

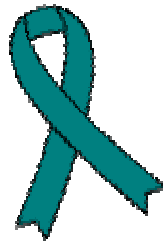


National Association for Family and Community Education Presents
The Hearth Fire Series #77



THE SILENT KILLER

FACTS ABOUT OVARIAN CANCER



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Preparation

1. Preview the presentation and practice.
2. Make copies of Activity 1 Shapes Bonding, Handouts numbers 1-2, brochure, for each participant.
3. If using the PowerPoint, practice and check the working order of equipment.
4. Set up equipment and have handouts & pencils/pens ready before beginning.

Leader Guide

Educational goals

Understand there are three types of cells of the ovaries and three kinds of ovarian cancer cells. Recognize the symptoms of ovarian cancer. Recognize the difference between benign and malignant cancer. Grasp the risks of ovarian cancer.

Welcome, Introduction of partner and self, Introduction of topic & 5 minutes

Opening Activity – Shapes Bonding Activity

Stats and Facts, Quiz, through How Are You Feeling 15 minutes

What Can Mimic...through What Are the Risk Factors 15 minutes

Factors That Can Lower...through Prevention 5 minutes

Testing for Ovarian Cancer ... through You have Been Diagnosed 5 minutes

What Questions... 15 minutes

Ovarian Cancer Awareness & Conclusion & Thank You 5 minutes

Handout brochure and Shapes Bonding





National Association for
Family & Community Education

THE SILENT KILLER

FACTS ABOUT OVARIAN CANCER

(Introduce your partner and yourself-very briefly.)

INTRODUCTION

This silent killer takes 12,810 lives every year in the US alone. Shockingly, this killer takes 207,000 lives globally.

What is this silent killer? Will we be one of the victims? That is what we are here to learn.

Let us talk about **O's**. What are they, where are they, do we need them, what do we do if that dreaded "c" word is diagnosed, what questions should I ask? Talk about Overwhelming!

O's refer to a woman's ovaries. The definition of ovaries is they are a pair of glands (approximately the size and shape of an almond) in the female reproductive system where eggs are stored and estrogen is manufactured. They are held in place by ligaments on either side of the uterus.

Eggs are transported from the ovaries to the uterus via the fallopian tubes. Surrounding the entrance to the fallopian tubes are tiny fimbriae, or fingerlike projections, which guide the egg into the tube each month.

O's are important to human reproduction and the hormones they produce.

(QUIZ: Handout 1, allow 5 minutes, then go over answers and then Handout 2.)

STATS and FACTS

A projection report from Globocan (a Windows based software which provides access to a worldwide database of cancer incidence and mortality rates) is that by 2040, the number of women diagnosed in the world with ovarian cancer will rise by 37%, to 428,966. The number that will die from ovarian cancer will rise 50% to 313,617. It is the 7th most common cancer in women. The 8th most common cause of death from any cancer in women.

In the U.S., there will be about 19,880 new diagnoses of ovarian cancer. It ranks the 5th cause of cancer deaths among women. Ovarian cancer accounts for more deaths than any other cancer of the female reproductive system. It is more common in white women.



HOW ARE YOU FEELING?

Are you feeling tired? Bloating? Stomach not feeling well? Feeling full quickly after eating? Difficulty eating or lack of appetite?

Those questions sure sound like the lead in to a cure all pill. The symptoms of something being seriously wrong with your ovaries are very vague. The discomfort can go on for months and years before a diagnosis is made.



Early on, unexplained and frequent bloating, pelvic or abdominal pain, trouble eating or feeling full prematurely, urinary symptoms such as frequent urination or the feeling of needing to go.

Very vague, aren't they? A woman may not even have one of these beginning symptoms.

As things progress, more symptoms begin to occur:

- Fatigue or unexplained exhaustion.
- Indigestion or upset stomach.
- Nausea.
- Pressure in lower back or pelvis.
- Back pain.
- Pain during sex.
- Constipation.
- Changes in period—such as heavier bleeding or irregular bleeding.
- Abdominal swelling with weight loss.

