Introduction

This booklet has been prepared to help you understand more about ovarian cancer.

Many women feel understandably shocked and upset when told they have ovarian cancer. We hope this booklet will help you understand how ovarian cancer is diagnosed and treated. We also include information about support services.

We cannot give advice about the best treatment for you. You need to discuss this with your doctors. However, we hope this information will answer some of your questions and help you think about other questions to ask your treatment team.

This booklet does not need to be read from cover to cover – just read the parts that are useful to you. Some medical terms that may be unfamiliar are explained in the glossary. You may also like to pass this booklet to your family and friends for their information.

How this booklet was developed

This information was developed with help from medical experts and women affected by ovarian cancer.

If you’re reading this book for someone who doesn’t understand English, let them know that Cancer Council Helpline 13 11 20 can arrange telephone support in different languages. They can also call the Translating and Interpreting Service (TIS) direct on 13 14 50.
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Cancer is a disease of the cells, which are the body’s basic building blocks. The body constantly makes new cells to help us grow, replace worn-out tissue and heal injuries. Normally, cells multiply and die in an orderly way.

Sometimes cells don’t grow, divide and die in the usual way. This may cause blood or lymph fluid in the body to become abnormal, or form a lump called a tumour. A tumour can be benign or malignant.

**Benign tumour** – Cells are confined to one area and are not able to spread to other parts of the body. This is not cancer.

**Malignant tumour** – This is made up of cancerous cells, which have the ability to spread by travelling through the bloodstream or lymphatic system (lymph fluid).
The cancer that first develops in a tissue or organ is called the primary cancer. A malignant tumour is usually named after the organ or type of cell affected.

A malignant tumour that has not spread to other parts of the body is called localised cancer. A tumour may invade deeper into surrounding tissue and can grow its own blood vessels (angiogenesis).

If cancerous cells grow and form another tumour at a new site, it is called a secondary cancer or metastasis. A metastasis keeps the name of the original cancer. For example, ovarian cancer that has spread to the bowel is called metastatic ovarian cancer, even though the person may be experiencing symptoms caused by problems in the bowel.
The ovaries

The ovaries are part of the female reproductive system. Other organs in the female reproductive system are the vagina, cervix, uterus (womb) and fallopian tubes.

The ovaries are two small, oval-shaped organs, each about 3cm long and 1cm thick in size. They are found in the lower part of the abdomen (the pelvic cavity). There is one ovary on each side of the uterus.

Each ovary has an outer covering made up of a layer of cells called the epithelium. Inside are germ cells, which will eventually mature into eggs (ova). The ovaries also release the female hormones oestrogen and progesterone from cells called sex-cord stromal cells.

An egg, called an ovum, is released from one of the ovaries each month (ovulation). The egg travels down the fallopian tube to the uterus. If the egg is fertilised by sperm, it can grow into a baby. If an egg is not fertilised by sperm, it disintegrates and – with the lining of the uterus – passes out of the vagina in the monthly period (menstruation).

As a woman gets older, the ovaries gradually produce less oestrogen and progesterone. The production of mature eggs also decreases and the woman's periods become irregular and eventually stop. This is known as menopause, which usually happens between the ages of 45 and 55. After menopause, it is no longer possible to have a child by natural means.
The female reproductive system
Q: What is ovarian cancer?
A: Ovarian cancer is a malignant tumour in one or both ovaries. Some cases of ovarian cancer may form in the fallopian tube and spread to the ovary.

Q: What types are there?
A: There are many types of ovarian cancer. The three most common types are:

**Epithelial ovarian cancers** – The majority of women with ovarian cancer have cancer that starts in the surface of the ovary (epithelium). Types of epithelial ovarian cancer include serous, clear cell, endometrioid and mucinous cancers.

**Germ cell ovarian cancers** – About 4% of women have these rare types of cancer, which start in the egg-producing cells. Germ cell cancers usually affect women aged around 35.

**Sex-cord stromal cancers** – Rare tumours may develop in the cells that produce female hormones. These cancers can occur at any age, and may produce extra hormones, such as oestrogen. They generally respond very well to treatment.

Some women (usually younger women) are diagnosed with a borderline tumour. This is not considered to be cancer because, although it can spread, it does not invade other organs. For this reason borderline tumours are called low malignant potential tumours and usually have a good prognosis.
Q: **How common is it?**

A: Each year, about 1400 Australian women are diagnosed with ovarian cancer. The average age at diagnosis is 64. It is the tenth most common cancer in women in Australia. Ovarian cancer is usually diagnosed in women over 50.

Q: **What are the symptoms?**

A: Ovarian cancer may not cause any symptoms in its early stages, or it may cause only vague ones that are hard to recognise. If symptoms occur, they may include a swollen, bloated abdomen; pressure, discomfort or pain in the abdomen or pelvis; heartburn and nausea; changes in toilet habits (e.g. constipation, diarrhoea, frequent urination due to pressure, increased flatulence); tiredness and loss of appetite; unexplained weight loss or weight gain; changes in your menstrual pattern or postmenopausal bleeding; or pain during sex.

If these symptoms are new for you or continue over a four-week period, make an appointment with your general practitioner (GP). Having these symptoms does not necessarily mean you have cancer, but it is best to have a check-up.

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**Tip**

Ovarian Cancer Australia has produced a symptom diary and a smartphone app, called KISS & Makeup, to help women record any symptoms and talk about their health concerns with their doctor. Visit [www.ovariancancer.net.au](http://www.ovariancancer.net.au) to find out more.
Q: What are the risk factors?

A: The causes of ovarian cancer are unknown, however risk factors include:

- **age** – ovarian cancer is most common in women over 50 and in women who have stopped menstruating (have been through menopause), and the risk increases with age

- **child-bearing history** – women who have not had children, were unable to have children, or had children over the age of 30 may be slightly more at risk

- **having endometriosis** – a benign (non-cancerous) condition in which the tissue that lines the uterus (endometrium) is also found in other areas of the body

- **lifestyle factors** – such as smoking tobacco, being overweight or eating a high fat diet

- **hormonal factors** – including early puberty or late menopause, or using oestrogen-only hormone replacement therapy (HRT) for five years or more.

Most women with these risk factors do not develop ovarian cancer. Visit the Cancer Australia website [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au) for more information.
The importance of family history

About one in ten women diagnosed with ovarian cancer is believed to have inherited a fault in a gene that increased her risk of developing ovarian cancer. Not all women who inherit a faulty gene will develop ovarian cancer, but it increases a woman’s chance of developing ovarian cancer over the risk of the average woman.

Two main genetic conditions known to increase the risk of ovarian cancer include hereditary breast/ovarian cancer (fault in the BRCA1 and BRCA2 gene) and less commonly, hereditary non-polyposis colorectal cancer (HNPCC or Lynch syndrome, as it was formerly known).

If you have one or more of the risk factors listed in the table on page 12, you may like to talk with someone at a familial cancer centre. Usually, these centres do not require a doctor’s referral and can be found in most major public hospitals. You can also find a list of familial cancer clinics on the Ovarian Cancer Australia website, see www.ovariancancer.net.au.

