

ovarian
cancer **action**

treating ovarian cancer

what you need to know



Before treatment: diagnosing ovarian cancer

Ovarian cancer is a complex disease and its treatment depends on the type of cancer you have, what stage the cancer is at and your general health. There are a number of tests involved in diagnosing ovarian cancer which will indicate the type and stage of the disease. These can include a blood test, ultrasound, scan and surgical procedures. Your oncologist (cancer doctor) will take time to explain your test results clearly to you so that you understand what options you have for treatment. Don't be afraid to ask for as much information as you need to

help you understand your treatment. You should receive a copy of your consultant's letter which will also be sent to your GP.

It is a good idea to take a family member or friend to your appointment for support and to write some notes to refer to after the meeting.

This leaflet focuses on your treatment options. Further information about diagnosis can be found in our leaflet "Diagnosing ovarian cancer – what you need to know."



Before treatment: questions to ask your oncologist

There's no 'right' or 'wrong' in how you deal with a diagnosis of ovarian cancer. You may be content to take time to absorb all the information and not want to ask too many questions, or you may

want to ask questions so that you have as much information as possible. Here are some questions that may help your discussion with your gynaecological oncologist.

- What sort of ovarian cancer do I have?
- What stage is my cancer at? (Stage 1 is early, while Stage 4 is more advanced.)
- What treatment do you propose I have and why?
- How much time will this treatment take?
- How will this affect my daily routines such as work, childcare and household duties?
Can I drive?
- What side effects will there be?
- How successful has this treatment been in the past?
- Who will be my surgeon? (Research shows that operations are best performed by a gynaecological surgical oncologist – a surgeon who specialises in the treatment of female pelvic cancers, who does many operations each year.)
- What hormonal effects will there be? Will HRT be suitable for me?
- If fertility is a concern – is fertility sparing surgery an option for me?
- If you've had an operation: how much of the cancer was it possible to remove? What treatment will follow now?
- What support is available for me and my family in coping with my illness?
- I understand ovarian cancer can be caused by a faulty gene (*BRCA1/2*). What do I need to do to find out whether this applies to me? What should my sister/daughter do now? How can I contact a genetic counsellor?
- What is your advice on diet and exercise?
- What is the likely longer term prognosis for me?

What does treatment for ovarian cancer involve?

Treating ovarian cancer often involves surgery followed by chemotherapy, although for some women chemotherapy is necessary prior to surgery.

Each woman's experience is unique and your oncologist will advise you on the best treatment plan for you. Your treatment plan will depend on the type of ovarian cancer you have. It will also depend on how far the cancer has spread and on your general health. Almost all women with ovarian cancer will need surgery.

For practical issues around treatment such as time away from work, or arranging childcare, please refer to 'practical help' on pages 19-22.

Physical effects of ovarian cancer prior to treatment

Whilst you await your treatment for ovarian cancer you may experience a number of physical symptoms including:

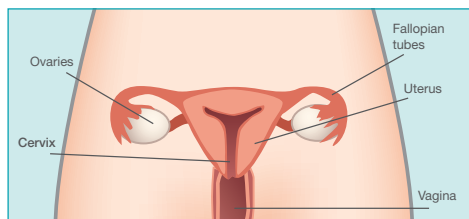
- Ascites (fluid build-up)
- Tummy pain or indigestion
- Bloating
- Constipation/diarrhoea
- Needing to urinate more frequently
- Fatigue
- Back pain

Talk to your oncologist or GP about how best to relieve some of these symptoms until you begin your treatment.



What does treatment for ovarian cancer involve?

Anatomy of the female reproductive system



Surgery

Surgery is used both to diagnose ovarian cancer and to treat it. It is usually carried out by a surgeon who specialises in the treatment of female pelvic cancers (a gynaecological surgical oncologist).

Depending on your cancer, you may need to have some or all of the following removed:

- The affected ovary and its fallopian tube (oophorectomy/salpingectomy)
- Both ovaries, fallopian tubes and uterus (this is known as a total hysterectomy)
- Nearby lymph nodes and surrounding tissue
- The omentum (a fold of fatty tissue covering the intestines)
- Any cancer that has spread into the abdominal cavity
- The appendix

If you have to have either your ovaries or uterus removed, it will mean you will not be able to get pregnant naturally. However, there are procedures available that may enable you to have a family. You would need to discuss this with your oncologist before going ahead with surgery. Having both your ovaries removed will bring on the menopause and even if you have been through this already you are likely to experience side-effects, such as night sweats, as the body adjusts after surgery. These issues are considered in more depth on pages 8-10.

Preparing for surgery

Surgery for the treatment of ovarian cancer is usually a major procedure and therefore there is a small risk of developing postoperative problems, but this is very rare. Whilst you are unlikely to develop any problems as a result of your surgery it is worth discussing all the consequences of surgery with your gynaecological oncologist. You will then be prepared for any outcome and can deal with it quickly.

Following your surgery you may have to stay in hospital for three to seven days. Spending time in hospital can be very unsettling, so do find out as much as possible in advance.

Questions about your hospital stay

- How long will I have to stay in hospital?
- What are the visiting hours?
- How long can my relative/friend stay with me (hours, overnight etc.)?
- Is there accommodation nearby
- where my partner and/or family members can stay?
- Will I have access to a telephone?
- Can I bring and use my laptop, iPad, mobile phone, etc. while I am in hospital?
- Is Wi-Fi available?

