Ovarian cancer support
For information about ovarian cancer call Ovarian Cancer Australia on 1300 660 334 or visit www.ovariancancer.net.au
You can also speak to qualified cancer nurses at the Cancer Council on 13 11 20. They can answer your questions about the effects of cancer, explain what will happen during treatment and link you to support groups and other community resources.
If you need an interpreter, call TIS (Translating and Interpreting Service) on 13 14 50. For support and advice for carers, call the Carers Association on 1800 242 636.

1. Initial investigations and referral
Your general practitioner (GP) will assess your symptoms (for example, persistent abdominal bloating/pain, lack of appetite or urinary incontinence), conduct a physical examination and arrange blood tests.
Your GP should also discuss your needs (including physical, psychological, social and information needs) and recommend sources of reliable information and support.
It can be helpful to bring a family member or friend with you to your appointments.
You may have one or more of these tests:

- **Pelvic examination**
  The doctor will look at your abdomen and vagina to check for masses or lumps.

- **Blood tests**
  You may have a blood test to assess your general health.

- **Computed tomography (CT) scan**
  Computer technology and x-rays are used to create detailed images of the body.

- **Transvaginal ultrasound**
  A handheld device inserted into your vagina produces high-frequency sound waves that are used to create an image of your ovaries. It is important that this procedure is performed by a practitioner experienced in gynaecological ultrasounds.

- **Pelvic examination**
  The doctor will look at your abdomen and vagina to check for masses or lumps.

Results should be available within one week. If ovarian cancer is suspected, you will be referred to a specialist for further testing within one to two weeks. Your GP will provide the specialist with information about your medical history, whether there is a history of cancer in your family, and results of the initial tests.

2. Diagnosis and staging
The specialist might conduct further tests to find out whether cancer is present and, if it is, the stage of development and if it has spread.
It can be helpful to contact cancer peer support groups and support groups for carers.
Further tests you may have:

- **Fluid aspiration**
  Your doctor may give you a local anaesthetic and pass a needle through your skin to take a fluid sample to be examined under a microscope.

- **Magnetic resonance imaging (MRI) scan**
  Magnetic fields and radio waves are used to take pictures of the inside your body.

- **CT guided biopsy**
  Small samples are removed from your ovary gland to be examined under a microscope.

Other investigations may also be considered.
If you are diagnosed with epithelial ovarian cancer, and are younger than 70 years of age, you should be referred to a familial cancer centre for genetic testing.

3. Treatment
To ensure you receive the best care, your specialist will arrange for a team of health professionals to plan your treatment based on your preferences and needs. The team will be made up of health professionals who have experience managing and supporting a woman with ovarian cancer. Your specialist will tell you when the team will be discussing your case.
Your team should discuss the different treatment options with you including the likely outcomes, expected timeframes, possible side effects and the risks and benefits.

Your team should also discuss the option of fertility preservation and provide clear information about the risk of early menopause and hormonal changes. You might want to ask for more time before deciding on your treatment, or ask for a second opinion. You may be referred to a fertility service to help you evaluate your options. Your doctor may also suggest you consider taking part in a clinical trial.
Let your team know about any complementary therapies you are using or thinking about trying. Some therapies may not be appropriate, depending on your medical treatment.
3. Treatment cont’d
There are a number of ways to treat ovarian cancer including surgery, radiation therapy and chemotherapy or drug therapy. In some cases more than one type of treatment may be used to get the best outcome.

Treatment options:

**Surgery** is the most common treatment for ovarian cancer. It is important that this surgery is performed by a gynaecological oncologist who is very experienced in performing ovarian surgery and performs several operations every year.

**Chemotherapy or drug therapy** may be given to you before or after surgery or as your main treatment.

**Radiation therapy** (also called radiotherapy) may benefit some women.


Your doctor should discuss your needs with you during and after treatment (including physical, psychological, social and information needs) and may refer you to another service or health professional for different aspects of your care.

4. After treatment
Treatment for ovarian cancer sometimes results in hormonal changes and, in some cases, early menopause. This can lead to side effects such as night sweats, hot flushes and reduced libido. Fortunately, there are many ways to reduce or manage the side effects of treatment.

After your treatment is completed, your doctor should provide you with a treatment summary with details of the care you received including:

- diagnostic tests that were performed and their results
- types of treatment used and when they were performed
- treatment plans from other health professionals
- supportive care services provided to you.

To monitor your health, and make sure the cancer has not returned, you will need regular check-ups.

You and your GP should receive a follow-up care plan that tells you about:

- the type of follow-up that is best for you
- care plans for managing any side effects of treatment should they occur
- how to get specialist medical help quickly if you think the cancer has returned or worsened.

Your doctor should:

- discuss your needs with you and refer you to appropriate health professionals and/or community organisations, if support is required
- provide information on the signs and symptoms to look out for that might mean a return of the cancer
- provide information on prevention and healthy living.

5. If cancer returns
Sometimes ovarian cancer can come back after treatment. This is why it is important you have regular check-ups. Usually this will be detected at your routine follow-up appointments or if you notice symptoms are coming back.

6. Living with cancer
Side effects: Some people experience side effects (for example, tiredness) that continue beyond the end of treatment. Side effects sometimes might not begin until months after treatment has finished. For more information about side effects ask your doctor or visit [www.cancervic.org.au/about-cancer/survivors/long-term-side-effects](http://www.cancervic.org.au/about-cancer/survivors/long-term-side-effects)

Advance care plan: Your doctor may discuss with you the option of developing an advance care plan. An advance care plan is a formal way of setting out your wishes for future medical care. For more information about advance care planning ask your doctor or visit [www.advancecareplanning.org.au](http://www.advancecareplanning.org.au)

Palliative care: This type of treatment could be used at different stages to help you with pain relief, to reduce symptoms or to help improve your quality of life. For more information about palliative care ask your doctor or visit [www.palliativecare.com.au](http://www.palliativecare.com.au)

7. Questions of cost
There can be cost implications at each stage of the cancer care pathway, including costs of treatment, accommodation and travel. There can be substantial out-of-pocket costs if you are having treatment in a private health service, even if you have private health insurance. You can discuss these costs with your doctor and/or private health insurer for each type of treatment you may have.

If you are experiencing financial difficulties due to your cancer treatment you can contact the social worker at your local hospital.
