ABOUT GRACE

GRACE supports women with gynaecological cancers by raising awareness, funding research and providing local hospitals with vital surgical and other equipment.

OUR MISSION IS TO:

- **Raise standards** of gynaecological cancer care and treatment for women across Surrey, West Sussex and Hampshire;
- **Promote** early diagnosis through awareness and;
- **Raise funds** to support research into the cause, progression and treatment of cancers that include cervical, womb and ovarian.

Established in 2005, GRACE undertakes work in a neglected area of cancer research. Over 21,000 women are diagnosed with a gynaecological cancer in the UK every year. This is 58 women a day. 58 women who are your grannies, mothers, sister, aunts, nieces or daughters. 21 of these women will sadly succumb to their cancer.

GRACE is dedicated to research that will improve the treatment, recovery and survival rates of women diagnosed with a gynaecological cancer in the future. Most of the clinical and translational work that we support takes place locally through the Guildford Gynaecological Cancer Research Group at the Unversity of Surrey and within the Department of Gynaeoncology at the Royal Surrey County Hospital. The results of this work will feed into the wider UK research network, helping to influence and shape the diagnostic and therapeutic journey of women now and in the future.

WE NEED YOUR HELP TO:

- **Raise awareness** of the symptoms of these cancers so women seek help at an early stage. Early detection of gynaecological cancers saves and lengthens lives and can spare the fertility of young women
- **Improve the clinical services** available to women by the provision of state-of-the-art theatre equipment, diagnostic tools and the development of minimally invasive and fertility-sparing treatments
- **Fund researchers** and nurse specialists who will investigate possible new treatments and enable greater understanding of these cancers

ALL FIGURES ARE CRUK 2016

GRACE
Gynae-oncology Research and Clinical Excellence

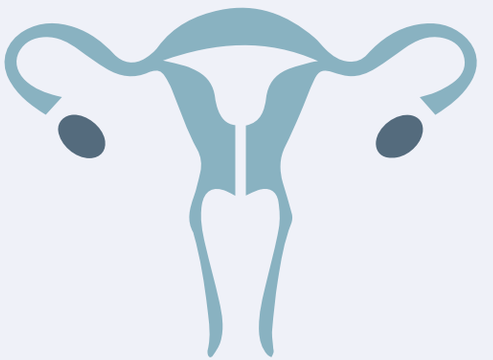
gracecancercharity
gracecancercharity
grace_women

GRACE, Department of Gynaecological Oncology,
The Royal Surrey County Hospital, Egerton Road,
Guildford, Surrey GU2 7XX
Tel: 01306 730872 | Email: info@grace-charity.org.uk
www.grace-charity.org.uk

Patrons: Sarah, The Duchess of York; Dame Judi Dench
Charity Registration No. 1109997

GRACE
Gynae-oncology Research and Clinical Excellence

OVARIAN CANCER



www.grace-charity.org.uk

Registered charity no. 1109997

OVARIAN CANCER

WHAT IS OVARIAN CANCER?

Ovarian cancer is the second most common gynaecological cancer in the UK after womb cancer and each year over 7,400 women are diagnosed with the condition.

Ovarian cancer commonly includes cancerous growths (malignant tumours) that arise from either the ovary or the fallopian tube. Less frequently as primary peritoneal cancer.

Although ovarian cancer can affect women of any age, it is most common in those over the age of 60 in women who have already been through the menopause.

Each year over 7,400 women are diagnosed with Ovarian cancer.

Ovarian cancer can be a primary cancer, where it develops directly from cells of the ovary, fallopian tube or abdominal lining, or can be a secondary cancer, where it is the result of spread from another cancer in the body. This method of cancer spread is called metastasis. The most common subtype of ovarian is epithelial cancer, whereas germ cell and stromal ovarian cancers are much less common.

Epithelial ovarian cancer is derived from cells on the surface of the ovary. Germ cell ovarian cancer is derived from the egg-producing cells within the body of the ovary. This rare type of cancer more commonly affects teenagers. Stromal ovarian cancer develops within the cells that hold the ovaries together.

HOW DOES IT DEVELOP?