Tips to make your hospital stay more pleasant

- Bring books, magazines, DVDs, music (bring your iPod or a CD player and don't forget your headphones) and anything else that will keep your mind occupied
- Bring something from your house with you, e.g. a blanket, pillow or anything that brings you comfort
- Take in comfortable nightwear. A nightie (rather than pyjamas) is best for the first day or so as you will have a catheter immediately after your operation
- Dress comfortably in your normal clothes, if possible, rather than wearing what the hospital provides. You want to be as comfortable as possible
- Watch TV. Your favourite programmes and keeping up-to-date with the news can be very comforting
- Patients are generally given pain relief post surgery but wind can be a problem. Oxygen is used as part of the surgical procedure and this gets trapped in the body cavities. The best way to relieve this is to take a gentle walk, perhaps at visiting time with the support of a relative or friend. Hot peppermint drinks can also help
- If possible, while in hospital, try and walk around the ward at least once a day to reduce your risk of blood clots

Recovering after surgery

After your hospital stay, it will take you about six to twelve weeks to recover at home. This is because you will need time for your abdominal muscles and tissues to heal.

Your recovery time will depend on the type of surgery you have and whether or not postoperative problems develop. Before you return home you should receive a visit from a physiotherapist who will give you a programme of gentle exercises as part of your recovery programme.



During your recovery period you must avoid lifting things as you will have many stitches that need time to repair. You will need to avoid housework or lifting anything – even as light as a kettle or iron – for six weeks.

Do not be afraid to ask for practical help from family and friends if you need it. Your loved ones may find it useful to organise a rota to ensure you can rest and get the help and support you need.

Practical help may also be available from your local authority. Ask your GP or specialist cancer nurse who to contact. It is sensible to organise these things prior to your surgery.

You will not be able to drive for six to eight weeks after the operation. It is worth checking your car insurance policy before you drive as some insurers will not insure drivers for a number of weeks after surgery.

Finally, bear in mind that you might need at least eight weeks off work after surgery. You may then need some more time off work when you start chemotherapy so have a discussion with your employer about this as soon as you can.

Longer term effects of surgery

Early menopause

If your ovaries have been removed you will enter menopause after your treatment. This can cause symptoms such as hot flushes, sweats, a dry vagina, thinning bones and feeling emotional and anxious. To control these symptoms some women are able to take hormone replacement therapy (HRT). Your GP or oncologist can help you decide what's best for you. Some women will not be able to take HRT as some types of ovarian cancer are sensitive to hormones.

Loss of fertility

With the removal of your ovaries, fallopian tubes and womb you will not be able to become pregnant but depending on the type and stage of your cancer you may be able to have fertility-sparing surgery.

Fertility-sparing surgery may be an option for women with:

- Early stage disease (stage 1)
- Ovarian tumours of low malignant potential
- Malignant ovarian germ cell tumours
- Ovarian sex cord-stromal tumours

Fertility-sparing surgery involves removing the areas affected by the cancer but sparing the uterus and an unaffected ovary.

Where fertility-sparing surgery is not appropriate, it may be possible for your ovarian tissue or eggs to be removed and preserved. This is in preparation for IVF at a later stage.

Your oncologist will need to work closely with a fertility clinic so that a rapid referral can be made. Therefore, try and discuss your fertility concerns with your oncologist as soon as possible.



Longer term effects of surgery

Impact on your sex life

The removal of your ovaries reduces your oestrogen levels and this may lead to symptoms which can affect your sex life. The lack of oestrogen can cause thinning of the skin around your vagina, a reduction in the mucus that lubricates your vagina and a loss of fat tissue around your genital area. This makes your vagina shorter, less elastic and drier.

These changes may not happen, every woman is different, and if they do happen they usually take months or years to develop. These changes may cause the following symptoms:

- Pain or general discomfort during sex, due to your vagina being smaller and drier
- Vaginal itchiness due to the increased sensitivity of the skin around your vagina
- Urinary problems may occur if the tissue round the neck of your bladder thins or weakens. You may experience an urgency to use the toilet or recurring urinary infections
- Changes to your libido

These symptoms can be treated quite effectively in some cases with a topical cream and/or with over-the-counter drugs.

For vaginal dryness you can try a vaginal moisturiser like Replens® or Sensilube®. Alternatively a topical form of oestrogen can be used: inserted into the vagina this helps to restore oestrogen to your vagina and surrounding tissues. These can be prescribed by your GP but should not be used as a substitute for lubricating gels, which should be used separately. Hormone Replacement Therapy (HRT) can be used for relieving some symptoms. Discuss this with your oncologist to see if this is the best option for the type of cancer that you have had – some cancers are sensitive to hormones. Some women experience concerns about body image, energy levels and sexuality. These issues can be overcome with the right support from your GP, oncologist, psychosexual counsellors, premature menopause specialist or gynaecologist.

If you are concerned about your sex life, talk to your GP, your cancer nurse or oncologist. They can refer you to an early menopause clinic, psychosexual counsellor or gynaecologist.

Further patient support and information is provided by **Daisy Network**
www.daisynetwork.org.uk
and **Menopause Matters**
www.menopausematters.co.uk.

