

Treating Ovarian Cancer - A Quick Guide



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This is a brief summary of the information on Treating ovarian cancer from our website. You will find more detailed information on the website.

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Stages of ovarian cancer

What is staging?

The stage of a cancer tells the doctor how far it has spread. It is important because treatment is often decided according to the stage of a cancer. Doctors normally use a simple staging system for ovarian cancer. This system has four stages, numbered 1 to 4.

- Stage 1 ovarian cancer means the cancer is completely inside the ovaries, or just on the surface
- Stage 2 means the cancer has grown outside the ovary or ovaries, but is within the area circled by the hip bones (the pelvis)
- Stage 3 means the cancer has grown outside the pelvis into the abdominal cavity or there is cancer in the lymph nodes in the upper abdomen, groin or behind the womb
- Stage 4 means the cancer has spread into other body organs such as the liver or lungs (if there is cancer on the surface of the liver but not within the liver itself, then the cancer is still stage 3)

Statistics and outlook for ovarian cancer

Outlook means your chances of getting better. Your doctor may call this your prognosis. The outcome of treatment for cancer of the ovary depends on a number of different factors.

On our website, we present further information about the likely outcome of ovarian cancer. There are no national statistics available for different stages of cancer or treatments that people may have



received. The statistics we present are pulled together from a variety of different sources, including the opinions and experience of the experts that check each section of patient information on Cancer Research UK's website. For the more complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Types of treatment for ovarian cancer

Your specialist team will plan your treatment according to the type of ovarian cancer you have, the stage, the grade and your general health.

Almost all women with ovarian cancer will need surgery. The amount of surgery will depend on the stage and type of cancer. Below we present detailed information about surgery for the different stages of ovarian cancer.

After surgery, your specialist may offer you chemotherapy or, more rarely, radiotherapy. This is to help stop the cancer coming back or to kill off any remaining cancer cells.

For stage 4 ovarian cancer, some doctors try giving chemotherapy first to shrink the cancer so that less surgery is necessary. Or if you cannot have surgery, you can have chemotherapy to shrink the cancer as much as possible. Radiotherapy is sometimes used

to relieve symptoms depending on where in the body the cancer has spread.

Surgery for ovarian cancer

Surgery for ovarian cancer is usually quite a big operation. The type of surgery you have depends on the stage of your cancer. But you are most likely to have your ovaries, fallopian tubes and womb removed. This is called a total abdominal hysterectomy and bilateral salpingo oophorectomy. The surgeon will also remove a sheet of tissue from inside the abdomen. This tissue is called the omentum, so this part of the operation is called an omentectomy.

If your surgeon finds any cancer in your pelvis or abdomen during your operation, they will remove as much as possible. This is called debulking. The less cancer there is, the easier it is for chemotherapy to kill off any that is left behind.

Interval debulking surgery

You may have some chemotherapy before debulking surgery. The aim is to shrink the cancer so that it is easier to remove it. You have the rest of your chemotherapy once you have recovered from the operation.

After your operation

You usually go home about 3 to 5 days after your operation. You have your stitches or staples taken out 7 to 10 days after surgery. Your doctors will contact you when they have the results of your surgery.

They may give you these over the phone, or you may come in to the hospital. If you would rather have your results face to face, tell your nurses and doctors before you go home after your operation.



Chemotherapy for ovarian cancer

Chemotherapy uses anti cancer or cytotoxic drugs to destroy cancer cells. You are most likely to be offered chemotherapy after your surgery if your cancer is Stage 1c or higher. But you may have it if you have an earlier stage cancer that your doctor thinks may be faster growing (high grade).

You can also have chemotherapy for ovarian cancer that has come back after you were first treated.

You are most likely to have chemotherapy drugs for ovarian cancer as injections through a vein into your bloodstream. Some research has looked at giving chemotherapy into the abdomen. This is known as intraperitoneal chemotherapy.

There are a number of different chemotherapy drugs and treatment plans. And a great deal of research is being done into chemotherapy for ovarian cancer, to see which drugs work best at both stopping ovarian cancer from coming back and shrinking more advanced ovarian cancer.

There are various ways your doctor can find out how well your chemotherapy treatment has worked. These include CA125 blood tests and scans.

Drugs used for ovarian cancer

When you are first diagnosed, after surgery for ovarian cancer you are likely to have carboplatin chemotherapy, or a combination of paclitaxel (Taxol) and carboplatin. You usually have chemotherapy treatment every 3 weeks. You normally have about 6 treatments in all. But you may have more.

