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If you have ovarian cancer or are close to someone who is doing, knowing what to expect can help you cope. Here you can learn all about ovarian cancer, including risk factors, symptoms, how it is located, and how it is treated. Ovarian cancer can cause several signs and symptoms. Women are more likely to get symptoms if the disease has spread, but even ovarian cancer at an early stage can cause them. The most common symptoms include: bloating of the pelvis or abdominal (belly) pain problem is or feeling full of fast urinary symptoms such as urgency (always feeling like you should go) or frequency (have to go often) These symptoms are also usually caused by benign (non-cancerous) diseases and cancer of other organs. When they are caused by ovarian cancer, they tend to be persistent and change from normal - for example, they occur more often or more severe. These symptoms are most likely caused by other conditions, and most of them occur about as often in women who do not have ovarian cancer. But if you have these symptoms more than 12 times a month, see your doctor so the problem can be found and treated if necessary. Other symptoms of ovarian cancer may include: Fatigue (extreme fatigue) Disorder of back stomach pain during sexual constipation Changes during a woman's period, such as heavier bleeding than usual or irregular bleeding of the abdominal (belly) tumor with weight loss Once a woman is diagnosed with ovarian cancer, doctors will try to find out if it has spread and if so, how far. This process is called staging. The stage of cancer describes how much cancer is in the body. This helps to determine how serious the cancer is and how best to treat it. Doctors also use the stage of cancer when it comes to survival statistics. Ovarian cancer stages range from Stage I (1) to IV (4). Generally, the smaller the number, the less the cancer spread. A higher number, such as stage IV, means that the cancer has spread more. Although each person's experience of cancer is unique, cancers with similar stages tend to have similar perspectives and are often treated in much the same way. One of the goals of the operation to remove ovarian cancer is taken tissue samples for diagnosis and staging. For the cancer stage, tissue samples are taken from different parts of the pelvis and abdomen and examined in the laboratory. How is the stage defined? The two systems used to stage ovarian cancer, FIGO (International Federation of Gynecology and Obstetrics) Systems and AJCC (American Joint Committee on Cancer) TNM staging the system are basically the same. They both use 3 factors to stage (classify) this cancer : Degree (size) of tumor (T): Has the cancer spread beyond the ovaries or fallopian tube? Cancer has reached nearby pelvic organs such as the uterus Bladder? Spread to nearby lymph nodes (N): Has the cancer spread to the lymph nodes in or around the aorta (the main artery that runs from the heart down along the back of the abdomen and pelvis)? Also called paraaortal lymph nodes. Spread (metastases) to remote places (M): Has the cancer spread to fluid around the lungs (malignant pleural effusion) or to distant organs such as the liver or bones? Numbers or letters after T, N and M provide more information about each of these factors. Higher numbers mean that cancer is more advanced. Once the categories T, N and M of a person are defined, this information is combined in a process called the group stage for the general stage. The staging system in the table below uses a pathological stage (also called surgical stage). Determined by studying tissues removed during surgery. It is also known as a surgical production. Sometimes, if surgery is not possible immediately, the cancer will be given a clinical stage rather than. This is based on the results of physical examination, biopsy and visualization of tests conducted before surgery. For more information, see the system below is the latest AJCC system to take effect in January 2018. It is a staging system for ovarian cancer, fallopian tube cancer, and primary abdominal cancer. Cancer staging can be complex, so ask your doctor to explain it to you in a way you understand. AJCC Stage Grouping FIGO Stage description stage I T1 N0 M0 I Cancer only in the ovary (or ovaries) or fallopian tubes (s) (T1). It has not spread to nearby lymph nodes (N0) or to remote areas (M0). IA T1a N0 M0 IA Cancer is located in one ovary, and the tumor is limited to the inner part of the ovary; or cancer is found in one fallopian tube, and only inside the fallopian tubes. There is no cancer on the outer surfaces of the ovaries or fallopian tubes. No cancer cells are found in the fluid (acet) or styms of the abdominal cavity and pelvis (T1a). It has not spread to nearby lymph nodes (N0) or to remote areas (M0). IB T1b N0 M0 IB Cancer is found in both the ovaries and fallopian tubes, but not on their outer surfaces. No cancer cells are found in the fluid (acet) or styms from the abdomen and pelvis (T1b). It has not spread to nearby lymph nodes (N0) or to remote areas (M0). IC T1c N0 M0 IC Cancer is found in one or both ovaries or fallopian tubes and any of the following are present: the tissue (capsule) surrounding the tumor broke during surgery, which can allow cancer