Protective factors

Some things may protect against ovarian cancer. These are called protective factors, and may include having children, breastfeeding, using the combined oral contraceptive pill for several years, having your fallopian tubes tied (tubal ligation), and the surgical removal of some female reproductive organs, such as the uterus or fallopian tubes.
## Inherited risk factors for ovarian cancer

| Any family member                                                                 | • who has had breast cancer before age 30  
|                                                                                     | • ovarian, fallopian tube or peritoneal cancer before age 50  
|                                                                                     | • who has had breast cancer in both breasts under the age of 50  
|                                                                                     | • who has had breast and ovarian cancer  
|                                                                                     | • who is a blood relative and has a known BRCA gene mutation  
|                                                                                     | • who has had breast cancer before age 60 or ovarian cancer at any age with Jewish ancestry  
|                                                                                     | • with male breast cancer  
| A personal history                                                                | • of some types of ovarian, fallopian tube or peritoneal cancers, for women aged 70 or less with or without a history of breast cancer  
|                                                                                     | • Jewish ancestry  
| Two or more family members on the same side of the family (mother’s or father’s side) | • diagnosed with breast and/or ovarian cancer  

The tests and scans described in this chapter can show if there are abnormalities, but they cannot provide a diagnosis. The only definitive way to confirm a diagnosis of ovarian cancer is by taking a tissue sample (biopsy) and looking at the cells under a microscope. This is usually done during an operation, which means that the cancer is diagnosed and treated at the same time.

Sometimes ovarian cancer is found unexpectedly during another operation, such as a hysterectomy (when the uterus is removed). Most ovarian cancers are present for some time before they are diagnosed.

**Physical examination**

The doctor will check for any masses or lumps by feeling your abdomen and doing an internal vaginal examination. If you are uncomfortable with this, you can ask for a female doctor or have someone else with you for support.

If there is a build-up of fluid in the abdomen, your doctor may give you a local anaesthetic and pass a needle through your skin to take a fluid sample. This is called paracentesis. The fluid is checked under a microscope for cancer cells.

**The Pap test is not designed to detect ovarian cancer. Its purpose is to look at cells on the cervix. Rarely, a Pap test may show cancer cells that have spread from the ovary to the cervix.**
**Blood tests**

You may have blood tests to check for chemical proteins produced by cancer cells. These are called tumour markers. The most common tumour marker for ovarian cancer is CA-125.

The level of CA-125 may be higher in women with ovarian cancer. However, it can also be raised in women who have non-cancerous conditions, including irritable bowel syndrome, kidney disease, liver disease, endometriosis or fibroids. This is why doctors will not rely on CA-125 levels alone for a diagnosis, and why blood tests are often used in combination with an ultrasound (see below).

Blood tests may also be done during and after treatment to check the effects of the treatment on your body and the cancer.

**Imaging and investigations**

Your doctor may recommend a number of imaging scans and investigations to determine the extent and stage of the disease. You may also have chest x-rays to check the lungs for cancer or fluid.

**Ultrasound**

An ultrasound uses echoes from soundwaves to create a picture on a computer. This test is one of the best ways to view the ovaries. The scan can be done in two ways:

- **Abdominal ultrasound** – You will lie on an examination table and a hand-held device called a transducer is passed over your abdominal area. This creates images of your organs on a screen.
• **Transvaginal ultrasound** – The doctor will insert the transducer into your vagina. This is often the preferred type of ultrasound, as it provides a clearer picture of your ovaries and uterus.

Some women find the transvaginal ultrasound procedure uncomfortable, but it should not be painful. Talk to your doctor and the person performing the ultrasound (sonographer) if you feel embarrassed or concerned.

**PET scan**

A PET (positron emission tomography) scan highlights abnormal tissues in the body, and it can be more accurate than a CT scan. The results are often used to determine what combination of treatment is most likely to be successful, to help with planning before surgery, to check on how the treatment is working.

You will be injected with a glucose solution containing a small amount of radioactive material. The solution circulates in your body and is taken up by actively dividing cells, such as cancer cells. You will then have a full body scan.

The scan takes about 2–3 hours. You are usually allowed to bring a music CD to the procedure. The radiation will leave your body within a few hours, but talk to your doctor beforehand if you are concerned about the effects of the radiation, or if you are pregnant, think you might be pregnant, are breastfeeding, or diabetic.

PET scans may not be available at your local hospital. Some people have to travel to a centre where a PET scanner is located.
CT scan

A CT (computerised tomography) scan uses x-ray beams to take pictures of the inside of your body. It is used to look for signs that the cancer has spread, but the CT scan may not be able to detect all ovarian tumours.

CT scans are usually done at a hospital or a radiology clinic. You will be asked not to eat or drink anything for several hours (fasting) before the scan, except for a liquid dye. The dye makes your organs appear white on the scan, so anything unusual can be seen more clearly. You may also have an injection of dye to help the organs appear clearer.

After the dye has been injected, you may experience a bitter taste in your mouth, you may feel flushed, and you may experience abdominal discomfort. Symptoms should ease quickly but tell the person carrying out the scan if you feel unwell.

You will lie on a table while the scanner, which is large and round like a doughnut, moves around you. It can be noisy. The scan takes 10–20 minutes but it may take extra time to prepare and then wait for the scan.

The dye used for a CT or MRI scan is called a contrast solution and may contain iodine. If you are allergic to iodine, fish or dyes, let the person performing the scan know in advance. You should also let the doctors know if you have a pacemaker, as you may not be able to have an MRI scan due to the effect of the magnet.
MRI scan
An MRI (magnetic resonance imaging) scan uses magnetism and radio waves to build up cross-section pictures of your body. This scan is not commonly used for women with ovarian cancer.

Before the scan, you may be asked not to eat or drink for a few hours. You may be given an injection of dye to highlight the organs in your body.

You will lie on an examination table inside a large metal tube that is open at both ends. The tube makes some people feel afraid of being confined in a small space (claustrophobic). It can also be noisy. If you are uncomfortable, you may be given medication to help you relax, earplugs to reduce the noise level, or headphones to listen to music. You may also be able to take someone into the room with you for reassurance and company.

Colonoscopy
Some women have a bowel examination (colonoscopy) to make sure that symptoms are not due to a bowel problem. The doctor will insert a thin, flexible tube with a small camera and a light (endoscope) into your bowel.

You may have to fast (no eating or drinking) and take laxatives to empty your bowels the day before the test. Your doctor will talk to you about what to expect.
Staging ovarian cancer
Results of the diagnostic tests and biopsies help the doctors determine how far the cancer has spread. This is called staging.

Staging the cancer helps your health care team decide what treatment is best for you. Some of the stages are further divided into sub-stages. If you have difficulty understanding the stage of the cancer, ask your doctor to explain the stage in simple terms.

<table>
<thead>
<tr>
<th>Stages</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>Cancer is in one or both ovaries.</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Cancer is in one or both ovaries and has spread to other organs in the pelvis.</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Cancer is in one or both ovaries and has spread beyond the pelvis to the lining of the abdomen, the bowel or lymph nodes in the abdomen or pelvis.</td>
</tr>
<tr>
<td>Stage 4</td>
<td>The cancer has spread further, to the inside of the bladder or rectum, throughout the abdomen or to other body parts.</td>
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</tbody>
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“I just held her while she cried...that was the day she was told...then it was all about being positive. Getting through. Not letting it beat her.”

Ann, daughter of Susan Renouf
Extract from the Good Weekend, Force of Life, 16 November 2013
Prognosis

Prognosis means the expected outcome of a disease. You may wish to discuss your prognosis and treatment options with your doctor, but it is not possible for any doctor to predict the exact course of your illness.

- For women with epithelial ovarian cancer, the outcome depends to a large extent on the stage of the disease. Women diagnosed with stage 1 cancer have a good prognosis and the cancer can usually be cured. Many women with more advanced cancer may respond well to treatment, but the cancer often comes back at a later time.

- Non-epithelial cancers can usually be treated successfully.

- Borderline tumours usually have a good prognosis regardless of when they are diagnosed.

Discussing your prognosis and thinking about the future can be challenging and stressful. It may help to talk with family and friends. You can also call Cancer Council Helpline 13 11 20 if you need more information or emotional support.
Which health professionals will I see?