Drugs for advanced ovarian cancer

If your cancer comes back more than 6 months after your initial chemotherapy, you

are most likely to have carboplatin and paclitaxel. Other possible treatments include paclitaxel alone, liposomal doxorubicin or topotecan.

If your cancer comes back less than 6 months after having chemotherapy, you may have paclitaxel on its own (if you have not had it before), liposomal doxorubicin, gemcitabine with carboplatin, topotecan or cisplatin.

All chemotherapy has side effects. Which ones you get depend on the drugs you have, the dose and your individual reaction. There is more information about the drugs used for ovarian cancer and their side effects on our website.

Radiotherapy for ovarian cancer

Doctors don't often use radiotherapy to treat ovarian cancer. But occasionally they may suggest it after surgery for stage 1c or stage 2 ovarian cancers. This is to help kill off any cancer cells left behind and so lower the risk of the cancer coming back.

For advanced ovarian cancer, you may have radiotherapy to try to shrink tumours and reduce symptoms. You can have the treatment to any part of the body where the cancer is causing problems. You might hear this called palliative radiotherapy.

Having radiotherapy

You have radiotherapy in the hospital radiotherapy department. You usually have treatment once a day, from Monday to Friday, with a rest over the weekend. A course of treatment usually lasts for 3 or 4 weeks. For advanced ovarian cancer, you may have just a few radiotherapy treatments.

The side effects of having radiotherapy to your tummy (abdomen) or the area



between your hips (your pelvis) include diarrhoea, an irritable bladder (radiation cystitis) and feeling sick. There are also some long term side effects such as changes in your bowel habit and the need to pass urine more frequently.

Below is a picture of a radiotherapy machine



Treating advanced ovarian cancer

Even if your advanced ovarian cancer can't be cured, treatment can shrink the cancer and control it for some time.

Chemotherapy, radiotherapy, surgery and a drug called octreotide can all be used to treat advanced ovarian cancer. Which treatment you have will depend on where your cancer has spread and how big it is, the symptoms the cancer is causing and the treatment you have already had.

Deciding about treatment

It can be difficult to decide which treatment to try, or whether to have treatment at all when you have advanced cancer. You will need to consider how the treatment will affect you. Your doctor will discuss the options for treatment with you.

It can be helpful to talk over difficult decisions with someone who is outside your circle of family and friends.

Follow up for ovarian cancer

After your treatment has finished, your doctor will want you to have regular check ups. Your doctor will examine you and ask how you are feeling, whether you have had any symptoms and if you are worried about anything. At some visits, you may have blood tests, X-rays, CT scans or ultrasound scans.

If all is well, your appointments will gradually become less and less frequent. For the first couple of years your check ups will be every 2 to 3 months. After this, you usually have 6 monthly appointments for up to 5 years.

Many people find their check ups quite worrying. If you are feeling well and getting on with life, a hospital appointment can bring all the worry about your cancer back to you. You may find it helpful to tell someone close to you how you are feeling. If you are worried or notice any new symptoms between appointments, tell your doctor know as soon as possible. You don't have to wait until your next appointment.

It is quite common nowadays for people to have counselling after cancer treatment.

Ovarian cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know they are safe. First of all, treatments are developed and tested in laboratories.



Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

Researchers are looking into preventing and finding ovarian cancer earlier, chemotherapy, biological therapies, hormone treatment, tests during follow up, fertility drugs and bowel problems after radiotherapy.

Questions for your doctor about treating ovarian cancer

- What can you tell me about the stage of my cancer?
- What can you tell me about the grade of my cancer?
- What sort of treatment do I need?
- What written information can you give me about these treatments?
- Is there any choice of treatments?
- Why do I need the treatment you recommend?
- Should I have any other treatment as well as surgery?
- Do you specialise in surgery for ovarian cancer?
- Do you have any information about the outcome of this type of surgery in this hospital, for example length of hospital stay or complication rate?
- What are the risks and benefits of the treatments?
- What are the short term side effects of the treatments?
- What are the long term side effects of the treatments?
- How often will I have to come to the hospital for treatment?

- Is there any transport available?
- Is it possible to have help paying my fares?
- How long will the course of treatment be?
- Could you arrange for me to have a second opinion?
- Are there any experimental treatments or trials you would recommend for me?
- Is there a counsellor here I could talk things through with?
- What happens if I decide not to have treatment?
- How often will you want to see me after my treatment is finished?
- What will happen at these follow up appointments?
- What should I do if I am worried between appointments?

More information

For more information about ovarian cancer, visit our website <http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in May 2012. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2012. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).