

Frequently asked questions about surveillance for women at high risk of ovarian cancer



This information has been developed to support a discussion with a woman concerned about her family history and covers surveillance for ovarian cancer for women at high or potentially high risk.

How are women assessed as being at high or potentially high risk of ovarian cancer?

Key factors associated with increased risk include:

- Multiple relatives affected by breast cancer (male or female) or ovarian cancer - on either the mother's or father's side of the family
- Younger age at cancer diagnosis in relatives
- Relatives affected by both breast and ovarian cancer
- Relatives affected with bilateral breast cancer
- Ashkenazi Jewish ancestry

How does having a faulty gene affect risk?

Some women may have inherited a faulty gene which increases the risk of ovarian cancer. These include the breast cancer susceptibility genes BRCA1 and BRCA2, p53 and mismatch repair genes. There may be other genes, as yet undiscovered, in which mutations are also associated with a risk of breast or ovarian cancer.

Women who have had a genetic fault identified through testing are regarded as being at high risk.

Is there any test for surveillance of women at high or potentially risk of developing ovarian cancer?

There is no test currently available which meets the criteria for an effective surveillance test for woman at high risk of ovarian cancer.

Ovarian cancer surveillance is not recommended for women at high or potentially high risk.

What about the CA125 blood test or an ultrasound?

Evidence shows that ultrasound or CA125, either singly or in combination, are not effective at detecting early ovarian cancer.

If there is no surveillance test for women at high or potentially high risk, are there other options to help reduce risk?

The most effective risk reducing strategy for ovarian cancer is bilateral salpingo-oophorectomy. Recent research has estimated that this type of surgery reduces risk of developing ovarian cancer by around 80% in high-risk women.

For women who are pre-menopausal before surgery, removing both ovaries will bring on immediate menopause with a sudden and permanent drop in the hormones normally produced by the ovaries. Where considered appropriate, women who have had both ovaries removed can take hormone replacement therapy for the relief of symptoms such as hot flushes.

These options should be discussed at a family cancer clinic, in the context of the woman's wishes to have children.

Use of the oral contraceptive pill (OCP) may be an option for pre-menopausal women who choose not to have risk-reducing surgery. Women who have a faulty gene should be informed that the impact of the OCP on breast cancer risk for mutation carriers is unclear.

What if a woman decides not to have surgery and still wants to have a CA125 blood test or ultrasound for surveillance?

She should be informed that if either a CA125 or an ultrasound is abnormal, it may be necessary to repeat the test, or to undertake further tests, which may include surgery to investigate the abnormal result.

Investigation of abnormal findings can result in unnecessary anxiety and investigations carry significant risks.