Your GP will probably arrange the first tests to assess your symptoms. If these tests do not rule out cancer, you will usually be referred to a gynaecological oncologist, who specialises in treating women with ovarian cancer.

<table>
<thead>
<tr>
<th>Specialist health professionals</th>
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<tbody>
<tr>
<td>gynaecological oncologist</td>
<td>a specialist surgeon who treats women who have cancers of the reproductive system, e.g. ovarian, cervical, vulvar and vaginal cancers</td>
</tr>
<tr>
<td>medical oncologist</td>
<td>prescribes and coordinates the course of chemotherapy</td>
</tr>
<tr>
<td>radiation oncologist</td>
<td>prescribes and coordinates the course of radiotherapy</td>
</tr>
<tr>
<td>radiologist</td>
<td>a specialist trained to read and interpret diagnostic scans (e.g. CT, MRI and PET scans)</td>
</tr>
<tr>
<td>oncology nurses</td>
<td>help administer drugs, including chemotherapy, and provide care, information and support throughout your treatment</td>
</tr>
</tbody>
</table>
The gynaecological oncologist may arrange further tests and advise you about treatment options.

You will be cared for by a range of health professionals who specialise in different aspects of your treatment. This is often referred to as a multidisciplinary team (MDT).

cancer nurse coordinator or cancer care coordinator

supports patients and families throughout treatment and liaises with other staff

dietitian

recommends an eating plan for you to follow while you are in treatment and recovery

physiotherapist and occupational therapist

help you manage any physical or practical issues, including any rehabilitation you may need

social worker, counsellor and clinical psychologist

link you to support services and help you with any emotional problems

palliative care team

helps you and your family with needs you have, including symptom management
Key points

- Most ovarian cancer tumours are present for some time before they are diagnosed.

- The doctor will do many tests to check your health, but the only way to definitively diagnose ovarian cancer is by taking a tissue sample (biopsy) during the operation.

- The doctor will look at your abdomen and vagina to check for masses, lumps or fluid.

- Blood tests may be done to look for chemical proteins made by cancer cells, called tumour markers.

- An ultrasound scan uses soundwaves to create a picture of the ovaries. The doctor may pass a small device over your abdomen or insert it into your vagina.

- The CT scan uses x-ray beams to take pictures of the inside of your body. It may not detect all tumours.

- MRI scans use magnetism and radio waves to create pictures of your body. They are less commonly used to diagnose ovarian cancer.

- Some women have other tests, such as a bowel examination (colonoscopy) or PET scan.

- Results of the diagnostic tests and biopsy help the doctors work out how far the cancer has spread. This is called staging.

- Prognosis means the likely outcome of your illness. Women with early stage cancer have the best chance of long-term survival or cure.

- You will see a team of health professionals, including a gynaecological oncologist and oncology nurses, who will provide care and advice.
Making treatment decisions

Sometimes it is difficult to decide on the type of treatment to have. You may feel that everything is happening too fast. Check with your doctor how soon your treatment should start, and take as much time as you can before making a decision.

Understanding the disease, the available treatments and possible side effects can help you weigh up the pros and cons of different treatments and make a well-informed decision that’s based on your personal values. You may also want to discuss the options with your doctor, friends and family.

You have the right to accept or refuse any treatment offered. Some people with more advanced cancer choose treatment even if it only offers a small benefit for a short period of time. Others want to make sure the benefits outweigh the side effects so that they have the best possible quality of life.

Talking with doctors

When your doctor first tells you that you have cancer, you may not remember the details about what you are told. Taking notes or recording the discussion may help. Many people like to have a family member or friend go with them to take part in the discussion, take notes or simply listen.

If you are confused or want clarification, you can ask questions – see page 55 for a list of suggested questions. If you have several questions, you may want to talk to a nurse or ask the office manager if it is possible to book a longer appointment.
A second opinion

You may want to get a second opinion from another specialist to confirm or clarify your doctor’s recommendations or reassure you that you have explored all of your options. Specialists are used to people doing this.

Your doctor can refer you to another specialist and send your initial results to that person. You can get a second opinion even if you have started treatment or still want to be treated by your first doctor. You might decide you would prefer to be treated by the doctor who provided the second opinion.

Taking part in a clinical trial

Your doctor or nurse may suggest you take part in a clinical trial. Doctors run clinical trials to test new or modified treatments and ways of diagnosing disease to see if they are better than current methods. For example, if you join a randomised trial for a new treatment, you will be chosen at random to receive either the best existing treatment or the modified new treatment.

Over the years, trials have improved treatments and led to better outcomes for people diagnosed with cancer.

It may be helpful to talk to your specialist or clinical trials nurse, or get a second opinion. If you decide to take part, you can withdraw at any time. For more information, call the Helpline for a free copy of Understanding Clinical Trials and Research or visit www.australiancancertrials.gov.au.
The treatment for ovarian cancer depends on what type of cancer you have, the stage of the cancer, your general health and fitness, your doctors’ recommendations, and your wishes.

- **Epithelial ovarian cancer** – commonly treated with surgery and chemotherapy (in rare cases also with radiotherapy).
- **Non-epithelial ovarian cancer** – usually treated with surgery and/or chemotherapy.
- **Borderline tumours** – usually treated with surgery only.

**Surgery**

Your gynaecological oncologist will talk to you about the most appropriate type of surgery. An exploratory laparotomy is usually recommended if ovarian cancer is suspected. In this operation, the doctor makes a long, vertical cut from your bellybutton to your pubic bone hairline while you are under a general anaesthetic.

The surgeon will take tissue (biopsy) and fluid samples from the abdomen. While still in theatre, the tissue samples are sent to a specialist called a pathologist who examines them for signs of cancer. This is called a frozen section analysis. If the pathologist confirms that cancer is present, the surgeon will continue the operation.

If there is obvious spread of cancer, the surgeon will remove as much of the cancer as is possible. This is called surgical debulking. Surgical debulking allows chemotherapy treatment to be more effective.
It may sound as if a lot of your body parts or organs will be removed in an operation. However, these organs are quite small compared with everything else in your abdomen and pelvis, and their removal will not leave an empty space.

Some women do not need extensive surgery. A woman with early epithelial ovarian cancer, germ cell cancer or a borderline tumour usually will not have her uterus and both ovaries removed.

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**Possible surgical procedures for ovarian cancer**

You may have one or more of the following procedures:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
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<tbody>
<tr>
<td>Total abdominal hysterectomy</td>
<td>removal of the uterus and the cervix</td>
</tr>
<tr>
<td>Bilateral salpingo oophorectomy</td>
<td>removal of both ovaries and fallopian tubes</td>
</tr>
<tr>
<td>Omentectomy</td>
<td>removal of the fatty protective tissue (omentum) covering the abdominal organs</td>
</tr>
<tr>
<td>Colectomy</td>
<td>removal of all or part of the bowel, where the ends of the bowel may be rejoined or a new opening called a stoma is created (colostomy or ileostomy)</td>
</tr>
<tr>
<td>Lymphadenectomy</td>
<td>removal of some lymph nodes, which are small, bean-shaped organs that help filter toxins, including cancer cells, from the bloodstream</td>
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</tbody>
</table>
After the operation

After surgery, you may have several tubes in place:

- A drip inserted into a vein in your arm (intravenous drip) will give you fluid, medications and pain relief.

- A small plastic tube (catheter) may be inserted into your bladder and urine will be collected in a bag.

- A tube down your nose into your stomach (nasogastric tube) may drain your stomach fluid to prevent you vomiting.

- You may have tubes in your abdomen to drain fluid from the operation site.

