

Who would benefit from regular assessment for ovarian cancer ?

Any woman at any age has a risk, but the risk is higher in certain groups. The majority of ovarian cancer occurs in women after menopause (i.e. after 50 - 55 years of age).

Risk factors other than age include:

- Having a relative with ovarian cancer
- Having a personal history of breast, bowel or endometrial cancer
- Having a close relative with cancer of the breast or bowel.

How often should I be re-assessed ?

As the aim is to detect very early stages of ovarian cancer, yearly assessment appears to be worthwhile. This could be done at an easily memorised time each year (such as around the time of your birthday).

SYDNEY ULTRASOUND *for* WOMEN



Ovarian Cancer Screening

SYDNEY ULTRASOUND *for* WOMEN



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How common is ovarian cancer ?

Ovarian cancer is the fourth most common cause of death from cancer in women. It accounts for 4% of all female cancers. Ovarian cancer occurs in one in 70 women without a family history and is five times more likely if there is another affected family member.

A normal ovary - a developing follicle prior to ovulation during the reproductive years >



An ovarian cyst with both solid and fluid filled areas (the dark sections) that may be an ovarian cancer >



What are my chances of survival if I have symptoms and am found to have ovarian cancer ?

The majority of women with ovarian cancer do not have any symptoms until the disease is at a late stage, where it has spread throughout the abdomen. Currently only 35% of women diagnosed with ovarian cancer survive beyond five years from diagnosis.

Why check for ovarian cancer ?

If ovarian cancer is detected at an early stage, then the number of patients surviving more than five years is over 80%. Screening for ovarian cancer is possible using ultrasound and a simple blood test, which will detect most of the ovarian cancers at an early stage.

A large trial in the United States of nearly 14,000 women, analysing over 46,000 "screen years", showed that there was more than a 70% increase in survival from the time of diagnosis.

What does screening involve ?

Ultrasound uses high frequency sound waves to create an image. It is entirely safe and is not painful. Although the ovaries can often be seen by looking through the abdomen with ultrasound, much better visualisation can be obtained using the transvaginal method. This will allow the ultrasound beam to be close to the ovaries and a better quality image to be obtained.

Ovarian cancer usually causes enlargement of the ovaries with cystic (fluid filled) and solid areas. These areas require new blood vessels to supply the growing tumour. The new vessels can be seen using power doppler, which is available on high quality ultrasound machines.

CA 125 is a protein that is produced by some types of ovarian cancer. The combination of the ultrasound findings and a simple blood test for the level of CA 125 is used to select women more likely to have early ovarian cancer. A cut-off level of 15 iu/ml of CA 125 is suggested. If this level is exceeded a repeat sample is taken in three months time for comparison. A rising level increases the chance of finding an early ovarian cancer. It does NOT necessarily indicate that anything is wrong – it is an indication to investigate further, often by surgery.