Still very vague, but it is beginning to add up to something bad, ovarian cancer.

With all we know about various cancers, ovarian cancer is still considered the “silent cancer.” There are no definitive tests to check it out.

WHAT CAN MIMIC the SYMPTOMS of OVARIAN CANCER? ¹

The symptoms of ovarian cancer are confusing because they share the traits of many other less serious conditions or may be experienced during a menstrual cycle. Just because you are experiencing these symptoms does not mean that you have ovarian cancer.

There are many other possible diagnoses, such as:

Ovarian cysts: Fluid-filled pouches in or around the ovaries.

Irritable bowel syndrome: A chronic digestive disorder.

Premenstrual syndrome: Menstrual symptoms in the days leading up to your period.

Endometriosis: Abnormal growth of the uterine lining outside of the uterus on surrounding tissue.

Menses: Your normal menstrual cycle can include pelvic cramps and abdominal discomfort.

Uterine fibroids: Benign muscular tumors that grow in the uterine wall. They typically are harmless unless they become too large.

Pelvic infection: Sexually transmitted disease or pelvic inflammatory disease.



OVARIAN CANCER

Ovaries are mainly made up of three kinds of cells, epithelial cell, ovarian germ cell and ovarian stromal cells. Each kind of cell can develop a different type of tumor.

Some of these tumors are benign and never spread beyond the ovaries. Malignant tumors or borderline tumors can spread (metastasize) to other parts of the body.

Epithelial Cell: Epithelial tissues and cells are found throughout the body. They form the coverings for all body surfaces, line the body's cavities and hollow organs, and are the major tissue in glands. ²

Epithelial ovarian tumors start from the cells that cover the surface of the ovary. Most ovarian tumors are epithelial cell tumors.

Benign epithelial ovarian tumors do not spread and usually do not lead to serious health problems. There are several types of these benign tumors.

Malignant epithelial ovarian tumors are called carcinomas. About 85-90% of malignant ovarian cancers are epithelial ovarian carcinomas. There are four kinds, with two grades and two types. All of which must be determined in a lab.

Ovarian Germ Cell: Germ cells are the reproductive cells, the eggs cells in females and the sperm cells in males. Most ovarian germ cell tumors are benign, but not all. Less than 2% of ovarian cancers are germ cell tumors. Overall, they have a good outlook. There are three subtypes of these germ cell tumors.

Ovarian Stromal Tumors: (The stroma of the ovary is the connective tissue.) About 1% of ovarian cancers are ovarian stromal cell tumors. More than half of stromal cell tumors are found in women older than 50, but about 5% are found in young girls.

There are three kinds of stromal tumors that are malignant. These types of tumors are usually found early and have a good outlook. More than 75% of patients survive long-term.

WHAT ARE THE RISK FACTORS? ³

Are you at risk? Quick answer is that *all* women are at risk. Factors that increase your risk of ovarian cancers:

- **Getting older** - The risk of developing ovarian cancer gets higher with age. Ovarian cancer is rare in women younger than forty. Most cancer develops after menopause. Half of all ovarian cancers are found in women over sixty-three.
- **Being overweight or obese** - Obesity has been linked to a higher risk of developing many cancers. Current information that is available for ovarian cancer risk and obesity is not clear. Obese women do have a higher risk, but not necessarily for the most aggressive types. Obese women do have an overall lower survival rate.