The tubes will be removed over a few days as you recover from the operation. You will be in hospital for 3–7 days. Some women also have compression devices or elastic stockings to keep the blood in their legs circulating. Once you are mobile, compression devices will be removed so you can get out of bed, but you can still wear the stockings.
It is common to receive a daily injection to decrease the risk of developing a blood clot. You may have injections for up to a month after the operation. These can be painful, so ask your doctor or nurse if it is possible to take pain medication beforehand.

After an operation it is common to feel some pain, but this can be controlled. Medication may be given by an intravenous drip or through an injection in the spine called an epidural. This is similar to what may be given to women during childbirth. Some patients have a patient controlled analgesic (PCA) system. This is a machine that allows you to self-administer pain-relief by pressing a button.

Let your doctor or nurse know if you are in pain so they can adjust your medication. Do not wait until the pain is severe. Everyone’s pain tolerance is different and medication may be used to make you as comfortable as possible. Managing your pain will help you to recover and move around more quickly.

**Further treatment**

A few days after the operation, your doctor should have all the test results and will discuss any further treatment options with you. It can help to have a friend or relative with you when you talk to your medical team. This person can listen or participate in the conversation.

Further treatment will depend on the type of cancer, the stage of the disease and the amount of any remaining cancer. Most women have chemotherapy, but radiotherapy is sometimes recommended. Hormone therapy may occasionally be recommended – see page 37.
Taking care of yourself after surgery

Some women say they start to feel better within six weeks, but it may take longer. Your recovery time depends on the type of surgery you had, other treatment or medical conditions you have had, and your support at home.

**Rest** – Take things easy and do only what is comfortable. You may like to try some meditation or relaxation techniques to reduce tension. You can also talk to a social worker about getting help at home.

**Sex** – Penetrative sexual intercourse should be avoided for about six weeks after the operation to give your wounds time to heal. See page 48, speak to your medical team, or call the Helpline for more information about sexuality, intimacy and cancer.

**Lifting and exercise** – Avoid heavy lifting for at least six weeks. If you have a partner or children, ask them to help you around the house. Services are also available – see page 47.

It may help to support your abdomen with your hands and/or a pillow when coughing or sneezing.

If you want to exercise, talk to your doctor. You should start with gentle exercise and build up to more vigorous exercise, if you want.

**Driving** – Your medical team will advise you on how long you should avoid driving.

**Other side effects** – You may have bowel problems, such as constipation or diarrhoea. Some women go through menopause if their ovaries are removed. For information on managing these side effects, see pages 40–46.
Chemotherapy

Chemotherapy is the treatment of cancer with anti-cancer (cytotoxic) drugs. The aim is to destroy cancer cells while causing the least possible damage to normal, healthy cells.

Although surgery may have removed most of the ovarian cancer, there may still be some cancer cells in the body. For this reason, chemotherapy is usually given soon after an operation.

- Women with early stage epithelial ovarian cancer or borderline tumours may not need chemotherapy.

- Women with epithelial ovarian cancer that has spread outside the ovaries usually receive a combination of two chemotherapy drugs. However, a single chemotherapy drug may be prescribed for frail or elderly women, or if there are other particular medical concerns.

Chemotherapy is usually given through an intravenous drip. Some people have a small medical appliance called a port-a-cath or catheter placed beneath their skin through which they receive chemotherapy.

Current standard treatment after surgery (adjuvant chemotherapy) is six treatments, given every 3–4 weeks over 5–6 months. Each chemotherapy treatment is called a cycle. However, some centres give chemotherapy in weekly doses and treatment varies for different women. Ask your doctor about the treatment plan recommended for you.
You will probably be treated as an outpatient (also called a day patient), but some women need to stay in hospital overnight.

Let your medical oncologist know if you are taking nutritional or herbal supplements as these can interact with chemotherapy drugs and may be harmful.

**Blood tests during chemotherapy**
Before each chemotherapy session, blood tests will be taken to ensure your body’s healthy cells have had time to recover. If your blood count has not recovered, your doctor may delay treatment.

Some women also have blood tests during treatment to check their tumour markers, such as CA-125 (see page 14). Some women have high CA-125 levels before or after surgery. If the CA-125 level was higher before treatment it can be monitored to see if the chemotherapy treatment is working.

**Intraperitoneal chemotherapy**

Some types of chemotherapy can be delivered directly into the abdominal cavity through a tube. This is called intraperitoneal chemotherapy. It is only used in specialised units in Australia, but it may be offered to women on a clinical trial (see page 24).

Whether intraperitoneal chemotherapy treatment is suitable will depend on the outcome of surgery. The treating doctor can describe the treatment and the advantages and disadvantages of this approach.
**Side effects of chemotherapy**

Chemotherapy can affect healthy cells in the body, which may cause side effects. Not all women will experience side effects, and the side effects will vary according to the drugs you are given. Talk to your medical team about what to expect.

**Tiredness** – Your red blood cell level (haemoglobin) may drop, which can cause you to feel tired and breathless. Travelling to and from treatment can also be exhausting.

**Nausea** – Some chemotherapy drugs may make you feel sick or vomit. Whether or not you feel sick is not a sign of how well the treatment is working. Anti-sickness drugs can prevent or reduce nausea and vomiting.

**Changed bowel habits** – Many women become constipated while on chemotherapy. This may be caused by anti-nausea drugs. Your doctor will talk to you about taking laxatives. Diarrhoea (loose, watery bowel movements) is another possible side effect.

**Risk of infections** – Chemotherapy drugs lower the number of white blood cells that fight infection, so you may become more susceptible to colds and the flu. Let your doctor know if you have any signs of infection, which can be treated with antibiotics.

**Joint and muscle pain** – This pain may occur after your treatment session. It may feel like you have the flu, but the symptoms should disappear within a few days. Pain medication like paracetamol may help.
Temporary thinning or loss of hair – It is likely that you will lose your head and body hair, depending on the chemotherapy drug you receive. The hair will grow back after treatment is completed, however, it may look a bit different than it used to be.

Numbness or tingling in your hands and feet – This is called neuropathy and can be a side effect of certain chemotherapy drugs. Let your doctor know if this happens, as your dose of chemotherapy may need to be adjusted.

Most of these side effects are usually temporary and there are ways to prevent or reduce them. See the Managing side effects chapter (page 40). Let your medical team know about the symptoms and side effects that you experience. You can also call Cancer Council Helpline 13 11 20 for a free copy of the booklet Understanding Chemotherapy.

“I tried two wigs but they weren’t for me so I wore scarves. I was afraid of what other people might think but they accepted me for who I am, not what I look like.” Holly

Ovarian cancer resource

Resilience is a free information pack for women with ovarian cancer by Ovarian Cancer Australia. It includes information on diagnosis, treatment, living well, support for you and your loved ones. The pack is free and can be ordered by calling 1300 660 334 or online at www.ovariancancer.net.au.
Lady Susan Renouf was home alone, dozing on the sofa, when her GP rang with the results of her scans. The way she remembers it, “He said, ‘It’s the doctor here. You’ve got cancer. Masses. Everywhere in your body.’” The news was difficult to absorb. “I put the phone down and I think I went back to sleep for a while,” she says. “I woke up and I thought, ‘This is a terrible dream. I dreamt the doctor rang and told me I had cancer!’”

When Renouf thinks about it, she realises that for much of last year she lacked some of her usual oomph. “It was my 70th birthday, so I thought, ‘I’ve got to make a special effort’, because a lot of friends were planning a few little festivities. But I just wasn’t feeling great. Very listless. If I didn’t have to get out of bed in the morning, I didn’t.”