Chemotherapy and ovarian cancer

Most women with ovarian cancer are offered chemotherapy. Chemotherapy is given to reduce any disease remaining after surgery or to reduce the likelihood of the cancer returning.

What is chemotherapy?

Chemotherapy works by attacking cells that divide rapidly. Cancer cells behave in this way. If your cancer has been discovered at an early stage you may not require chemotherapy. However, most patients need to have some chemotherapy and this is usually started after surgery. In some cases, chemotherapy is given first and surgery is carried out afterwards.

Other treatments you may have heard of, such as radiotherapy, may not be suitable for treating your type of ovarian cancer.

There are many different chemotherapy drugs available. The two most common treatments for epithelial ovarian cancer at first presentation are:

- Paclitaxel with carboplatin
- Single agent carboplatin

Germ cell ovarian cancer is most commonly treated with a combination of the drugs bleomycin, etoposide and cisplatin (referred to as BEP).

Sex cord-stromal ovarian tumours are not usually treated with chemotherapy.

If chemotherapy is required, the drug combinations used are either:

- Carboplatin with paclitaxel or
- Bleomycin, etoposide and cisplatin (BEP)

How chemotherapy is given

Chemotherapy drugs are usually given by mouth or injected into a vein which enables them to enter the bloodstream in order to kill cancer cells.

Paclitaxel and carboplatin are given intravenously (injected into the vein). The treatment is generally given in a specialist day ward but you may require a short stay in hospital.

Chemotherapy, known as intraperitoneal chemotherapy, can also be delivered directly into the abdomen. This method delivers the drugs to the site of the cancer cells which can reduce some side effects.

Chemotherapy is usually given in cycles of treatment followed by a rest period that allows normal cells to recover from the effect of the drugs. A typical course of chemotherapy for ovarian cancer involves 6 cycles with each cycle lasting 3 or 4 weeks.

Chemotherapy and ovarian cancer

You will be able to take someone with you for your chemotherapy session. It's also a good idea to arrange a friend or family member to take you home

afterwards to avoid driving. Here's some questions to ask your oncologist about your chemotherapy.

- How often will I need this treatment?
- How many treatments will I need and what does each treatment involve?
- How long will each treatment take?
- How much time will I spend in hospital?
- Are there any side effects to this treatment? What are they?
- What should I do if I experience any side effects?
- What other doctor or hospital visits will I need to make?
- How long will it take me to recover after each treatment?

How chemotherapy is monitored

Chemotherapy patients are monitored regularly to check how well the treatment is working and monitor the general wellbeing of the patient.

Treatment is monitored in several ways:

- Regular CA125 blood tests (your CA125 blood level should decrease if your treatment is successful)
- CT or ultrasound scans (to see if the cancer has reduced)
- Periodic blood counts (to check the recovery rates of blood cells in the bone marrow)

What happens after chemotherapy?

When you've finished chemotherapy you will have check-ups every three

months, and then every six months if you're still cancer free.

If you're cancer free after ten years (or five years for early stage ovarian cancer), you'll be considered to be in remission and you'll no longer need regular check-ups. However, you should keep an eye on your health and visit your GP as soon as possible if you notice any symptoms.

Side effects of chemotherapy

Chemotherapy drugs are very powerful and they can affect some normal cells. Typical cells affected include hair follicles, the cells that line your stomach and intestines, red and white blood cells and blood clotting agents. In general many of the side-effects can

Chemotherapy and ovarian cancer

be managed by your medical team. You may experience some or all of the following symptoms:

- Nausea, vomiting and diarrhoea
- Hair loss (with some of the chemotherapies)
- Skin rashes
- Loss of appetite
- Kidney or nerve damage
- Tinnitus (or hearing loss)
- A sore mouth
- Tiredness
- Anaemia
- Decreased numbers of white blood cells, making you more vulnerable to infection. You will therefore need to avoid crowded places, swimming baths, aeroplane travel, anyone suffering viral infections and similar circumstances
- Decreased numbers of platelets, which can cause easy bruising
- Allergic reactions

Any of these side effects are possible but only hair loss and fatigue are likely.

Side effects from chemotherapy can vary greatly from person to person. Your experience will depend on:

- Which drugs you are given
- How much of each drug you are given

- How you individually react
- How long your treatment lasts

Drugs are provided each time you have chemotherapy to reduce nausea and allergies. Your oncologist or specialist cancer nurse can advise you on medications to reduce some other side effects. Most patients don't experience side-effects continually throughout their course of treatment. They can occur a day or so after treatment and subside within a week.

When your chemotherapy treatment is finished, most of the side effects will disappear. For example, your hair can fall out quite quickly after starting chemotherapy but it usually grows back quickly once treatment is completed (although it may now look slightly different).

For advice on the practical steps you can take to deal with the side effects of your treatment, you can speak to your specialist cancer nurse. If you are prescribed chemotherapy that causes hair-loss you may be offered financial help to buy a wig.

There are also organisations, most notably '**Look Good...Feel Better**' www.lookgoodfeelbetter.co.uk who offer support around managing the visible side effects of cancer treatment.

