





ENGAGe is releasing a series of factsheets to raise awareness of gynaecological cancers and to support its network to work at grassroots level.

- Ovarian cancer causes more deaths than any other cancer of the female reproductive system.¹ Five-year survival rates decrease significantly with the later stages of diagnosis.²
- The risk of developing ovarian cancer is increased in women with specific inherited genetic abnormalities. Up to 40% of women with a BRCA mutation, a genetic abnormality will develop ovarian cancer, while 1.4% of women in the general population are at risk.³

"Ovarian cancer is the second highest cause of death among all gynaecological cancers.¹ The estimated number of new cases in Europe in 2020 was 66 693 with 44 053 deaths.²

"The symptoms of ovarian cancer are non-specific and can be attributed to other less serious conditions.⁵ For this reason, cases are often diagnosed in the late stages, where survival rates are much lower.² However, advancements in surgical techniques with more radical procedures to remove all the tumour and development of new maintenance therapies have led to a prolongation of 5-year survival in the last decade.⁶

ENGAGe (the European Network of Gynaecological Cancer Advocacy Groups) is a network for all advocacy groups representing gynaecological cancers, especially ovarian, endometrial, cervical, vulvar and rare cancers. ENGAGe was established in 2012 by ESGO, the European Society of Gynaecological Cancer.

What is ovarian cancer?

Ovarian cancer is a serious and a life-threatening disease. The high mortality associated with ovarian cancer is due to the fact that it is often diagnosed at an advanced stage, by which time the patient has a poor prognosis.



uterus

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What are the stages of ovarian cancer?

The stage of a cancer tells the doctor how far it has grown and if it has spread. A one to four staging system for ovarian cancer has been developed.³

STAGE 1

The cancer is only in the ovaries.

STAGE 2

The cancer has grown outside the ovaries and is growing within the area circled by the hip bones (the pelvis).

STAGE 3

The cancer has spread into the abdominal cavity.

STAGE 4

The cancer has spread to other body organs some distance from the ovaries e.g. the liver or lungs.

What are the symptoms of ovarian cancer?

The symptoms of ovarian cancer include:4

- Persistent pelvic and abdominal pain
- Increased abdominal size/persistent bloating not bloating that comes and goes
- Difficulty eating and feeling full quickly
- Increased urinary urgency and/or frequency

As the symptoms of ovarian cancer are non-specific and can be attributed to other conditions, e.g. irritable bowel syndrome (IBS), around 60% of patients are currently diagnosed once the cancer is already at an advanced (Stage III or IV), significantly reducing the chance of successful treatment.⁵

High-grade serous carcinoma is the most common form of ovarian cancer, accounting for more than 70% of ovarian cancers. It is the most aggressive form but also the one most sensitive to chemotherapy.⁶ As many as 90 % of stage III–IV ovarian cancers are high grade serous carcinoma.

What are the risk factors for ovarian cancer?

The risk of developing ovarian cancer is influenced by several factors, including age, lifestyle, reproductive history and family history. The risk of developing ovarian cancer is highly increased in women with specific inherited genetic abnormalities, such as mutations in the BRCA1 or BRCA2 genes,⁸ or other alterations in the genetic profile which increase the risk of developing ovarian cancer but also increase the sensitivity to chemotherapy with platinum compounds and other new agents targeting those alterations. In the general population, 1.4 percent of women will be diagnosed with ovarian cancer,⁹ while mutations in these genes account for 20% of ovarian cancer cases.⁷

How is ovarian cancer diagnosed?

There is currently no reliable screening method to detect ovarian cancer and symptoms often go unnoticed. A number of investigations may be carried out to diagnose ovarian cancer including a blood test for CA125, a protein produced by some ovarian cancers and scans, e.g. ultrasound scan and a CT scan.⁸ The final diagnosis is done by taking a tissue biopsy of the suspicious lesions.

How is ovarian cancer treated?

In general, cancers of the ovary, fallopian tube and peritoneum are managed in the same way. Guide-lines for the most appropriate initial surgical and chemotherapy management have been defined based on the results achieved over the years in large clinical studies. The combination of surgery and chemotherapy is the principal treatment. Removing all the tumour during surgery is the most important prognostic factor in advanced stages. For this reason, being treated in referral centres with high volume and expertise in ovarian cancer surgery is crucial and has demonstrated to prolong patients' survival. Types of treatment have been developed and have improved the patients' survival, particularly in high-grade serous carcinoma (e.g. antiangiogenics like bevacizumab, parp-inhibitors like niraparib, olaparib and rucaparib targeting BRCA mutated ovarian cancer). Genetic testing is important for reducing the risk of ovarian cancer in the family and for the therapeutic management of patients.⁹

Further Information

- Cancer Research UK. Ovarian Cancer: www.cancerresearchuk.org/cancer-help/type/ovarian-cancer/
- Target Ovarian Cancer: www.targetovariancancer.org.uk
- Ovacome: <u>www.ovacome.org.uk/</u>
- European Cancer Observatory: http://eu-cancer.iarc.fr
- EUROCARE: www.eurocare.it
- ENGAGe: http://esgo.org/ENGAGe
- Women's silent cancers The state of gynaecological cancers in Europe. Updated September 2013: http://esgo.org/ENGAGe/Pages/resources.aspx
- ENGAGe network members: http://esgo.org/ENGAGe/Pages/NetworkMembers.aspx
- ESGO: http://esgo.org

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