When she returned to Australia after three months in the UK and Europe, “a couple of girlfriends said to me, ‘Gosh, you’ve got a funny colour.’ I said, Well, I’ve been in the English summer.”

By last November, she had become accustomed to an odd sensation in her abdomen: “Funny little jabbing pains.” She went to her doctor, but for one reason or another it was January before the scans were done. The cancer had spread. “The prognosis was less than five months to live,” she says with a tight, bright smile.

She had three months of chemotherapy, followed by surgery to remove as much of the cancer as possible. “When I went under, I thought, ‘Well, I don’t know if I’m coming out of it,’” she says. In the event, she was on the table longer than expected: “It had invaded
I woke up and thought, ‘This is a terrible dream’. I dreamt the doctor rang and told me I had cancer!

the lower part of my bowel and wrapped itself around my appendix. So that was another 2½ hours under anaesthetic. It was an 11-hour operation.”

Then she had a second course of chemotherapy. “Luckily, I didn’t find the chemo as traumatic as I thought it would be,” she says. “I didn’t have the nausea or the vomiting. I lost my hair, of course.”

Wigs felt hot and itchy, and scarves kept slipping out of place, so she preferred to go bare-headed most of the time. When two of her grandsons arrived to visit her, her skull was as smooth as a billiard ball. “Totally bald,” she says cheerfully, remembering their gasps when she opened the front door. “I said, ‘It’s a long story, boys. Come in.’”

Susan’s mother, Joan Rossiter, died in 1979 at 64. She had a brain tumour, which Renouf has only recently learned was metastatic. “It turns out that my mother had ovarian cancer,” she says. Tests have shown that Renouf has inherited faults in one of the two genes – BRCA 1 and 2. Her daughters and a niece have subsequently undergone genetic testing, and to her great relief all the results so far have been normal.

She hasn’t forgotten that she briefly considered refusing treatment for her cancer. She sees now that quietly putting an end to it all would have been wildly out of character. “If I’m going,” she says, “I’m going with a bang.”

But she hopes to be around for a long time yet. She says she was touched by a get-well message from her youngest grandson, Woody, then aged 10. “He said, ‘I know you will get better, Granny, because for me you are irreplaceable. ‘I’m reading this. ‘Irreplaceable? Woody! I’ve got to live for you!’”
Radiotherapy

Radiotherapy uses x-rays to kill or damage cancer cells and reduce their activity. It is used less often than chemotherapy. The main use for radiotherapy is to ease symptoms or problems which are not responding to chemotherapy or when chemotherapy can no longer be given (palliative treatment – see page 38).

If the cancer has spread, you will usually receive radiotherapy to the pelvis, or other parts of your body.

During radiotherapy you will be in a room and lie on an examination couch or table. A radiotherapy machine will be moved around you depending on the body part being treated. The radiation therapist will position you and the machine and then leave the room during treatment.

You will not feel anything during treatment, which will only take a few minutes each time. You may be in the room for a total of about 10–20 minutes for each appointment.

The number of radiotherapy sessions you have will depend on the type and size of the cancer. You may have treatment for a week or daily outpatient treatment for several weeks. Your doctor will explain the treatment schedule and the possible side effects.

My GP has been amazing during treatment. She cares, follows up after radio to make sure I’m okay, researches trials I can go on and more. This reassures me.

Holly
**Side effects**

The side effects of radiotherapy depend on the strength of the dose and the part of your body that is treated. You may experience the following:
- fatigue and tiredness
- diarrhoea
- increased urination and stinging when emptying your bladder
- slight burn to the skin around the treatment site.

More rarely, you may experience nausea or vomiting. If this occurs, you will be prescribed effective medication to control it.

For more information on radiotherapy and side effects, talk to your medical team or call Cancer Council Helpline 13 11 20 for a free copy of *Understanding Radiotherapy* or download it from your local Cancer Council website.

**Hormone therapy**

Hormone therapy is the use of man-made hormones or hormone-blocking drugs to fight cancer. It is only used to treat certain types of ovarian cancer, such as recurrent epithelial tumours or stromal tumours, or under special circumstances (for example, when chemotherapy has failed). It is sometimes given to women participating in a clinical trial.

For more information about this type of treatment, talk with your medical team.
Palliative treatment

If your cancer is more advanced and a cure is not possible, your doctor may still recommend treatment to control symptoms. This is called palliative treatment and helps to maintain quality of life.

Palliative treatment is not just for end-of-life care – it can be used during different stages of ovarian cancer. Often treatment is concerned with pain relief, but it also involves the management of other physical and emotional symptoms.

Treatment may include chemotherapy, radiotherapy or other procedures, such as ascitic taps, to drain extra fluid from the abdomen (see page 45).

If you would like more information on palliative treatment, advanced cancer and coping with the side effects of cancer and its treatment, call Cancer Council Helpline 13 11 20. You can request free copies of the booklets Understanding Palliative Care, Living with Advanced Cancer and Nutrition and Cancer, or you can download them from your local Cancer Council website.
Key points

- Your treatment will depend on many factors, including the type of cancer, its stage and your health and fitness.

- Ovarian cancer is usually treated with surgery. In most women with ovarian cancer, it involves a total abdominal hysterectomy, including the removal of both fallopian tubes and ovaries.

- During the operation, the doctor will take tissue samples to check for signs of cancer. This is called a frozen section analysis or biopsy.

- It will take some time to recover from an operation. Most women start to feel better within six weeks, but it may take longer.

- After an operation, you may have further treatment. Most women have chemotherapy, but radiotherapy or hormone therapy are sometimes given.

- Chemotherapy is the treatment of cancer with anti-cancer drugs. It is usually given soon after an operation for 5–6 months. Side effects may include tiredness, nausea and vomiting, and hair loss.

- Radiotherapy uses x-rays to kill cancer cells or damage them and reduce their activity. You may have treatment to your pelvis, but it can also be given to other parts of the body if the cancer has spread. Side effects may include fatigue, diarrhoea and nausea.

- Hormone therapy is the use of hormones or hormone-blocking drugs to fight cancer. It is only used to treat some types of ovarian cancer.

- Palliative treatment is given to improve your quality of life by relieving the symptoms of cancer.
Managing side effects

Treatment will cause some physical and emotional changes. Some women experience limited side effects from treatment, while others are more severely affected.

There are ways to reduce or manage the discomfort that side effects may cause.

**Tiredness**

It is common to feel tired or fatigued during or after treatment. Most women who have chemotherapy start treatment before they have had time to fully recover from their operation. Travelling to and from hospitals and clinics for treatment can be tiring.

If you are working during the treatment, or if you have a home and family to care for, you may feel very tired. Women who are on their own may also feel fatigued.

Your tiredness may continue for a while after treatment has finished. Some women find that it takes them up to 1–2 years to feel well again. It may help to talk with your family and friends about how you feel and discuss ways in which they can help you. You may need to plan your activities so that you get regular rest breaks.

"I rested as much as possible, but I don’t think that I got good sleep because of my fear and uncertainty. I also found that after lying around and resting, I lost a lot of muscle mass." *Patricia*
Feeling low or depressed

It is natural to feel low or depressed after a cancer diagnosis, during treatment or when you are recovering. Some people feel sad or depressed because of the changes that their cancer has caused. Others are frightened about the future.

There is a difference between feeling down and feeling depressed. You may be depressed if you are in a low mood for most of the time, or if your sadness lasts two weeks or more. Some of the other signs to look out for include feeling flat, teary, anxious or low most of the time, loss of interest in and pleasure in normal activities, having negative thoughts about yourself most of the time, or feeling tired a lot of the time.

Talk to your doctor if you experience one or more of these signs for a few weeks or more. For further information on support for depression, see page 49.

