian cancer?

A screening test is a test that is done when no symptoms are present. Examples of screening tests are [colonoscopy](#) for colorectal cancer and the [Pap test](#) for cervical cancer. Currently, there is no screening test for ovarian cancer.

There are tests marketed to consumers as ovarian cancer screening tests. These tests are not accurate and not reliable for screening women who do not have symptoms of ovarian cancer. These tests have not been approved by the U.S. Food and Drug Administration (FDA) and should be avoided.

[\[Can I get a CA 125 test to make sure I don't have ovarian cancer?\]](#)

How is ovarian cancer diagnosed?

If you have frequent or persistent symptoms of ovarian cancer, you may have a physical exam, including a [pelvic exam](#). An imaging test of the ovaries, such as a [transvaginal ultrasound exam](#), may be done.

If a growth is found on an ovary, your health care professional may recommend a blood test to measure your [CA 125](#) level. CA 125 is a protein in the blood. The level of CA 125 is sometimes increased in women with ovarian cancer.

Results of these tests are used to assess the likelihood that the growth is cancer. Test results also guide the next steps in evaluation.

Based on your age and symptoms, other tests such as a colonoscopy, [computed tomography \(CT\)](#), [magnetic resonance imaging \(MRI\)](#), and chest X-ray may be done. These tests can show if there is cancer in other areas of the body.

What if I have a growth but no symptoms?

Sometimes a growth is found during a routine pelvic exam, and an ultrasound exam is done to find out more. If the growth does not have the appearance of cancer and you do not have symptoms, the chance that you have cancer is low.

Periodic ultrasound exams may be recommended to see if the growth changes in size or appearance. Often, benign growths go away on their own.

How is ovarian cancer treated?

If the first tests suggest that cancer is present, your health care professional may recommend exploratory surgery. If possible, it's best that a doctor specially trained or experienced in cancer, such as a gynecologic oncologist, perform the surgery.

This surgery is usually done through an incision in the abdomen. In some cases, this surgery may be done with a minimally invasive procedure called [laparoscopy](#). ([Read Laparoscopy to learn more.](#))

During exploratory surgery, tissue is removed and immediately tested for cancer. If this test shows that cancer is present, the surgeon usually removes the uterus, ovaries, and fallopian tubes. [Lymph nodes](#) and tissues in the pelvis and abdomen are checked for cancer and may be removed as well. In some cases, only the ovary with cancer may be removed.

[Chemotherapy](#) after surgery is recommended for most cases of ovarian cancer. Chemotherapy is the use of drugs that kill cancer cells. In some cases, chemotherapy may be recommended before surgery.

What type of follow-up is needed after treatment?

Regular checkups are needed to be certain that the cancer has not come back. A checkup after cancer treatment usually includes a review of symptoms and a physical exam.

The checkup may also include a CA 125 test. Imaging tests are not routinely done but may be recommended. These may include ultrasound, chest X-ray, magnetic resonance imaging (MRI), or computed tomography (CT).

Reducing Risk

How can I reduce my risk of ovarian cancer?

Combined hormonal birth control pills (those that contain estrogen and [progestin](#)) may reduce the risk of ovarian cancer. The longer you take the pill, the more the risk is reduced.

This benefit needs to be balanced against the risks of using the pill. The pill is safe for most women, but it is associated with a small increased risk of [deep vein thrombosis \(DVT\)](#), heart attack, and stroke. Your health care professional can help you weigh the benefits and risks of using the pill.

Current theories suggest that some types of ovarian cancer may start in the fallopian tubes. If you need to have your uterus removed or you have chosen [sterilization](#) as a permanent method of birth control, you may want to ask your ob-gyn or other health care professional about having your fallopian tubes removed. This operation is called a [salpingectomy](#). In this procedure, only the fallopian tubes are removed. The ovaries are left in place. A salpingectomy may help reduce the risk of future ovarian cancer.

What should I know if I am at high risk of ovarian cancer?

If you are at high risk of ovarian cancer, such as if you have *BRCA1* or *BRCA2* mutations, periodic tests to check for ovarian cancer may be recommended. These tests may include a transvaginal ultrasound exam to look for changes in the ovaries and a CA 125 test.

[Risk-reducing salpingo-oophorectomy](#) also is an option. This is the removal of the fallopian tubes and the ovaries in a woman who does not have cancer. It is recommended for women with *BRCA1* or *BRCA2* mutations between ages 35 to 45, or when childbearing is complete. It may also be recommended for women with Lynch syndrome. This operation reduces the risk of ovarian cancer. When it is done before menopause, it also reduces the risk of getting breast cancer.

Having this surgery before menopause will cause immediate menopause symptoms, which are often more severe than when menopause occurs naturally. Symptoms can be managed with a variety of hormonal and nonhormonal medications, as well as lifestyle

changes. Also, once both ovaries are removed, you cannot get pregnant using your own eggs.

Glossary

***BRCA1* and *BRCA2*:** Genes that keep cells from growing too rapidly. Changes in these genes have been linked to an increased risk of breast cancer and ovarian cancer.

CA 125: A substance in the blood that may increase when a person has cancerous tumors.

Chemotherapy: Treatment of cancer with drugs.

Colonoscopy: An exam of the large intestine using a small, lighted instrument.

Computed Tomography (CT): A type of X-ray that shows internal organs and structures in cross section.

Deep Vein Thrombosis (DVT): A condition in which a blood clot forms in veins in the leg or other areas of the body.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Fallopian Tube: A tube through which an egg travels from the ovary to the uterus.

Genes: Segments of DNA that contain instructions for the development of a person's physical traits and control of the processes in the body. The gene is the basic unit of heredity and can be passed from parent to child.

Hereditary Breast and Ovarian Cancer (HBOC) Syndrome: A genetic condition that increases a person's risk of cancer of the breast, ovary, prostate, pancreas, and skin (melanoma).

Infertility: The inability to get pregnant after 1 year of having regular sexual intercourse without the use of birth control.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Lymph Nodes: Small groups of special tissue that carry lymph, a liquid that bathes body cells. Lymph nodes are connected to each other by lymph vessels. Together, these make up the lymphatic system.

Lynch Syndrome: A genetic condition that increases a person's risk of cancer of the colon, rectum, ovary, uterus, pancreas, and bile duct.

Magnetic Resonance Imaging (MRI): A test to view internal organs and structures by using a strong magnetic field and sound waves.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Mutations: Changes in genes that can be passed from parent to child.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Ovarian Cancer: Cancer that affects one or both of the ovaries.

Ovaries: The organs in women that contain the eggs necessary to get pregnant and make important hormones, such as estrogen, progesterone, and testosterone.

Pap Test: A test in which cells are taken from the cervix (or vagina) to look for signs of cancer.

Pelvic Exam: A physical examination of a woman's pelvic organs.

Progestin: A synthetic form of progesterone that is similar to the hormone made naturally by the body.

Risk-Reducing Salpingo-oophorectomy: Surgery to remove both healthy fallopian tubes and both healthy ovaries. This surgery is done to reduce the risk of cancer.

Salpingectomy: Surgery to remove one or both of the fallopian tubes.

Transvaginal Ultrasound Exam: A type of ultrasound in which the device is placed in your vagina.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ096

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