Pre-treatment checklist



Things to do

- Speak to my GP or oncologist about how to relieve my symptoms whilst I wait for my treatment to start.
- Speak to my oncologist about the possible complications of surgery, the side effects of chemotherapy and how to deal with these.
- Speak to my GP or oncologist about the effects of an early menopause and the possibility of taking HRT.
- If fertility is a concern, discuss the possibility of fertility-sparing surgery with my oncologist.
- Organise for a family member or friend to assist me with heavy lifting and household chores when I come home after surgery.
- Organise for a family member or friend to drive me to and from hospital, or speak to my GP or specialist cancer nurse about who I can contact to provide transportation to and from hospital.
- Ask my GP or specialist cancer nurse who I can call if I need additional practical support at home.
- Check with my car insurer about when I can start driving again.
- Speak to my employer about the amount of time I will need off work and sick leave entitlement while I am off work.

Other types of treatment

As well as the standard treatment of surgery and chemotherapy, other treatments may be available.

Targeted treatment

Cancer results from genetic changes in the cells that make up our tissues. Targeted therapy is designed to respond to these specific changes.

Because targeted treatment focuses on the cancer cells, it does not affect normal cells as much as chemotherapy. This means side effects are usually less severe. Also, targeted therapy focuses on specific features underlying the type of cancer a patient has. It therefore has the potential to be very effective.

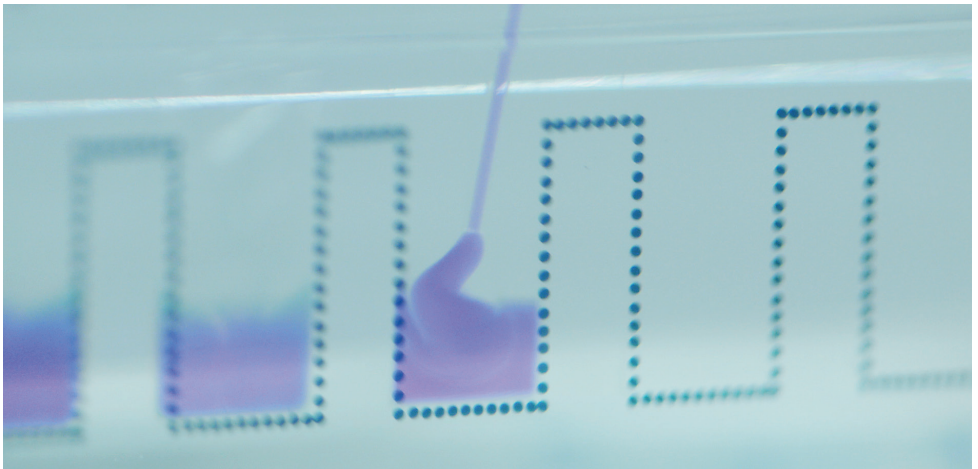
Most targeted treatments for ovarian cancer are still at an experimental stage. Talk to your oncologist about targeted

treatment. You may be able to receive this as part of a clinical trial if your cancer has recurred or if it has proved resistant to other treatments.

Hormone therapy

Some ovarian cancers require the female hormone oestrogen to grow. Hormone therapy uses drugs to block the production of oestrogen or to prevent oestrogen from getting to cancer cells.

Tamoxifen is an example of a hormone therapy drug. It is most commonly used in breast cancer but can also be used to treat sex cord-stromal ovarian cancer (a rare type of ovarian cancer), and some kinds of epithelial ovarian cancer. It is not a standard approach to treating ovarian cancer.



Other types of treatment

Complementary therapies

Complementary therapies include aromatherapy, reflexology, massage therapy, acupuncture, psychological therapies and homeopathic preparations. These therapies can be used alongside chemotherapy but should not be used in place of chemotherapy and surgery.

They may be helpful to relieve the symptoms of disease and the side effects of treatment and may improve the physical and emotional well-being of patients. If you're thinking of using complementary therapies, you should seek professional advice and tell your oncologist.

Make sure you use a qualified, certified or registered practitioner and that you are fully informed about the treatment and any likely side-effects before you start.

The NHS can offer complementary therapies so your GP or oncologist may be able to arrange them for you. In some cases these can also be offered to those caring for you.

Some charities offer complementary therapies free of charge to patients.

These include:

Maggie's Cancer Support Centre

a national charity with centres throughout the country

0300 123 1801

enquiries@maggiescentres.org

www.maggiescentres.org

Paul's Cancer Support Centre

a London charity that offers a range of services

0207 924 3924

www.paulscancersupportcentre.org.uk

Penny Brohn Cancer Care

a Bristol charity offering complementary cancer care

01275 370 100

info@pennybrohn.org.uk

www.pennybrohncancercare.org

If your cancer recurs

After your treatment, there is a chance your cancer might recur.

If your cancer recurs more than six months after completing your chemotherapy, your cancer is probably what oncologists classify as a “platinum sensitive” recurrence. This means you will be treated with platinum-based combination chemotherapy. This treatment contains the drugs cisplatin or carboplatin and may be the same treatment you originally had.

If your cancer recurs within six months of completing your treatment, it

means your cancer is resistant to the chemotherapy you were given.

There are options available to your medical team and they will be able to try a different combination of drugs from those you received initially. They might also discuss entering a clinical trial of a new anti-cancer medication designed to overcome chemotherapy resistance.

You may wish to seek a second opinion and you have every right to do so. You can discuss this with your oncologist or GP.



Clinical trials

What is a clinical trial?