Depression will not go away by itself – you will need specific treatment. There are many effective treatments for depression, including both medication and non-medication options, such as counselling. Being honest with your doctor about how you feel will help you get the right type of support and care.

"My advice to other women is: be kind to yourself, this is really tough. Don’t feel like you have to be strong all the time. It is ok to be sad at times. You don’t always have to ‘keep it together’. Patricia"
Menopause
In women who are still having periods, an operation to remove the ovaries will bring on menopause. This means that your periods will stop and it will no longer be possible to become pregnant.

The sudden onset of menopause can be physically and emotionally difficult. Menopausal symptoms include hot flushes, mood swings, trouble sleeping, tiredness and vaginal dryness. Symptoms may be more severe than a natural menopause because the body has not had time to get used to the gradual loss of hormones.

tips

• Use moisturisers to relieve vaginal dryness. Some products contain oestrogen, but moisturisers without oestrogen can also be used.

• Use extra lubrication to try and make intercourse more comfortable for you. Choose a water- or silicone-based gel without perfumes or colouring to reduce irritation.

• Ask your doctor for advice if you want to try any herbal remedies or dietary changes.

• Talk to your gynaecological oncologist about the benefits and risks of hormone replacement therapy (HRT) for you. HRT can help reduce symptoms. Using HRT with oestrogen may increase the risk of some diseases, such as breast cancer. If you were already on HRT when the cancer was diagnosed, you will need to weigh up the risks of continuing it.

• Ask your doctor about medication for relieving the symptoms of menopause. You can also call the Helpline for suggestions.
Infertility

Some treatments for ovarian cancer can impair your fertility. Younger women and those who hope to have children may feel deeply upset if told that they can no longer have children naturally.

For some women, having children is a long-held dream. You may feel extremely upset if you are told you will be infertile. Even if you had not planned to have children or have finished having a family, the removal of your reproductive organs may make you feel less feminine.

These feelings are all understandable. It may help to talk about your feelings with a family member, friend, counsellor or gynaecology oncology nurse. There are also fertility specialists that can support you and provide information on the fertility options available. Talking to someone and becoming well informed about your options can be valuable.

Bowel problems

After surgery, during radiotherapy or chemotherapy, some women have bowel problems, such as diarrhoea, cramps or constipation. These can occur for some time. Ask your doctor or dietitian for advice about eating and drinking, and see the tips on the following page for ideas to prevent or relieve these side effects.
Try and avoid becoming constipated, as this will put more pressure on the bowel. Talk with your doctor, nurse or dietitian about ways to prevent constipation.

Surgery may sometimes cause the bowel to become blocked (bowel obstruction). However, this blockage can also occur because the cancer has come back. If you have symptoms such as feeling sick, vomiting, or abdominal discomfort and pain, you should see your doctor or specialist as soon as possible.

A bowel obstruction can usually be relieved with treatment in hospital. Occasionally, another operation may be needed to unblock the bowel.

tips

- Prevent or manage constipation by eating more high-fibre foods, such as wholegrain bread and pasta, bran, fruit and vegetables.
- Drink plenty of fluids. This will help loosen the bowels if you are constipated and replace the fluids lost through diarrhoea. Warm and hot drinks work well.
- Ask your chemist or doctor about medication to relieve any symptoms of diarrhoea.
- Eat small, frequent meals instead of three big ones.
- Avoid fried, spicy or greasy foods, which can cause pain and worsen diarrhoea.
- If you have a stoma, allow yourself time to adjust to this change. A stomal therapy nurse will be able to help.
- Call Cancer Council Helpline 13 11 20 for free information about food and cancer.
Fluid build-up
Sometimes fluid can build up in the body.

**Ascites** – This is when fluid collects in the abdomen. It can be uncomfortable because of swelling and pressure. If ascites becomes a problem, a procedure called a paracentesis or ascitic tap can drain away the fluid and relieve discomfort. This may require an overnight stay in hospital.

**Pleural effusion** – This is fluid that collects in the lining of the lungs. This may cause pain and make you feel short of breath. Draining the fluid using a procedure called a thoracentesis or pleural tap can provide relief.

**Lymphoedema** – Radiotherapy or the removal lymph glands in the pelvic area (lymphadenectomy) may cause one or both of your legs to swell. This is due to a build-up of lymph fluid and may make movement and some activities difficult. It can occur at the time of treatment or months later.

Your medical team can give you ways to deal with lymphoedema, such as gently exercising your legs or receiving a massage from a qualified manual lymphatic drainage practitioner.

To find a qualified practitioner, visit the Australian Lymphology Association website, [www.lymphoedema.org.au](http://www.lymphoedema.org.au). You can also contact Cancer Australia for a copy of the *Lymphoedema – What You Need to Know* booklet.
Key points

- Some women experience a few side effects from treatment, while others have more. There are ways to reduce or manage the discomfort that side effects may cause.

- The most common side effects are tiredness and fatigue. This may continue for a while after treatment has finished. It may help to plan your activities so you can take regular rest breaks.

- Some people feel sad or depressed during or after cancer treatment. Depression is when you are in a low mood for most of the time, or if your sadness lasts two weeks or more. If you feel depressed, you will need specific support and/or treatment.

- If your ovaries have been removed, you will go through a sudden menopause. This means that your periods will stop and it will no longer be possible to become pregnant.

- If you are unable to have children as a result of treatment (infertility), you may feel very upset. Talking about your feelings with your family, friends or a counsellor may be helpful.

- After surgery, some women have bowel problems such as diarrhoea, cramps or constipation. Surgery can also cause the bowel to become blocked (bowel obstruction).

- Fluid may build up in your abdomen, lungs or legs. This can cause uncomfortable swelling or pressure. Your medical team may drain the fluid or give you advice about some exercises to help move the fluid around.
Cancer can cause physical and emotional strain. It is important to try to look after your wellbeing as much as possible.

**Nutrition** – Eating healthy food can help you cope with treatment and side effects. A dietitian can help you manage special dietary needs or eating problems, and choose the best foods for your situation. Call Cancer Council Helpline 13 11 20 for a free copy of the *Nutrition and Cancer* booklet.

**Staying active** – Physical activity may help to reduce tiredness, improve circulation and elevate mood. The amount and type of exercise you do depends on what you are used to, how you feel, and your doctor’s advice. Cancer Council’s *Exercise for People Living with Cancer* booklet provides more information about the benefits of exercise, and outlines simple exercises that you may want to try.

**Complementary therapies** – These therapies are used with conventional medical treatments. You may have therapies such as massage, relaxation and acupuncture to increase your sense of control, decrease stress and anxiety, and improve your mood. Let your doctor know about any therapies you are using or thinking about trying, as some may not be safe or evidence-based.

Alternative therapies are used instead of conventional medical treatments. These therapies, such as coffee enemas and magnet therapy, can be harmful. For more information, call 13 11 20 for a free copy of the *Understanding Complementary Therapies* booklet or visit your local Cancer Council website.
Relationships with others

Having cancer can affect your relationships with family, friends and colleagues. This may be because cancer is stressful, tiring and upsetting, or as a result of more positive changes to your values, priorities or outlook on life.

Give yourself time to adjust to what is happening, and do the same for others. People may deal with the cancer in different ways, for example by being overly positive, playing down fears, or keeping a distance. It may be helpful to discuss your feelings with each other.

Sexuality, intimacy and fertility

Cancer can affect your sexuality in physical and emotional ways. The impact of these changes depends on many factors, such as treatment and side effects, your self confidence, and if you have a partner. Although sexual intercourse may not always be possible, closeness and sharing can still be part of your relationship.

