Oxford University Hospitals NHS
NHS Trust

Oxford Regional Genetic Department

Family History of Ovarian Cancer

Information for women without an increased risk of ovarian cancer



This leaflet aims to answer some of the questions that you may have about your family history of ovarian cancer. You may have had cancer yourself. If you have, this leaflet may be relevant for your family members.

How common is ovarian cancer?

Ovarian cancer is not one of the more common cancers. The chance of being diagnosed with it is less than for cancers of the breast, lung or large bowel. In the UK the lifetime risk of developing ovarian cancer is about 1 in 48 or 2%. The lifetime risk of breast cancer is about 1 in 9 or 11%.

How often is cancer inherited?

As cancer is common, most people will have relatives who have had it. Most cancers occur by chance. It is rare for cancer to be inherited in a family. It is thought only 5% or less is inherited.

How do we recognise inherited ovarian cancer?

It is rare to have an inherited tendency to develop cancer. We only suspect an inherited tendency in families where:

- Several close relatives on the same side of the family have had ovarian cancer or related cancers. This may include breast, womb, or bowel cancer.
- Someone has had more than one of these types of cancer.

In families like this, there may be an altered gene which means that people are more likely to develop cancer than usual. These genes can be passed down from one generation to the next. We can sometimes offer these families a genetic test.

Does the history of cancer in my family mean it is inherited?

When we look at your family history we look at the number of relatives who have had cancer, and their ages when they developed it. Cancers occurring at older ages are less likely to be inherited. The types of cancer relatives have had is also important as only certain types of cancer are related to each other. Many cancers, such as lung cancer and cervical cancer, are usually due to environmental rather than genetic effects.

From the information you have given us, the cancers in your family are unlikely to be due to an inherited tendency. It is more likely that the cancers in your family occurred due to chance.

This may be because you only have one or two relatives who have had related types of cancer, or because the cancers have occurred at older ages. If the cancers in your family are in more distant relatives, the risk for you is less likely to be increased, especially if your close relatives have not developed cancer.

Should I be having extra screening?

From the information you have provided, your risk of ovarian cancer is unlikely to be much higher that that of the general population. This means that extra screening will not be of benefit to you. Ovarian screening has not yet been proven to be effective at picking cancers up early. Also, some women who have screening end up having further invasive investigations for something which wasn't a problem. Screening can also cause anxiety. Therefore ovarian screening is only suitable for those with a very high risk.

Do I need to take any other action?

No, but we would stress the importance of general healthcare. All women should attend the national breast screening and cervical screening programmes when they are called. Although cervical screening (smear tests) are not intended to detect ovarian cancer, they are still important.

What symptoms should I look out for?

The symptoms of ovarian cancer are quite vague and are all more likely to be caused by conditions other than ovarian cancer. However, if you experience any of the following key symptoms on most days of the month, ask your GP if they have considered ovarian cancer:

- Persistent pelvic and stomach pain
- Increased stomach size or persistent bloating
- Difficulty eating or feeling full too quickly

Any other sudden onset, frequently recurring or numerous symptoms should also be reported to your doctor. Other symptoms of ovarian cancer can include:

- Needing to wee suddenly or more often
- Change in bowel habit
- Excessive tiredness
- Back pain

Remember that most women with symptoms like these will not have cancer.

Can I do anything to reduce my risk?

Maintaining your weight within normal limits may help. Evidence indicates that obesity does increase ovarian cancer risk, particularly before the menopause. Smoking may also increase the risk of ovarian cancer. If you have used the oral contraceptive pill, your risk of ovarian cancer will have reduced by up to 50%. We wouldn't recommend you use the pill for this specific reason but it is a beneficial side effect.

There are some concerns about Hormone Replacement Therapy (HRT) and ovarian cancer. If taken for more than 5 years after a natural menopause, combination HRT, containing oestrogen plus other hormones, does increase the risk of ovarian cancer. Once HRT is stopped this risk goes down over a few years to the same level as women who have never taken HRT.

Can I have a genetic test for ovarian cancer inheritance?

It is quite unusual for us to be able to identify a genetic cause even when several people in the family have been diagnosed with ovarian cancer.

This is more likely if three or more close relatives on the same side of the family have developed ovarian cancer, or sometimes breast and ovarian cancer or bowel, womb and ovarian cancer. These will usually have occurred at younger ages (before the age of 60).

As the cancers in your family are unlikely to be inherited, genetic testing is not likely to be helpful in your family.

What about my children?

We have assessed that the cancers in your family are unlikely to have an inherited cause. It is therefore unlikely that your children will inherit an increased tendency to develop cancer from you. If there is a history of cancer on your partner's side of the family then they may wish to discuss with their GP whether they would also like to be referred to us for assessment of their cancer risk.

What if the family history changes?

If any other members of your family develop cancer, or if you uncover any information about cancers further back in the family, it is important to update us as this may change our advice to you.

Further Information

For further information about ovarian cancer, you may find the following organisations useful:

Ovarian Cancer Action

www.ovarian.org.uk

0300 456 4700

Macmillan Cancer Support

http://www.macmillan.org.uk

Ovacome

www.ovacome.org.uk

08453710554

If you need more advice please contact:

Oxford Genetics Cancer Service
Clinical Genetics Unit
Churchill Hospital
Old Road
Headington
Oxford
OX3 7LE

Telephone: **01865 226 034**

Fax: **01865 223 572**

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@ouh.nhs.uk**

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