Clinical trials are tests in medical research that evaluate the effectiveness and safety of new drugs, medical devices and diagnostic tests.

A treatment must pass through three stages before it can be officially approved for use. These are:

Phase I trials

Phase I trials focus on the safety and activity of a new treatment. They involve only a small number of people. The trials look at several measures of safety, such as the side-effects of the treatment. Often these studies are of drugs that have not been tested in people before and so they are carried out in specialised units within the hospital called Phase I Units or Clinical Research Facilities.

Phase II trials

Phase II trials follow from Phase I trials and focus on the safety and activity of a new treatment in a larger group of patients.

Phase III trials

Phase III trials test if a new treatment is better than the current “gold standard” treatment. Sometimes these trials compare the new treatment to either a similar treatment or a placebo. Patients who receive a placebo will still receive the best standard of care and

the placebo may be combined with standard treatment. Phase III trials last longer than phase I or phase II trials (usually a year or more) and involve more people (often several thousand treated across different hospitals in different countries).

Participating in a clinical trial

If you would like to participate in a clinical trial, speak to your GP or oncologist. They may not be aware of all the hundreds of trials taking place so you can also search for ovarian cancer trials on one of these online databases:

The Cancer Research UK Trials and Research Database lists all UK cancer trials and studies that are recruiting for participants:

<http://www.cancerresearchuk.org/cancer-help/trials/>

The NHS Ovarian Cancer Clinical Trials List gives information on clinical trials relevant to ovarian cancer: <http://www.nhs.uk/Conditions/Cancer-of-the-ovary/Pages/clinical-trial.aspx?pn=1>

Once you have found a trial that is of interest, speak to your oncologist, who should be able to tell you how to register for it. Clinical trials have very strict criteria for participation so you may not be able to register for some trials.

Work and your diagnosis

Your treatment and recovery will mean that you will have to take significant time off work. This could be up to 12 weeks; even after this time you may not feel up to returning to work and so may need more than 12 weeks' sick leave. You should not feel that you have to rush back to work. Take your time and return when you are ready. You should receive Statutory Sick Pay if you are too ill to work which will be paid by your employer for up to 28 weeks. You can also apply for Working Tax Credits whilst you receive your Statutory Sick Pay. If you are off work for more than 28 weeks you can apply for Employment Support Allowance.

When you return to work, have a discussion with your employer about

your health and explain if you have any support needs.

Your employer should make changes to your working conditions to ensure a smooth transition back into work. These changes are known as “reasonable adjustments” and could include flexible working or adapting equipment.

For more information:

Statutory Sick Pay:

<https://www.gov.uk/statutory-sick-pay/overview>

Working Tax Credit:

<https://www.gov.uk/working-tax-credit/further-information>

Employment Support Allowance:

<https://www.gov.uk/employment-support-allowance>



Practical help

Financial issues

Being diagnosed with ovarian cancer may have an impact on your income as you will not be able to work whilst you are receiving treatment and recovering. You may also find that there are a number of additional costs which you had not anticipated.

To assist you, there are a number of financial support programmes provided by the Government, your local authority and other organisations that you can access.

You or your family may be entitled to:

- [Personal Independence Payment \(PIP\)](#)
- [Employment and Support Allowance \(ESA\)](#)
- [Attendance Allowance](#)
- [Pension Credit](#)
- [Carer's Allowance](#)
- [Carer's Credit](#)
- [Council Tax Reduction](#)
- [Universal Credit](#)
- [Access to Work Programme](#)
- [Healthcare Travel Costs Scheme](#)



Practical help

For more information on the benefits and financial support that is available to you, you can contact the following organisations.

Access to Work Programme

www.gov.uk/access-to-work

National Customer Service Teams:

London

Telephone: 020 8426 3110

Textphone: 020 8426 3133

Email: atwosu.london@jobcentreplus.gsi.gov.uk

Cardiff

Telephone: 02920 423 291

Textphone: 02920 644 886

Email: atwosu.cardiff@jobcentreplus.gsi.gov.uk

Glasgow

Telephone: 0141 950 5327

Textphone: 0845 6025850

Email: atwosu.glasgow@jobcentreplus.gsi.gov.uk

Attendance Allowance

Telephone: 08457 123 456

Textphone: 08457 224 433

Email: attendance.allowanceenquiries@dwp.gsi.gov.uk

Website: <https://www.gov.uk/attendance-allowance/overview>

Disability Benefits Helpline (Monday to Friday, 8am to 6pm)

Telephone: 08457 123 456

Textphone: 08457 224 433

Email: dcpu.customer-services@dwp.gsi.gov.uk

NHS England

Healthcare Travel Costs Scheme

Telephone: 0300 330 1343

Website: <http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx>

Personal Independence

Payment Helpline

(Monday to Friday, 8am to 6pm)

Telephone: 0845 850 3322

Textphone: 0845 601 6677

Website: <https://www.gov.uk/pip>

Unique Insurance for travel insurance for ovarian cancer patients

Telephone: 01603 828 232

Email: unique@ajp.com

Practical help

Childcare

If you have young children you may need some assistance with childcare when you attend hospital appointments. This may be quite frequent. You might also need help with childcare during your recovery period as you may not be able to care for your children as you normally would. If you don't have family and friends who are available to help you with this there are a number of other options. You can:

