

# Ovarian Cancer:



## Facing the Challenge

### The Burden of Ovarian Cancer

The American Cancer Society estimates that 25,580 new cases of ovarian cancer will be diagnosed and 16,090 women will die of the disease during 2004. Among U.S. women, ovarian cancer is the seventh most common cancer and the fifth leading cause of cancer death after lung and bronchus, breast, colorectal, and pancreatic cancers.

Ovarian cancer causes more deaths than any other cancer of the female reproductive system.

Although the U.S. ovarian cancer incidence rate has changed little since 1975, the mortality rate has decreased by about 9%. According to the National Cancer Institute, from 1996–2000, the age-adjusted ovarian

cancer incidence rate for white women (17.9 cancers per 100,000 women) was higher than the corresponding rates for Hispanics (14.0), Asians/Pacific Islanders (12.2), blacks (11.9) and American Indians/Alaska Natives (10.7). For all races combined, the rate was 16.8 per 100,000 women.

### Who Is at Risk?

Although most cases of ovarian cancer occur in women aged 50 years or older, the disease can occur in younger women. The most common form—epithelial—is usually diagnosed in women aged 40 years or older; risk for all forms of the disease begins to increase at age 40.

A woman's chance of having ovarian cancer increases if one or more of her close relatives (mother, daughter, or sister) has had the disease. Although rare, women may inherit genes that substantially increase the risk of ovarian cancer. Women with a history of breast, endometrial, or

colon cancer also have a greater chance of developing ovarian cancer than women who have not had these cancers. Several factors have also been identified that decrease a woman's ovarian cancer risk, which include childbearing and the use of oral contraceptives.

### The Challenges of Reducing Morbidity and Mortality

Only about 25% of ovarian cancers are diagnosed at an early stage. Symptoms of ovarian cancer, such as bloating and abdominal pain, are often similar to those of other health conditions.

No screening test has yet been shown to reduce the risk of dying of ovarian cancer. However, several potential screening methods are being tested, including

transvaginal ultrasound and the measurement of tumor markers such as CA 125.



## CDC Targets Ovarian Cancer

In 2000, the Centers for Disease Control and Prevention (CDC) began to develop public health activities aimed at reducing ovarian cancer morbidity and mortality. CDC convened a workshop in November of that year entitled *Identifying Public Health Opportunities to Reduce the Burden of Ovarian Cancer*. Attendees included leaders from state health departments and ovarian cancer advocacy groups, as well as physicians and scientists from federal agencies, medical centers, and cancer treatment programs. These

experts agreed that, although a satisfactory screening test for ovarian cancer was not yet available, there were important opportunities to reduce illness and death caused by the disease.

A copy of the workshop report is available on the CDC ovarian cancer Web site at <http://www.cdc.gov/cancer/ovarian/index.htm>. Information developed at this workshop is being used to guide research and health communication activities related to ovarian cancer.

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## Ongoing Projects

CDC supports many ongoing projects in ovarian cancer with fiscal year 2004 appropriations of approximately \$5 million. Several studies are under way at CDC-funded Prevention Research Centers. These include multi-year research projects at the University of Texas Health Science Center at Houston and at the University of Alabama at Birmingham. The primary objective of these studies is to identify factors that distinguish women with ovarian cancers that were diagnosed at stages I and II from those with cancers diagnosed at later stages by conducting a literature review, a review of medical records of all patients diagnosed between 1995 and 1999, and in-person interviews with a sub-sample of women.

The University of Texas Health Science Center at Houston is also funded, along with the University of Oklahoma Health Sciences Center, to conduct multiyear studies of how women decide to seek medical care for nonspecific symptoms such as those related to ovarian cancer. These projects are investigating the frequency of symptoms as well as factors associated with decisions to seek medical care, such as 1) attitudes toward health care and health care providers, 2) anxiety or fear related to illness, 3) effects of age, 4) access to care, 5) educational and socioeconomic status, 6) health status, 7) family history of cancer, and 8) knowledge

about ovarian cancer. Data on barriers to obtaining care are also being examined.

CDC is funding state tumor registries in California, Maryland, and New York to analyze ovarian cancer treatment data obtained from medical record reviews. This is a 3-year study to determine the type of treatment received, the medical specialty providing care, and treatment outcome. The quality and completeness of registry data on ovarian cancer staging will also be evaluated.

In 2003, CDC funded Alabama, Colorado, and West Virginia to implement ovarian cancer activities that were identified and prioritized in each state's comprehensive cancer control plan. Alabama is developing health messages to increase the knowledge level of women and health care providers about ovarian cancer risk factors and clinical research trial opportunities. Colorado is participating in a project with the University of Colorado's Cancer Genetics Network that addresses women who have been diagnosed with breast cancer and reviews the link with ovarian cancer. An ovarian cancer education program is also being developed. West Virginia is increasing awareness of ovarian cancer by sponsoring various public awareness events. Overall, all three programs are working to develop ovarian cancer health messages for health care providers and the general public.

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