- **Having children later or never having a full-term pregnancy** - Women who have their first full-term pregnancy after age 35 or who never carried a pregnancy to term have a higher risk of ovarian cancer.
- **Taking hormone therapy after menopause** - Women using estrogens alone or with progesterone after menopause have an increased risk of developing ovarian cancer compared with women who have not used hormone replacement therapy.
- **Having a family history of ovarian, breast, or colorectal cancer** - Ovarian cancer can run in families. Your risk is increased if your mother, sister, or daughter has/had ovarian cancer. The risk also gets higher the more relatives you have with ovarian cancer. Increased risk can also come from your father's side. A family history of other types of cancer (colorectal or breast) is linked to an increased risk.
- **Having a family cancer syndrome** - Up to 25% of ovarian cancers are part of the family cancer syndromes resulting from inherited changes (mutations) in certain genes.
 - Hereditary breast and ovarian cancer syndrome (HBOC). This syndrome is caused by inherited mutations in the genes *BRCA1* and *BRCA2*, as well as possibly some other genes that have not yet been found. This syndrome is linked to a high risk of breast cancer, fallopian tube cancer, and primary peritoneal cancers. The risk of pancreatic and prostate cancers also increase.
 - *BRCA1* (Breast CAncer gene 1) and *BRCA2* (Breast CAncer gene 2) are genes that produce proteins that help repair damaged DNA. But when people inherit even just one harmful variant, they have increased risks of cancer, most notably breast and ovarian cancer, but they also tend to develop other cancers and to develop cancer at younger ages than those who do not have a variant.⁴
 - Other cancers that are linked to harmful *BRCA 1* and *BRCA2* are increased risk of fallopian tube cancer, pancreatic cancer and primary peritoneal cancer. Men are also at increased risk of breast cancer and prostate cancer.⁴
 - Currently, testing to detect if someone has an inherited harmful variant in either *BRCA 1* and/or *BRCA 2* is not recommended for the general public. But if a person is concerned about the likelihood of having inherited a harmful *BRCA1* or *BRCA2* gene variant, especially those who have a family history of certain cancers, this matter should be discussed with their health care provider or a genetic counselor.⁴
 - Hereditary nonpolyposis colon cancer (HNPCC). Women with this syndrome have a very high risk of colon cancer and also have an increased risk of uterine and ovarian cancers. Many different genes can cause this syndrome. Another name for this is Lynch Syndrome.



- Peutz-Jeghers Syndrome - People with rare genetic syndrome develop polyps in the digestive tract while they are teenagers. They have a high risk of all digestive track cancers. The digestive system organs in the abdominal cavity include the liver, gallbladder, stomach, small intestine and large intestine. Women with this syndrome have a higher risk of ovarian cancer.
- MUTYH-associated polyposis - People with this syndrome develop polyps in the colon and small intestine and have a high risk of colon cancer. They are more likely to develop other cancers such as bladder and ovary.
- Other hereditary ovarian cancer genes - There is a short list of other genetic mutations that can be linked to ovarian and other cancers.
- **Using fertility treatments** - Fertility treatment with in vitro fertilization seems to increase the risk of the type of ovarian tumors known as “borderline” or “low malignant potential”.
- **Having had breast cancer** - If you have had breast cancer, you run a higher risk of ovarian cancer. This is because both are part of the reproductive system. If there is a family history of breast and/or ovarian cancer are at the highest risk, especially if either BRCA gene is present.
- **Smoking** - What is new with this risk? Seems there are many side effects and risks from smoking, so stop if you are a smoker and don’t start if you aren’t one. If you smoke, you run the biggest risk of getting malignant epithelial ovarian tumors of the mucinous carcinoma type.

Factors with unclear effects on ovarian cancer risk: Androgens, such as testosterone; Talcum powder and Diet.

Factors that can lower risk of ovarian cancer

- Pregnancy and breastfeeding - Women who have been pregnant and carried it to term before age 26 have a lower risk of ovarian cancer than women who have not. The risk goes down with each full-term pregnancy. Breastfeeding may lower the risk even further.
- Birth control - Women who have used oral contraceptives have a lower risk of ovarian cancer. The risk is lower the longer the pills are used. This lower risk continues for many years after the pill is stopped. Other forms of birth control such as tubal ligation and short use of IUDs (intrauterine devices) have also been associated with a lower risk of ovarian cancer.

A hysterectomy (removing the uterus without removing the ovaries) also seems to reduce the risk of getting ovarian cancer by about one-third.