A cancer develops when cells undergo uncontrolled (abnormal) division. The growth of a cancer is initiated by mutations in the structure of DNA within cells, which affects how they grow. Over time a lump of unnecessary tissue called tumour is produced as the cells grow and reproduce uncontrollably.

In ovarian cancer there is mutation in the cells of the ovary. Due to the uncontrollable nature of the cell reproduction, if the cancer isn't identified early, the cells will continue to spread and affect other areas of the body like the abdomen and pelvis.

KEY SIGNS & SYMPTOMS:

Ovarian cancer is hard to diagnose as it can often be difficult to recognise the symptoms, particularly at early stages. This is due to vagueness of the presenting complaints that can be confused with less serious conditions such as IBS (irritable bowel syndrome) and PMS (pre-menstrual syndrome). Sadly, this often means that women are not diagnosed until the cancer has spread.

Some symptoms to look out for include:

- Persistent abdominal and pelvic pain
- Difficulty in eating and feeling nauseous or full quickly
- Increased abdominal girth and persistent bloating (rather than bloating that comes and goes)
- Altered bowel habit not explained by dietary or lifestyle changes

There are other subtle symptoms that may occur in women with ovarian cancer but are not always associated with it. These symptoms often suggest other gynaecological pathologies are the problem. These include:

- Back pain
- Pain during or after sex
- The need to pass urine more frequently than usual

RISK FACTORS

As with many cancers, the exact cause of epithelial ovarian cancer is still unclear however there are many factors that appear to play a role. These are divided into genetic factors and other influences.

There are various hypotheses that are still being researched however broadly we suspect that these cancers arise from the cells that cover the ovarian surface. Malignant (cancerous) transformation of these surface cells suggests that incessant ovulation (continuously producing eggs) causes disruption of the surface cells and leads to a reparative process. The result of an ongoing process of disruption and repair might trigger mutations in the cells resulting in cancerous transformation.

- There is research ongoing to understand if nulliparity (not having children) or ovarian stimulation drugs (as part of treatments) are associated with an increased risk of ovarian cancer.
- There is emerging evidence to suggest that women with endometriosis are possibly at a slightly higher risk of epithelial ovarian cancer however more clarity is being sought in this area.
- Contrary to popular belief use of the oral contraceptive pill confers a protective effect and reduces risk.
- Pregnancy and breastfeeding again reduce the risk
- As with many conditions, aging is a risk factor and epithelial ovarian cancer is more common in the post-menopausal period.

The genetic risks of epithelial ovarian cancer are related to some of the well known gene mutations such as the BRCA 1 & 2 (Angelina Jolie gene) or the RAD51C & D.

However, in the absence of gene mutations, a strong family history risk is being evaluated in long term studies to ascertain the risk of developing ovarian cancer. Families with other cancers such as breast, womb or non gynaecological cancers (bowel) may also be at increased risk.

HOW IS IT DIAGNOSED?

GPs will ask about any symptoms women may have experienced and feel their abdomen to check for swelling or abnormalities. Women will likely be asked about their family history and whether any of their close relatives have developed ovarian or breast cancer.

An internal examination may also be performed, as well as a blood test and/or ultrasound scan. Depending on results of these tests, women may be referred to a gynaecologist or a gynaecological oncologist.

TREATMENT

All our patients are discussed at the Multidisciplinary Team Meeting (MDT) which is attended by the gynaecological oncologists (surgeons), medical oncologists (chemotherapy doctors), clinical oncologists (radiotherapy doctors), radiologists, pathologists and the Clinical Nurse Specialists (CNS/Keyworker) and each patient's case is discussed and the management recommended to suit their clinical scenario as well as other factors. The treatment for ovarian cancer is usually a combination of surgery and chemotherapy where possible. The specialist will provide all the information about the surgery which will probably involve removing both ovaries and fallopian tubes (called bilateral salpingo-oophorectomy), the whole womb (a total abdominal hysterectomy) and cancer affecting all other organs.

In order to find out whether the cancer has spread, the gynaecological oncologist may also remove samples of neighbouring tissue to check. If the cancer has spread (metastasis), the surgeon will try to remove as much of the affected tissue as possible, which is referred to as 'debulking surgery'.

If you would need more information, please visit
www.grace-charity.org.uk