Understanding What Epithelial Ovarian Cancer Is

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What Is Epithelial Ovarian Cancer?

If you've been diagnosed with ovarian cancer, it is likely that you've been diagnosed with epithelial ovarian cancer. Why? Because upwards of 90 percent of ovarian cancers develop in the epithelium, which is the tissue that covers the ovaries.

However, there are several other types of ovarian cancer. Germ cell carcinoma tumors account for five percent of ovarian cancers, and this type occurs in the eggs. While epithelial ovarian cancer is most likely to occur in postmenopausal women, germ cell carcinoma tumors typically occur in women in their 20s.

Stromal carcinoma tumors account for the other five percent of ovarian cancer cases. This type of ovarian cancer occurs in the connective tissues that hold the ovaries together.

And the rarest type of ovarian cancer – small cell carcinoma of the ovaries (SCCO), accounts for about 0.1 percent of all ovarian cancer cases. It is highly malignant and occurs in women in their 20s.

Because epithelial ovarian cancer is the most common type, let's discuss it in greater detail.

Epithelial Ovarian Cancer Symptoms

Typically, epithelial ovarian cancer does not exhibit symptoms in its early stages. Unfortunately, when symptoms develop, the cancer has advanced to its later stages.

Symptoms of epithelial ovarian cancer include:

- Abdominal pain
- Swelling of the abdomen
- Feeling pressure in the abdomen and pelvis
- Heavy and/or irregular vaginal bleeding, especially after menopause
- Vaginal discharge that is clear, white, or bloody
- Feeling a lump in the pelvic region
- Feeling gas, bloating, or constipation

Unfortunately, these symptoms can also signify other health issues, which can delay the diagnosis of epithelial ovarian cancer. Notifying your physician right away, should you note these symptoms, can hasten a diagnosis and subsequent treatment.

Epithelial Ovarian Cancer Treatment

Treatment of epithelial ovarian cancer will depend on the stage of the cancer.

If the cancer is diagnosed in ***stage I***, the treatment is typically removal of the tumor. Often, this may also include removal of the uterus, both fallopian tubes, as well as both ovaries – this procedure is called a hysterectomy with bilateral salpingo-oopherectomy.

- For women with grade 1 tumors, typically no further treatment is required. If the woman wants to have children, the surgery may be modified to only removing the ovary that is involved.
- For women with grade 2 tumors, they may be monitored very closely, or they may require chemotherapy after surgery.
- For women with grade 3 tumors, chemotherapy is typically required.

If the cancer is diagnosed in ***stage II***, "staging and debulking" is required. This means that hysterectomy with salpingo-oopherectomy is required in order to remove the tumor, and stage the tumor. In addition, at least six cycles of chemotherapy are required.

If the cancer is diagnosed in ***stage III***, staging and debulking is also required. In addition, tissues surrounding the uterus is also removed, as it is likely that the cancer has spread. According to the American Cancer Society, "The surgeon will also try to remove as much of the tumor as possible. The goal is to leave behind no tumor larger than 1 cm. When this goal is reached, the cancer is said to have been *optimally debulked*."

It is also common for the tumor to have grown into the intestines – in these cases, surgery to remove part of the intestines is required.

Chemotherapy for at least six cycles is required. This may be intravenous, as well as intra-abdominal or intraperitoneal (IP) chemotherapy – or both. IP chemotherapy is only considered if the tumor was "optimally debulked."

If the cancer is diagnosed in ***stage IV***, the goal is generally to help the patients feel better and live longer, as opposed to curative treatments. Physicians still may remove and debulk the tumor, and utilize chemotherapy, if it will make the patient feel better. The goal is palliative care.

Epithelial Ovarian Cancer Prognosis

Per the American Cancer Society, for all types of ovarian cancer, the 5-year survival rate is 45 percent. However, when we break it down by age and stage, that number does vary.

Women who are diagnosed before the age of 65 do tend to live longer.

If the cancer is found and subsequently treated *before* the cancer has spread outside of the ovaries, the survival rate skyrockets – the 5-year survival rate is then 92 percent! That being said, only 15 percent of ovarian cancers are diagnosed at stages 1A and 1B.

According to the American Cancer Society, here are the 5-year survival rates for epithelial ovarian cancer, by stage:

- Stage I: 90%
- Stage IA: 94%
- Stage IB: 92%
- Stage IC: 85%
- Stage II: 70%
- Stage IIA: 78%

- Stage IIB: 73%
- Stage III: 39%
- Stage IIIA: 59%
- Stage IIIB: 52%

- Stage IIIC: 39%
- Stage IV: 17%

Epithelial Ovarian Cancer Causes

We don’t know what causes ovarian cancer. However, there are certain factors that seem to increase the risk of developing epithelial ovarian cancer. These risk factors do not seem to apply to the other types of ovarian cancer. These risk factors include:

- **Age:** epithelial ovarian cancer typically occurs over the age of 40.
- **Birth control:** women who use birth control seem to have a lower risk of developing ovarian cancer.
- **Gynecologic surgery:** women who have had a tubal ligation seem to have a two-thirds less likelihood of developing ovarian cancer.
- **Fertility drugs:** taking certain fertility drugs, such as Clomid, may increase the risk of ovarian cancer.
- **Family history:** Having a family history of ovarian cancer.