- [Make flexible arrangements with your child's school or nursery](#)
- [Contact your local council's Family Information Department regarding options for childcare in your area](#)

In terms of childcare costs, there are a number of schemes you can access. These include:

- [Universal Credit](#)
- [Child Tax Credit](#)
- [Employer Supported Childcare \(Childcare Vouchers\)](#)

More information:

<https://www.gov.uk/working-tax-credit/overview>

<https://www.gov.uk/child-tax-credit/overview>

<http://www.hmrc.gov.uk/calcs/ccin.htm>

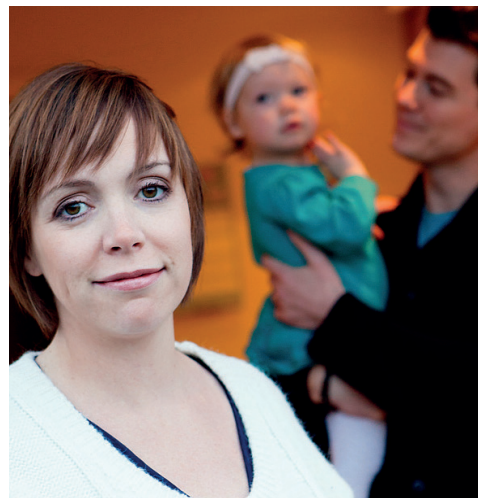
Help around the house

During your recovery period you must not lift anything. While you receive your treatment you may experience some side effects that may make it difficult for you to carry out your normal routine. If your family and friends are not able to help with your normal daily routine then you can speak to your GP, specialist cancer nurse or Local Authority about what help may be available. Your Local Authority should be able to provide a wide range of assistance from meals-on-wheels to a laundry service. In addition, The Cinnamon Trust may be able help with pet care:

The Cinnamon Trust

01736 757900

www.cinnamon.org.uk



Glossary of medical terms

Abdominal cavity	The cavity of the body between the diaphragm and pelvis, containing the abdominal organs.
Acupuncture	Acupuncture is a complementary therapy that typically involves puncturing the skin with needles in defined points to relieve the symptoms of certain conditions, such as pain.
Anaemia	A lower than normal concentration of haemoglobin in the blood, due to a low red blood cell count and/or less than normal haemoglobin content in each red blood cell. Symptoms include general weakness, shortness of breath and pallor.
Aromatherapy	Aromatherapy is a complementary therapy that is based on the use of concentrated plant essences. Aromatherapy is used to reduce the symptoms of a range of conditions and aims to improve both physical and emotional wellbeing.
Ascites	Excess fluid in the space between the membrane lining the abdomen and abdominal organs.
Bleomycin, etoposide, cisplatin (BEP)	A combination of drugs used in chemotherapy.
Blood cells, blood count	Blood is composed of red and white blood cells and platelets. A blood count is a test that gives information about the cells in a patient's blood.
Blood clotting agents	These are substances that cause the blood to clot during wound healing.
Bone marrow	The flexible tissue found in the interior of bones. Red blood cells are produced in the heads of long bones, in a process known as haematopoiesis.
BRCA1/2	All of us have the <i>BRCA1/2</i> genes but a mutation increases the risk of developing ovarian cancer from one in 54 to one in two. Such mutations often run in families.
CA125 blood test	CA125 is a protein which is often found to be at high levels in the bloodstream in women with ovarian cancer. It is used to diagnose and follow up ovarian tumours before and after treatment.
Carboplatin	A drug used in chemotherapy.

Glossary of medical terms

Catheter	A tube inserted into the bladder, allowing urine to flow through it and into a drainage bag. Short-term catheterisation may be needed to remove urine from the bladder for a short period of time if there is something stopping you emptying your bladder in the normal way. Short-term catheterisation may be used in preparation for some types of surgery, such as operations on the womb or ovaries.
Chemotherapy	Chemotherapy is a treatment of cancer with anticancer drugs. Its main purpose is to kill cancer cells. Traditional chemotherapeutic agents act by killing cells that divide rapidly, one of the main properties of most cancer cells. This means that chemotherapy also harms cells that divide rapidly under normal circumstances: cells in the bone marrow, digestive tract and hair follicles. This results in the most common side effects of chemotherapy: decreased production of blood cells, inflammation of the lining of the digestive tract and hair loss.
Clinical trial	All new drugs undergo clinical trials before approval. Clinical trials are carefully conducted tests in which effectiveness and side effects are studied.
Complementary	These are various treatments used alongside chemotherapy (not in place of it). These may relieve the symptoms of the disease and the side effects of treatment.
CT scan	The CT (computed tomography) scan examines a specific area of the body by gathering information with a sweeping beam of radiation that acts as a sensor. Computer analysis of a series of cross-sectional scans made along a single axis of a bodily structure or tissue is used to construct a three-dimensional image of that structure.
Fallopian tubes	The narrow ducts leading from a woman's ovaries to the uterus.
Fertility sparing Surgery	Some surgery is possible that enables a patient still to have children. The key factor in fertility sparing surgery is how advanced the cancer is, which is often not known until the surgery. It is important to discuss your wishes and options fully with your oncologist prior to surgery.
Gene	A building block of inheritance, which contains the instructions for the production of a particular protein, and is made up of a molecular sequence found on a section of DNA. Each gene is found on a precise location on a chromosome.
Homeopathic	Homeopathic preparations are tailored to the symptoms and the patient, rather than to the illness, so patients with the same illness but different symptoms will be treated with different remedies. Using extremely small doses of plant and mineral extracts (a 'microdose'); the remedies are given in sugar-based tablets that are taken by melting under the tongue.