PREVENTION

You can do things that will help prevent ovarian cancer, but there are no 100% guarantees. Most of us have one or more of the risk factors and they only slightly raise your risk. There are a few things you can do to help prevent the most common type of ovarian cancer:

- ✓ Do not take hormone replacements after menopause.
- ✓ Stop smoking.
- ✓ Keep your weight down and eat healthy. Women who eat diets with lots of fruits and vegetables are found with a reduced risk.
- ✓ Take oral contraceptives.
- ✓ Tubal ligation and a hysterectomy are two surgical procedures to consider.
- ✓ Premenopausal women who have the BRCA mutation and get their ovaries removed.
- ✓ Getting pregnant before 40, but not as a young teen.
- ✓ Breast feeding.

TESTING for OVARIAN CANCER

First things first, get an annual check-up. Tell your provider that you have these vague symptoms. Do not be put off in to getting more testing. Those tests may show another cause of your symptoms and not ovarian cancer.

Imaging testing includes ultrasound, CT scans, upper and lower barium imaging x-rays, MRI's, PET scans, and/or chest x-rays. Lower barium enemas and chest x-rays will show if the ovarian cancer has spread. This is if it is confirmed you have this diagnosis.

Other tests can include laparoscopy—a thin, lighted tube inserted through a tiny hole in the abdomen so the doctor can see what's there (or not there). The doctor can also use this procedure to do a biopsy. Usually this can be performed as an out-patient.

Colonoscopy—while this should be done every 5 years (longer, if you are at low risk), in case of those vague symptoms, this test should be done. Usually this, too, can be performed as an out-patient, but you will be asleep during the procedure. This is used to check for cancer as well as polyps.

Biopsies also can be done. These show cancer cells are present or absent. They are used for all types of cancer, not just ovarian.

Blood tests will be done. The one test that will be done here is a CA125. This test will show cancer markers. The normal number here is below 30. The lower, the better. Hormone levels will also be checked. Some of the diverse types of tumors will cause changes in hormone levels.

If you are diagnosed with any reproductive cancer, genetic testing should be done. This will help in defining what treatment is needed. If you do have either of the BRCA genes present, other family members should also get tested. Positive tests in family members will give them a better chance of preventing, lowering the risk, or treating the cancer.



Biopsy tissue can be used to look for gene mutations and do a much better job than other tests. There are over 1000 BRCA mutations and it helps with knowing what you may have and what treatment will work best.

YOU'VE BEEN DIAGNOSED

Now you've found out that you have ovarian cancer. What can you expect? First, lots more tests, if they haven't already been done to make the diagnosis.

The doctor and team will determine what stage the cancer is at.

Stage 1: confined to one or both ovaries, it hasn't spread.

Stage 2: spread to the uterus or other nearby organs.

Stage 3: spread to the lymph nodes and/or abdominal lining.

Stage 4: spread to distant organs, such as lungs and liver.

Once this is determined, treatment options will be given. Surgery, chemo, and radiation are all options for treatments. Usually, it is a combo of these.

If you have Stage 3 or 4, you may be a good candidate for trials. These trials may be included with current chemo drug. They are closely monitored, many have a timeline each time they are administered, and side effects.

No matter what treatment you choose, there will be side effects. Your doctor and team will treat side effects as best they can.

TREATMENT

Any treatment is between you and your doctor. Find a good oncologist, one who specializes in your type of cancer. They will know the best and newest treatments available. They will order the tests, do regular check-ups, and listen when you don't feel well or have new symptoms.

WHAT QUESTIONS SHOULD YOU ASK YOUR DOCTOR?

First set of questions come When You Are Diagnosed:

- What type do I have?
- Has my cancer spread?
- At what stage am I?
- Do I need other tests before we make a treatment choice?
- Do I need to see any other doctors or health care professionals?
- If I am concerned about costs and insurance coverage for diagnosis or treatment, who can help?
- Will I be able to have children after my treatment?
- Should I get genetic testing? What are my testing options?