If you are able to have sex, you may be advised to use certain types of contraception to protect your partner or avoid pregnancy for a certain period of time. Your doctor will talk to you about the precautions to take. For more information on how treatment will affect your fertility, see page 43.

Call 13 11 20 for free copies of Sexuality, Intimacy and Cancer and Emotions and Cancer, or download the booklets from the website.
Life after treatment

For most people, the cancer experience doesn’t end on the last day of treatment. Life after cancer can present its own challenges. You may have mixed feelings when treatment ends, and worry that every ache and pain means the cancer is coming back.

Some people say that they feel pressure to return to ‘normal life’, but they don’t want life to return to how it was before cancer. Take some time to adjust to the physical and emotional changes, and re-establish a new daily routine at your own pace.

Cancer Council Helpline 13 11 20 can help you connect with other people who have had cancer, and provide you with information about the emotional and practical aspects of living well after cancer.

Dealing with feelings of sadness

If you have continued feelings of sadness, have trouble getting up in the morning or have lost motivation to do things that used to give you pleasure, you may be experiencing depression. This is quite common among people who have had cancer. Talk to your GP, as counselling or medication – even for a short time – may help.

Some people are able to get a Medicare rebate for sessions with a psychologist. Ask your doctor if you are eligible. Your local Cancer Council may also run a counselling program.

The organisation beyondblue has information about coping with depression and anxiety. Go to www.beyondblue.org.au or call 1300 224 636.
After treatment: follow-up
After your treatment, you will need regular check-ups to confirm that the cancer hasn’t come back.

You may have scans or tests at your check-ups, including physical examinations, blood tests, x-rays, ultrasounds and CT or MRI scans.

Check-ups will become less frequent if you have no further problems. Between follow-up appointments, let your doctor know immediately of any health problems.

What if ovarian cancer returns?
For some women, ovarian cancer does come back after treatment and a period of remission. This is known as a recurrence.

Even after a good response to initial surgery and chemotherapy, it is likely that cancer will recur in women who were first diagnosed with advanced epithelial ovarian cancer. Usually the longer the time between the end of the first course of treatment and the relapse, the better the response will be to further treatment.

Many women have a number of recurrences, with long intervals in between when they do not require any cancer treatment.

The most common treatment for epithelial ovarian cancer that has come back is more chemotherapy. The drugs used will depend on what drugs you were initially given, the length of remission and the aims of the treatment.
Cancer may cause you to experience a range of emotions, such as fear, sadness, anxiety, anger or frustration. It can also cause practical and financial problems.

**Practical and financial help**

There are many services that can help deal with practical or financial problems caused by the cancer. Benefits, pensions and programs can help pay for prescription medicines, transport costs or utility bills. Home care services, aids and appliances can also be arranged to help make life easier.

Ask the hospital social worker which services are available in your local area and if you are eligible to receive them.

If you need legal or financial advice, you should talk to a qualified professional about your situation. Cancer Council offers free legal and financial services in some states and territories for people who can’t afford to pay – call 13 11 20 to ask if you are eligible.

**Talk to someone who’s been there**

Coming into contact with other people who have had similar experiences to you can be beneficial. You may feel supported and relieved to know that others understand what you are going through and that you are not alone.

People often feel they can speak openly and share tips with others who have gone through a similar experience.
You may find that you are comfortable talking about your diagnosis and treatment, relationships with friends and family, and hopes and fears for the future. Some people say they can be even more open and honest in these support settings because they aren’t trying to protect their loved ones.

**Types of support**
There are many ways to connect with others for mutual support and to share information. This includes:

- **face-to-face support groups** – often held in community centres or hospitals
- **telephone support groups** – facilitated by trained counsellors
- **peer support programs** – match you with someone who has had a similar cancer experience, e.g. Cancer Connect.
- **online forums** – such as www.cancerconnections.com.au.

Talk to your nurse, social worker or Cancer Council Helpline about what is available in your area.

“My family members don’t really understand what it’s like to have cancer thrown at you, but in my support group, I don’t feel like I have to explain.” — Sam
You may be reading this booklet because you are caring for someone with cancer. Being a carer can be stressful and cause you much anxiety. Try to look after yourself – give yourself some time out and share your worries and concerns with somebody neutral, such as a counsellor or your doctor.

Many cancer support groups and cancer education programs are open to carers, as well as people with cancer. Support groups and programs can offer valuable opportunities to share experiences and ways of coping.

Support services such as Home Help, Meals on Wheels or visiting nurses can help you in your caring role. There are also many groups and organisations that can provide you with information and support, such as Carers Australia, the national body representing carers in Australia. Carers Australia works with the Carers Associations in each of the states and territories. Phone 1800 242 636 or visit www.carersaustralia.com.au for more information and resources.

You can also call Cancer Council Helpline 13 11 20 to find out more about carers’ services and to get a copy of the Caring for Someone with Cancer booklet.
The internet has many useful resources, although not all websites are reliable. The websites listed below are good sources of support and information.

**Australian**

Cancer Council Australia........................................... www.cancer.org.au
Australasian Lymphoedema Association.......................... www.lymphoedema.org.au
beyondblue..................................................... www.beyondblue.org.au
Cancer Australia................................................... www.canceraustralia.org.au
Carers Australia..................................................... www.carersaustralia.com.au
Department of Health.............................................. www.health.gov.au
HealthInsite........................................................ www.healthinsite.gov.au
Ovarian Cancer Australia........................................... www.ovariancancer.net.au
Ovarian Cancer Research Foundation........................... www.ocrf.com.au
Gynaecological Cancer Support.................................. www.gynaecancersupport.org.au
The Centre for Genetics Education............................. www.genetics.edu.au

**International**

American Cancer Society........................................ www.cancer.org
Macmillan Cancer Support....................................... www.macmillan.org.uk
National Cancer Institute......................................... www.cancer.gov
Ovarian Cancer National Alliance............................... www.ovariancancer.org
You may find this checklist helpful when thinking about the questions you want to ask your doctor about your disease and treatment. If your doctor gives you answers that you don’t understand, ask for clarification.

- What type of ovarian cancer do I have?
- How far has the cancer spread? How fast is it growing?
- What treatment do you recommend and why?
- Are there other treatment choices for me? If not, why not?
- What are the risks and possible side effects of each treatment?
- How long will treatment take? Will I have to stay in hospital?
- How much will treatment cost? How can the cost be reduced?
- Will I have a lot of pain with the treatment? What will be done about this?
- Are the latest tests and treatments for this type of cancer available in this hospital?
- Are there any clinical trials or research studies I could join?
- How frequently will I need check-ups after treatment?
- Who should I go to for my check-up appointments?
- Are there any complementary therapies that might help me?
- Should I change my diet during or after treatment?
- If the cancer comes back, how will I know?
- What are my fertility options?
- What sort of genetic testing can I have?
- Am I entitled to receive genetic counselling?
abdomen
The area of the body between the chest and hips, which contains the stomach, spleen, pancreas, liver, gall bladder, bowel, bladder and kidneys.

advanced cancer
Cancer that has spread from where it started (the primary site) to another part of the body.

ascites
Fluid build-up in the abdomen, making it swollen and bloated.

benign
Not cancerous or malignant.

bilateral salpingo oophorectomy
Surgical removal of both ovaries and fallopian tubes.

biopsy
The removal of a sample of tissue from the body for examination to help diagnose a disease.

borderline tumour
A type of ovarian tumour that is not considered cancerous.

bowel
The long, tube-shaped organ in the abdomen that is part of the digestive tract. The bowel has two parts: the small and large bowel.

bowel obstruction
Blockage or clogging of the large bowel.