Glossary of medical terms

Hormone therapy	In the treatment of some ovarian cancers, hormone therapy uses drugs to block the production of oestrogen or inhibit its activity.
Hormone Replacement Therapy (HRT)	Also called oestrogen replacement therapy, this treatment is used to relieve the discomforts of menopause. Oestrogen and another female hormone, progesterone, are usually taken together to replace the oestrogen no longer made by the body.
Hysterectomy	The surgical removal of the uterus.
Intraperitoneal chemotherapy	The peritoneal cavity is a potential space between the two membranes that separates the organs in the abdominal cavity from the abdominal wall. Intraperitoneal chemotherapy delivers treatment directly into the abdomen.
IVF	In vitro fertilisation is a process by which an egg is fertilised by sperm outside the body. IVF is a major treatment for infertility.
Lymph nodes	Small, bean-shaped masses of tissue scattered along the lymphatic system that act as filters and immune monitors, removing fluids, bacteria, or cancer cells that travel through the lymph system.
Malignant potential	This gives an idea of how cancerous a tumour is. For example, a tumour of low malignant potential is unlikely to spread and is referred to as a borderline tumour.
Massage therapy	Massage is one of the oldest, simplest forms of therapy and is a system of stroking, pressing and kneading different areas of the body to relieve pain, relax, stimulate and tone the body.
Menopause	This is the time in a woman's life when her monthly period stops. Women who have their ovaries removed go immediately into full menopause. This causes the end of monthly periods and associated hormonal changes.
Oestrogen	Primary female sex hormone, produced by the ovaries.
Omentum	The fatty tissue from the upper part of the abdominal cavity near the stomach and intestines.
Oophorectomy	The surgical removal of an ovary or ovaries. The removal of an ovary together with the fallopian tube is called salpingo-oophorectomy.
Ovarian epithelial tumours	These originate on the surface of the ovary. Malignant epithelial ovarian tumours are the most common type of cancerous ovarian tumour, accounting for 90% of all cases.

Glossary of medical terms

Ovarian germ cell tumours	These originate in the cells within the ovary that develop into eggs. These types of tumours account for 5-10% of ovarian cancer cases and tend to occur in younger women.
Ovarian sex cord-stromal tumours	These begin in the connective cells that hold the ovaries together. These tumours account for 5% of ovarian cancer cases and can affect all age groups.
Paclitaxel	A drug used in chemotherapy.
Placebo	A substance that has no medicinal effect, used as a control in testing new drugs.
Platelets	These are cell fragments found in the blood and they play a role in blood clotting.
Platinum resistant	Cancer cells that are unresponsive to platinum based chemotherapy.
Platinum sensitive	Cancer cells that respond to platinum based chemotherapy.
Psychological therapies	Psychological therapies generally fall into three categories. These are behavioural therapies, which focus on cognitions (the development of one's thoughts) and behaviours, psychoanalytical and psychodynamic therapies, which focus on the unconscious relationship patterns that evolved from childhood, and humanistic therapies, which focus on self-development in the 'here and now'.
Radiotherapy	The treatment of cancer or other disease using X-rays or similar radiation.
Reflexology	Reflexology is a system of complementary medicine that maps out the reflexes on the feet and hands to different areas of the body. It involves applying acupressure and massage-like techniques to these reflex points on the feet and hands.
Remission	No evidence of disease after treatment has been completed.
Salpingectomy	The surgical removal of a fallopian tube.
Stage 1-4	There are four recognised stages of ovarian cancer that give an indication of the location of the cancer. For example in stage 1 the cancer is confined within one or both ovaries and in stage 2 the cancer is found in the ovary as well as other pelvic structures like the uterus. Please see our guide 'Ovarian cancer – what you need to know' for further details.
Tamoxifen	A hormone therapy commonly used in the treatment of breast cancer. It can be used to treat some types of ovarian cancer.

Glossary of medical terms

Targeted therapy	A type of medication that blocks the growth of cancer cells by interfering with specific targeted molecules needed for cancer creation and tumour growth, rather than by simply interfering with all rapidly dividing cells (such as with traditional chemotherapy).
Topical	This is anything that is applied to body surfaces such as the skin. Topical substances are usually creams, foams, gels, lotions and ointments.
Ultrasound	The use of ultrasonic waves to visualize an internal body structure, for diagnostic purposes.
Transabdominal ultrasound	A small handheld instrument called a transducer is passed back and forth over the pelvic area to provide images of the abdomen.
Transvaginal ultrasound	The hand-held device that produces the ultrasound waves is inserted directly into the vagina, close to the pelvic structures, thus often producing a clearer and less distorted image than obtained through transabdominal ultrasound technology.
Uterus	Commonly known as the womb. The uterus is a muscular, hollow organ of the female reproductive tract. The uterus contains and nourishes the embryo and foetus from the time the fertilized egg is implanted until birth.