Second set of questions When Deciding on a Treatment Plan:

- What are my treatment options?
- What do you recommend and why?
- How much experience do you have treating this type of cancer?
- Should I get a second opinion? How do I do that? Can you make a recommendation?
- What would the goal of treatment be?
- How quickly do we need to decide on treatment?
- What should I do to be ready for treatment?
- How long will treatment last? What will it be like? Where will it be done?
- What risks or side effects are there to the treatments you suggest?
- Are there things I can do to reduce these side effects?
- How might treatment affect my daily activities? Can I still work full-time?
- What are the chances the cancer will recur with these treatment plans?
- What will we do if treatment does not work? Or if it recurs?
- What if I have transportation problems getting to and from treatment?

Third set of questions During Treatment:

- How will we know if the treatment is working?
- Is there anything I can do to help manage side effects?
- What symptoms or side effects should I tell you about right away?
- How can I reach you on nights, holidays, or weekends?
- Do I need to change what I eat during treatment?
- Are there any limits on what I can do?
- Can I exercise during treatment? If so, what kind should I do and how often?
- Can you suggest a mental health professional I can see if I start to feel overwhelmed, depressed, or distressed?
- What if I need social support during treatment because my family lives far away?

Fourth set of questions After Treatment:

- Do I need a special diet after treatment?
- Are there any limits to what I can do?
- What other symptoms should I watch for?
- What kind of exercise should I do now?
- What type of follow-up will I need after treatment?
- How often will I need to have follow-up exams and imaging tests?
- Will I need any blood tests?
- How will we know if the cancer has come back? What should I watch for?
- What will my options be if the cancer comes back?

Take someone with you at all these stages. Four ears are better than two. You won't hear everything or comprehend all you are being told. Take the list of questions with you. The list above are just some of what you might ask. Never be afraid of asking or requesting.



Be your own advocate. If you can't, have someone with you who can! This is really important.

OVARIAN CANCER AWARENESS



The month of September is Ovarian Cancer Awareness Month. According to the CDC, it is the 2nd most common gynecologic cancer in the United States and causes more deaths than any other cancer of the reproductive system!

Know the signs, the symptoms. Spread the word. Share knowledge—not medical advice—and educate others. Spouses or significant others are sometimes more aware of the signs and symptoms, so include them.

Teal is the color representing Ovarian Cancer. Teal is our reminder color.

CONCLUSION

Current research suggests that ovarian cancer starts in the Fallopian Tubes and moves to the ovaries. Treatments for ovarian cancer have become more effective in recent years, with the best results seen when it is diagnosed early.

Remember the signs and symptoms, and risk factors. Do what you can to minimize your risks. Don't be afraid to be your own advocate about getting tests done. Do not be put off. Experts advise that anyone who experiences unexplained abdominal symptoms lasting for more than 2 weeks should see their healthcare provider.

Find a great doctor. Do a check on them. Listen to what they say and what they recommend. If you do not like how you are treated or not listened to, find a new one right away.

Know what type of ovarian cancer you have and what Stage you are at. Know what the treatment options are and all the possible side effects of each. It is your choice.

Educate yourself and family and friends. They will be your biggest support group. Do not be afraid to ask for help—of any kind.

Do not be the 1 in 78 who gets ovarian cancer and do not get diagnosed early.



NO WOMAN LEFT BEHIND!

Fight 'The Silent Killer' with doctor check-ups



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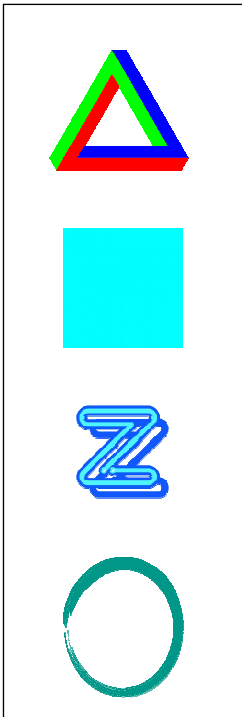
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ACTIVITY # 1

SHAPES BONDING

*(Leader: Ask participants to visualize the following shapes:
Triangle, Square, Z, or Circle. Select one shape that suits you best.)*



TRIANGLES: These are the broad-based, intellectual ones in society, the deep thinkers. They are the ones who send out surveys, the organizational people. “Prove it”, they say and, “Please put it in writing”, “Is it in the budget?” These are the foundation people, the pillars of the organization.