cells to seep into the abdomen and pelvis (called surgical spill). This is the IC1 stage. Cancer is located on the outer surface of at least one of the ovaries or fallopian tubes or capsules (tissue surrounding the tumor) severed (explosion) before surgery (which can allow cancer cells to shed into the abdomen and pelvis). Stage IC2. Cancer cells are found in fluid (acytes) or washes from the abdomen and pelvis. This is stage IC3. It did not spread to nearby (N0) or remote sites (M0). II T2 N0 M0 II Cancer is found in one or both ovaries or fallopian tubes and has spread to other organs (such as the uterus, bladder, sigmoid intestine, or rectum) in the pelvis or there is primary abdominal cancer (T2). It has not spread to nearby lymph nodes (N0) or to remote areas (M0). IIA T2a N0 M0 IIA Cancer has spread or invaded (grown into) the uterus or fallopian tubes, or ovaries. (T2a). It has not spread to nearby lymph nodes (N0) or to remote areas (M0). IIB T2b N0 M0 IIB Cancer is found on the outer surface or has grown into other nearby pelvic organs such as the bladder, colon sigmoid, or rectum (T2b). It has not spread to nearby lymph nodes (N0) or to remote areas (M0). IIIA2 T3a N0 or N1 M0 IIIA2 Cancer is found in one or both ovaries or fallopian tubes, or there is primary abdominal cancer, and it has spread or grown into organs outside the pelvis. During surgery, the cancer is not visible in the abdominal cavity (outside the pelvis) to the naked eye, but the tiny deposits of the cancer are found in the lining of the abdomen when it is examined in the laboratory (T3a). The cancer may or may not spread to retroperitoneal lymph nodes (N0 or N1), but it has not spread to remote areas (M0). IIIB T3b N0 or N1 M0 IIIB There is cancer in one or both ovaries or fallopian tubes, or there is primary abdominal cancer, and it has spread or grown into organs outside the pelvis. The cancer deposits are large enough for the surgeon to see, but no more than 2 cm (about 3/4 inches) across. (T3b). It may or may not spread to retroperitoneal lymph nodes (N0 or N1), but it has not spread to the inner liver or spleen or to distant areas (M0). IIIC T3c N0 or N1 M0 IIIC Cancer is found in one or both ovaries or fallopian tubes, or there is primary abdominal cancer, and it has spread or grown into organs outside the pelvis. The cancer deposits are larger than 2 cm (about 3/4 inches) across and may be on the outside (capsule) of the liver or spleen (T3c). It may or may not spread to retroperitoneal lymph nodes (N0 or N1), but it has not spread to the inner liver or spleen or to distant areas (M0). IVA Any N M1a IVA Cancer cells are found in the fluid around the lungs (called malignant pleural without any other areas of cancer, such as the liver, spleen, intestines or lymph nodes outside the abdomen (M1a). IVB Any T Any N M1b IVB Cancer has spread to the inside of the spleen or liver, lymph nodes except except lymph nodes and/or other organs or tissues outside the abdominal cavity, such as the lungs and bones (M1b). The following additional categories are not described in the table above: TX: The underlying tumor cannot be evaluated due to lack of T0 information: No evidence of a primary tumor. NX: Regional lymph nodes cannot be evaluated due to lack of information. Ovarian cancer refers to the out-of-control growth of cells in the ovaries, two glands that are essential for sexual reproduction and women's health. Ovarian cancer affects an estimated 1 in 78 women in the United States. (1) In the female anatomy, there is one ovary on the left side of the uterus and one on the right that produce eggs (ova), as well as the sex hormones estrogen and progesterone. If a woman is fertile, her ovaries release eggs in the fallopian tubes, which serve as passages to the uterus. Recent studies, including a study published in October 2017 in the journal Nature Communications, have shown that for many women, ovarian cancer occurs in the fallopian tubes. This important finding may point the way to new prevention, early detection and treatment strategies. (2) Ovarian cancer is relatively rare, but represents an outsized threatThe number of women diagnosed with ovarian cancer has significantly decreased over the past 20 years. A report released in May 2018 by the American Cancer Society found that between 1985 and 2014, the rate fell by 29 percent and the number of deaths fell by 33 percent between 1976 and 2015. (3) Today, an estimated 22,240 women develop ovarian cancer each year, and about 14,000 die. Ovarian cancer accounts for only 2.5 percent of all cancers diagnosed in women, making it relatively rare, but it is responsible for 5 percent of all cancer-related deaths in women. (4) This disease is a non-dirty threat, as it is usually detected only after it has gone beyond the ovaries to other parts of the body. About 8 out of 10 women are diagnosed after ovarian cancer has spread to nearby lymph nodes or metastases to other organs or tissues. In general, the later diagnosed ovarian cancer, the more difficult it is to treat. While women diagnosed with early-stage ovarian cancer have a five-year relative survival rate of about 92 percent, the five-year relative survival rate at all stages is only 47 percent. (4) (4)

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