Who you may meet on your journey

Consultant	A consultant is a senior doctor who has completed all of his/her specialist training in a particular field of medicine (e.g.: gynaecology) and has been placed on the specialist register in their chosen speciality.
Counsellor	Counsellors help people to explore feelings and emotions that are often related to their experiences. Counsellors work in a confidential setting; they do not give advice but help people make their own choices within an agreed framework.
Genetic Counsellor	A healthcare professional who has been specially trained in the science of human genetics. Genetic counselling provides information and advice about genetic conditions. The counsellor will discuss the risks, benefits and limitations of genetic testing with you and explain the potential implications of results for you and your family.
GP (General Practitioner)	A general practitioner is a specialist trained to work in the front line of a healthcare system and to take the initial steps to provide care for any health problem(s) that patients may have (ref). In some countries GPs are referred to as family doctors or just doctors.
Gynaecological Oncologist	A medical doctor who specialises in treating people with gynaecological cancers (e.g.: ovarian, cervical, uterine cancers).
Gynaecological Surgical Oncologist	(sometimes just referred to as Gynaecological Oncologist) Specialises in the surgical aspects of treating gynaecological cancers (e.g.: ovarian, cervical, uterine cancers). This includes carrying out biopsies and surgically removing cancers, the surrounding tissues and sometimes the nearby lymph nodes.
Gynaecologist	A medical doctor who specialises in disorders of the female genital tract.
Multi-Disciplinary Team (MDT).	A MDT is a group of doctors and other health professionals with expertise in a specific cancer who together discuss and manage an individual patient's care. The MDT usually consists of a surgeon, radiologist, pathologist, oncologist and clinical nurse specialist.
Oncologist	An oncologist is a doctor who specialises in treating people with cancer. Usually their focus is on chemotherapy and radiotherapy.
Physiotherapist	Physiotherapists help and treat people with physical problems caused by surgery, illness, accident and aging.
Practice Nurse	Practice nurses work in GP surgeries and are involved in most aspects of patient care such as treating small injuries, helping with minor operations, health screening, family planning, and health promotion.

Further information and support

If you have any questions or would like further information you can contact us:

by phone

on 020 7380 1730
or 0300 456 4700 (information helpline)

email

info@ovarian.org.uk

or write to us at

Ovarian Cancer Action, 8-12 Camden High Street, London NW1 0JH

We also have other leaflets with further information about ovarian cancer:

- Ovarian cancer
 - what you need to know
- Symptoms you shouldn't ignore
- Symptoms diary
- Diagnosing ovarian cancer
 - what you need to know
- Hereditary ovarian cancer
 - what you need to know
- Ovarian Cancer Action
 - about us

Please ask us for a copy or download from our website www.ovarian.org.uk

You can also receive our latest information here:

follow us on **Twitter**
[@OvarianCancerUK](https://twitter.com/OvarianCancerUK)

like our **Facebook** page
www.facebook.com/ovariancanceraction

Ovarian Cancer Action strives to stop women dying from ovarian cancer. We fund world class scientific research leading to innovative treatments and progressive solutions.

Ovarian Cancer Action campaigns to ensure women and healthcare providers know the risk factors, symptoms and treatment options to enable informed and rapid action.

Fundamentally we demand that every woman should have the best treatment available.

Sources

American Cancer Society, 2011.

Ovarian Cancer Detailed Guide.

Atlanta GA: American Cancer Society.

Cancer Research UK, 2011, Complementary and Alternative Therapies. [Online] Available at

<http://www.cancerresearchuk.org/cancer-help/about-cancer/treatment/complementary-alternative/> [Accessed 10 December 2012]

Macmillan Cancer Care, 2011.

Cancer and Complementary Therapies.

[Online] Available at [http://www.](http://www.macmillan.org.uk/Cancerinformation/Cancertreatment/Complementarytherapies/Complementarytherapies.aspx)

[macmillan.org.uk/Cancerinformation/Cancertreatment/Complementarytherapies/Complementarytherapies.aspx](http://www.macmillan.org.uk/Cancerinformation/Cancertreatment/Complementarytherapies/Complementarytherapies.aspx)

[Accessed 10 December 2012]

NHS Choices, 2011.

Clinical Trials and Medical Research. [Online]

Available at <http://www.nhs.uk/Conditions/Clinical-trials/Pages/Introduction.aspx>

[Accessed 11 December 2012]

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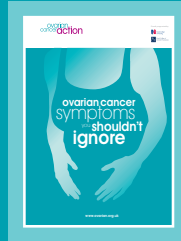
Care has been taken to ensure that the information in this booklet is accurate. However, every individual's experience of cancer is different.

Please always seek professional medical advice.

Our publications: further information and support

Symptoms and what to tell your GP

- **Ovarian cancer**
– what you need to know
- **Symptoms you shouldn't ignore**
- **Symptoms diary**



The diagnosis process

- **Diagnosing ovarian cancer** – what you need to know



Treatment and support

- **Treating ovarian cancer** – what you need to know



Family history and ovarian cancer

- **Hereditary ovarian cancer** – what you need to know



Ovarian Cancer Action

- **Ovarian Cancer Action** – about us



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You can contact Ovarian Cancer Action for further information:

by phone

0300 456 4700 (information helpline)

email

info@ovarian.org.uk

or write to

Ovarian Cancer Action,
8-12 Camden High Street,
London NW1 0JH

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