SQUARES: These are the solid citizens...the reliable ones. They always vote. They carry the responsibilities of the organization and do the work of society. They always say “It’s a touch job but it must be done. If it’s going to be, it’s up to me.”

Z’s: The Z’s are the creative ones, the idea people. Z’s love change. They are the dreamers, leaders. “Why not,” they ask. Z’s always come up with new ways of doing things but often let the Squares carry them out. They dream more than the Triangles think is practical.

CIRCLES: A circle stands for peace, harmony, and security. You will notice that there are no rough spots on a circle. Circles keep things running smoothly. They do not rock the boat. They like calm days and quiet waters.

No matter what you chose for your favorite figure, you can see that we need all the figures to make a healthy group. What a disaster it would be if we all came to this meeting in the same shape or form.

Can you imagine what it would be like if everyone here was a **CIRCLE**? You can’t sail very far in still waters. You need a bit of wind to change the course and head out to sea.

If we were all shaped like a **Z**, we would move but we would probably have a hard time staying on course. We would sail so far, so fast, that we might never reach harbor or touch base with anyone.

If we were all three-sided figures, we most likely would be so busy charting the course that we might never get around to leaving port.

When the Z’s say, “If we can dream it, it can be done” and the **TRIANGLES** say, “But’s it not in the budget”, who will resolve the conflict and quiet the waves? We need **CIRCLES**.

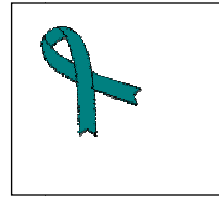
A group made up of workhorse **SQUARES** sounds ideal but with the crew continually loading cargo, who will chart the course and set the sails, and dream the dreams?

Every shape is important...whether it’s four sided, three sided, or no sides at all. Whether it’s dreaming the dreams, keeping the peace, thinking the thoughts, or doing the job...we need everyone.



HANDOUT # 1

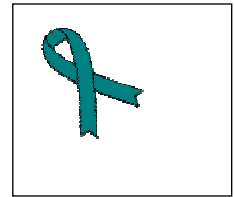
MULTIPLE CHOICE QUIZ



- Which of these are considered common symptoms of ovarian cancer?
 - Bloating
 - Difficulty eating or feeling full quickly
 - Abdominal or pelvic pain
 - Urinary symptoms (urgency or frequency)
 - All of the above
 - None of the above
- Screening for ovarian cancer is simple and can be done quickly and effectively at your annual gynecologic exam.
 - True
 - False
- Studies have shown that certain factors can actually reduce a person's chances of developing ovarian cancer. Which of these factors can decrease risk?
 - Starting menstruation after age 12
 - Taking oral contraceptives
 - Giving birth
 - Breastfeeding
 - All of the above
 - None of the above
- Which of these factors are known to increase your risk of ovarian cancer?
 - Being over forty
 - Menopause
 - Hormone Replacement Therapy
 - Obesity
 - All of the above
 - None of the above
- Which of these medical conditions can also increase one's risk of developing ovarian cancer?
 - Endometriosis
 - Breast cancer
 - Uterine Cancer
 - Colon Cancer
 - All of the above
 - None of the above
- If you suspect you may be at increased risk for ovarian cancer, what should you do?
 - Watch for signs and symptoms
 - Start taking oral contraceptives
 - Nothing, there is no way to prevent it anyway
 - Talk to your doctor about your risk
 - All of the above
 - None of the above
- If your doctor strongly suspects you may have ovarian cancer and is recommending surgery, it is absolutely necessary to consult with _____ prior to surgical removal?
 - A gynecologic oncologist
 - Another doctor for a second opinion
 - Google
 - A close friend
 - All of the above
 - None of the above

HANDOUT # 2

ANSWERS to MULTIPLE CHOICE QUIZ



1. Answer: E: All of the above.

Several studies show that ovarian cancer can produce symptoms, often do not show up until the disease has advanced, and can be subtle and easily mistaken for other, more common problems. If these symptoms occur for more than two weeks, and are new and unusual for you, see your gynecologist and ask about ovarian cancer.