CA-125
A protein found in the blood that is often higher than normal in women with ovarian cancer.

catheter
A hollow, flexible tube through which fluids can be passed into the body or drained from it.

cells
The basic building blocks of the body. A human is made of billions of cells, which are adapted for different functions.

cervix
The end of the uterus that forms a canal and extends into the vagina.

chemotherapy
The use of cytotoxic drugs to treat cancer by killing cancer cells or slowing their growth.

collectomy
A surgical procedure in which cancerous areas of the colon are cut out and the healthy parts of the colon are sewn back together.

colonoscopy
An examination of the bowel using an endoscope, which is passed through the anus.

colostomy
An operation in which the colon is attached to an opening in the abdomen.

CT scan
A computerised tomography scan. This scan uses x-rays to build a picture of the body.

endoscope
A flexible tube with a light and camera on the end. Used during diagnostic tests.

epidural
Anaesthetic drugs are injected directly into the spinal column. Also known as epidural anaesthesia.
epithelial ovarian cancer
Cancer that starts in the epithelium of the ovary.

epithelium
Layers of cells covering internal and external surfaces of the body, including the ovaries.

exploratory laparotomy
A type of laparotomy surgery in which the surgeon looks in the body for evidence of disease or by taking a tissue sample.

fallopian tubes
Two long, finger-like tubes extending from the uterus to the ovaries. They carry fertilised eggs from the ovary to the uterus.

germ cells
Cells that produce eggs in females and sperm in males. Germ cell cancers can occur in the ovaries or testicles.

gynaecological oncologist
A doctor who specialises in treating cancers of the female reproductive system.

hormones
Chemicals in the body that send information between cells.

hysterectomy
The surgical removal of the uterus and cervix.

ileostomy
An operation that connects the small bowel to a surgically created opening (stoma) in the abdomen.

intraperitoneal chemotherapy
A technique of administering chemotherapy into the abdominal cavity via injection into the peritoneum.

laparotomy
An operation in which a long cut is made in the abdomen to examine the internal organs, such as the ovaries.

lymph nodes
Small, bean-shaped structures that form part of the lymphatic system. Also called lymph glands.

lymphadenectomy
Removal of the lymph glands from a part of the body. Also called a lymph node dissection.

lymphoedema
Swelling caused by a build-up of lymph fluid.

malignant
Cancer. Malignant cells can spread (metastasise) and eventually cause death if they cannot be treated.

menopause
When a woman stops having periods (menstruating).

metastasis
A cancer that has spread from another part of the body. Also known as secondary cancer.

non-epithelial ovarian cancer
Ovarian cancer that does not start in the lining of the ovary. Types include germ cell ovarian cancer and sex-cord stromal cancer.
**oestrogen**
A female sex hormone produced mainly by the ovaries that helps mature and regulate the female reproductive cycle.

**omentectomy**
Surgical removal of the omentum.

**omentum**
A protective apron of fatty tissue over the abdominal organs.

**oophorectomy**
The removal of one or both ovaries.

**ovarian cancer**
Cancer that starts in the ovaries. There are several different types of ovarian cancer, including epithelial and non-epithelial cancers.

**ovary**
A hormone-producing female reproductive organ located near the uterus. It also produces eggs (ova).

**ovulation**
The release of an egg during the menstrual cycle.

**ovum/ova**
The female egg/s produced and released by the ovary.

**palliative treatment**
Medical treatment to help people with cancer manage pain and other physical and emotional symptoms of cancer.

**paracentesis**
The drainage of excess fluid from the abdomen.

**patient-controlled analgesic system**
An intravenous system that allows a person to administer a dose of pain relief by pressing a button. Also known as a PCA system.

**pelvis**
The lower part of the trunk of the body: roughly, the area that extends from hip to hip and waist to groin.

**pleural effusion**
An abnormal build-up of fluid in the pleural cavity (lung area).

**progesterone**
A hormone produced by the ovaries that prepares the lining of the uterus (endometrium) for pregnancy.

**radiotherapy**
The use of radiation, usually x-rays or gamma rays, to get rid of cancer cells or reduce their activity.

**recurrent cancer**
A cancer that grows from cells of the primary cancer that have resisted treatment, or cancer that has spread to another part of the body.

**remission**
When the symptoms and signs of the cancer reduce or disappear.

**sex-cord stromal cells**
Ovarian cells that release the female hormones.

**stage**
The extent of a cancer and whether the disease has spread from an original site to other parts of the body.

**thoracentesis**
A procedure in which the doctor inserts a hollow needle between the ribs in order to drain excess fluid. Also called a pleural tap.
tissue
A collection of cells that make up a part of the body.

transvaginal ultrasound
A test that uses soundwaves to create images of the uterus, ovaries and other reproductive organs.

tumour
A new or abnormal growth of tissue on or in the body. A tumour may be benign (not cancer) or malignant (cancer).

tumour markers
Chemicals produced by cancer cells and released into the blood. These may suggest the presence of a tumour in the body. Markers can be found by blood tests or by testing tumour samples.

ultrasound
A non-invasive scan that uses soundwaves to create a picture of part of the body. An ultrasound scan can be used to measure the size and position of a tumour.

uterus
The hollow muscular organ in which a fertilised egg grows and a baby is nourished until birth. Also called the womb.

Can’t find what you’re looking for?

How you can help

At Cancer Council we’re dedicated to improving cancer control. As well as funding millions of dollars in cancer research every year, we advocate for the highest quality care for cancer patients and their families. We create cancer-smart communities by educating people about cancer, its prevention and early detection. We offer a range of practical and support services for people and families affected by cancer. All these programs would not be possible without community support, great and small.

Join a Cancer Council event: Join one of our community fundraising events such as Daffodil Day, Australia’s Biggest Morning Tea, Relay For Life, Girls Night In and Pink Ribbon Day, or hold your own fundraiser or become a volunteer.

Make a donation: Any gift, large or small, makes a meaningful contribution to our work in supporting people with cancer and their families now and in the future.

Buy Cancer Council sun protection products: Every purchase helps you prevent cancer and contribute financially to our goals.

Help us speak out for a cancer-smart community: We are a leading advocate for cancer prevention and improved patient services. You can help us speak out on important cancer issues and help us improve cancer awareness by living and promoting a cancer-smart lifestyle.

Join a research study: Cancer Council funds and carries out research investigating the causes, management, outcomes and impacts of different cancers. You may be able to join a study.

To find out more about how you, your family and friends can help, please call your local Cancer Council.
Cancer Council Helpline is a telephone information service provided throughout Australia for people affected by cancer.

For the cost of a local call (except from mobiles), you, your family, carers or friends can talk confidentially with oncology health professionals about any concerns you may have. Helpline consultants can send you information and put you in touch with services in your area. They can also assist with practical and emotional support.

You can call Cancer Council Helpline 13 11 20 from anywhere in Australia, Monday to Friday. If calling outside business hours, you can leave a message and your call will be returned the next business day.

Visit your state or territory Cancer Council website

- **Cancer Council ACT**
  - Website: www.actcancer.org

- **Cancer Council Northern Territory**
  - Website: www.cancercouncilnt.com.au

- **Cancer Council NSW**
  - Website: www.cancercouncil.com.au

- **Cancer Council Queensland**
  - Website: www.cancerqld.org.au

- **Cancer Council SA**
  - Website: www.cancersa.org.au

- **Cancer Council Tasmania**
  - Website: www.cancertas.org.au

- **Cancer Council Victoria**
  - Website: www.cancervic.org.au

- **Cancer Council Western Australia**
  - Website: www.cancerwa.asn.au
For support and information on cancer and cancer-related issues, call Cancer Council Helpline. This is a confidential service.