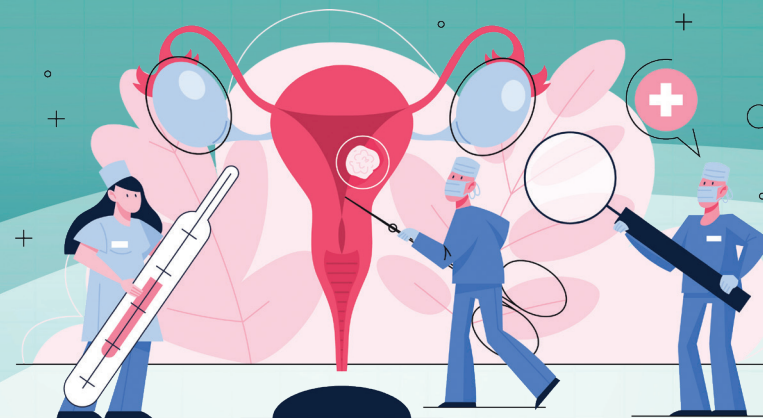


# OVARIAN CANCER PATIENT JOURNEY

Ovarian cancer is difficult to detect at an early stage. Women are more likely to exhibit signs or symptoms only once it has spread beyond the ovaries. Most (~90%) ovarian cancers are epithelial ovarian cancers.



## AWARENESS

### Symptoms

- Bloating
- Difficulty eating; feeling full quickly
- Abdominal pain/swelling with weight loss
- Urinary urgency or frequency
- Fatigue
- Upset stomach/constipation
- Back pain
- Pain during sex
- Menstrual changes

## PRESENTATION AND REFERRAL

You present to your GP or gynae due to symptoms. You will be referred to a gynae/gynae oncologist.

## INVESTIGATIONS

### Physical exam

Your medical history will be taken and a physical exam performed.

### Imaging

TVU  
CT  
MRI  
PET

Imaging tests can't confirm that an ovarian mass is cancerous, but some may confirm the presence of a mass. Whereas other tests can detect if the cancer has spread to other tissues.

### Blood test

A blood test is done to look at the levels of CA-125 which is the most commonly used marker for OC.

## TREATMENT DECISIONS

Treatment is dependent on the type of OC you have, stage of the disease, your desire to have children, and your general health.

Treatment usually includes surgery followed by chemotherapy.

## SURGERY

The goal of surgery is to remove all cancer cells from the body. Depending on whether or not the cancer has spread, the surgery may remove:

- Lymph nodes
- One or both ovaries and fallopian tubes
- Uterus and cervix

Around 75% of patients with EOC present with late-stage disease (Stage 3 & 4). Surgery to remove the tumour can be performed prior to chemotherapy. In the case where the tumour is too large, you'll first receive chemotherapy before and after surgery.

## DIAGNOSIS AND STAGING

### Biopsy

A biopsy is done on the removed tissue from surgery to classify the disease and to assist with treatment decisions.

A biopsy can be done to test if you have mutations in your DNA, such as BRCA.

### BRCA mutations

About 15% of OC result from a genetic predisposition. If you have a BRCA mutation, you are more likely to develop ovarian cancer compared to someone who does not have the BRCA mutation.

## FIRST-LINE CHEMOTHERAPY

First-line therapy is the first treatment given after diagnosis of a disease. When used before surgery, the purpose is to shrink the tumour so that it can be removed. When used after surgery, the purpose is to kill any residual cancer cells that may still be around.

### Maintenance treatment

This is additional treatment given after the initial chemotherapy to prevent cancer recurrence; this treatment may continue for a long time.

If you have a BRCA mutation, you may be eligible for treatment with olaparib, the first PARP inhibitor available in SA.

## SECOND AND SUBSEQUENT LINES OF TREATMENT

Although most patients respond to first-line chemotherapy, approximately 70% of patients with advanced OC experience relapse or recurrence within three years of first-line chemotherapy. Second and subsequent treatment with chemotherapy is given if your cancer returns.

### Maintenance treatment

If you haven't received olaparib after your first-line chemotherapy, you could receive it after your second or subsequent chemotherapy.

## PALLIATIVE CARE

If you have ongoing recurrent EOC where treatment isn't an option anymore, you will start palliative care. The goal of this is to decrease tumour burden, control symptoms, prolong survival and, most of all, improve your quality of life.

## GLOSSARY

- BRCA** - Breast cancer gene  
**CT** - Computed tomography  
**EOC** - Epithelial ovarian cancer  
**GP** - General practitioner  
**MRI** - Magnetic resonance imaging  
**OC** - Ovarian cancer  
**PARP** - Poly ADP-ribose polymerase  
**PET** - Positron emission tomography  
**TVU** - Transvaginal ultrasonography

To view references, visit [oncologybuddies.com](http://oncologybuddies.com)