2. Answer: False:

It's a common misconception. Actually, there is NO early detection test or screening tool for ovarian cancer. A pap smear *only screens for cervical cancer*. That is why it is so important to know the risk factors—including your personal risk—and the common symptoms of the disease.

3. Answer: E: All of the above

Starting menstruation *after* age 12, taking oral contraceptives, giving birth, and breastfeeding all DECREASE risk of ovarian cancer. Why? Because ovulation is thought to contribute to ovarian cancer in some cases. So the more menstrual cycles a person goes through, the more opportunities there are for spurring reproduction of cells, stimulating cell-signaling pathways, and damaging DNA in the process of releasing the egg from its follicle.

4. Answer: E: All of the above

For the general population, each of these factors have been linked increased risk of ovarian cancer. You may have heard that ovarian cancer rates are highest in women aged 55-64 years. This is true, but risk of ovarian cancer begins rising at age 40.

5. Answer: E: All of the above.

A personal history of endometriosis, or cancer of breast, uterine, or colon can all mean increased risk of ovarian cancer. If a close blood relative has been diagnosed with ovarian cancer at any age, or with breast, uterine, or colon cancer before age 50, you are also at increased risk.

6. Answer: D: Talk to your doctor about your risk.

It IS important to watch for symptoms, but if you suspect you may be at increased risk, you shouldn't wait for symptoms to appear. The most important action to do is talk to your doctor. Your doctor may recommend genetic testing to further determine your personal risk level. Giving you preventative options to greatly reduce your chances of getting ovarian cancer.

7. Answer: A gynecologic oncologist

If your doctor suspects ovarian cancer and is recommending surgery, it is very important to consult with a gynecologic oncologist prior to initial surgery. The importance of consulting a gynecologic oncologist prior to the surgery cannot be overstated. Patients whose surgery is performed by a gynecologic oncologist, as opposed to a gynecologist or other non-specialized physician, have been shown to have better outcomes.



WHAT CAN YOU DO?

- * **Advocate—for yourself or someone else.**
- * **Advocate—for more funding to find a cure.**
- * **Get your annual checkup.**
- * **Be supportive of someone with ovarian cancer.**
- * **Fundraise.**
- * **Take care of yourself!**



National Association for
Family & Community Education

THE
SILENT
KILLER



Membership in National FCE is
open to everyone.

The National Association for Family & Community Education is teaching women & their families to watch for the symptoms of

Ovarian Cancer.

Learn to recognize what the symptoms are. What to do about it when you see your medical provider.

Fatigue Upset Stomach
Back Pain Constipation
Painful Sex Changes in Period
Difficulty eating or lack of appetite
Abdominal Swelling with Weight Loss

Vague symptoms, but worth letting your provider know and nag them if they don't listen. Be an advocate for yourself and speak up, don't let it go if the provider skips over it. Have a family member be your advocate.



There are many risk factors. Some of them are:

- Aging
- Being overweight
- Taking hormone therapy after menopause
- Family history
- Family Cancer Syndrome
- Using fertility treatments
- Having had breast cancer
- Smoking

Prevention: You can do things that will help prevent ovarian cancer:

- ✓ Lose weight
- ✓ Don't take hormone replacement therapy
- ✓ Stop smoking
- ✓ Get your annual physical
- ✓ Talk to your provider



**Awareness month is
SEPTEMBER**

Wear Teal.

Have a Fundraiser.

Talk to others. Advocate.

Contact media. Facebook.

Put up posters.

Fly an Ovarian Cancer flag.



**NO WOMAN LEFT
BEHIND**