Ovarian Cancer

MODERATE RISK

Cancer is a common disease that affects 1 in 3 individuals. It is not uncommon to see more than one person in a family with cancer. Ovarian cancer is less common, affecting 1 in 80 women. Most, 90-95%, is sporadic and occurs by chance. It is likely that only 5-10% of the disease occurs because of an inherited predisposition, and it is mainly in these families where there may be an increased risk to relatives.

In families where there is an inherited predisposition cancer tends to occur at a younger age; the same type of cancer may affect several family members; there may be a combination of ovarian cancer and breast cancer or less commonly bowel cancer; an individual may have two different cancers. There is no easy way at present to be sure whether cancer in a family is genetic or not, and we are mainly guided by the number of people in the family who have had cancer, and at what ages it developed.

From your family history we would consider you to be at moderate risk of developing ovarian cancer. This is because more than 1 woman has been affected in your family, or there is a combination of ovarian cancer and breast or bowel cancer. Thus there is some suspicion that there could be a predisposition gene in your family, but it could also have been due to chance.

This means that your own risk of developing ovarian cancer is increased a little, but not so high as it would have been if we had been convinced of an ovarian cancer gene in the family. Because of this, it may seem sensible to offer you screening in the hope of identifying ovarian cancer early. This is currently attempted by a combination of ultrasound scanning and blood tests, but both of these tests can give apparently abnormal results which are not in any way related to ovarian cancer, and so the screening is still being evaluated as part of a UK wide study.

Thus we are not yet sure whether screening has anything to offer. You may be eligible to take part in the study, which would involve an ultrasound scan of your ovaries once a year, and a blood test for a protein called CA125 which is done three times per year. The results of these would be analysed along with those of women around the country, in the hope of giving us more information as to how useful this is. The potential disadvantages of the screening are the finding of apparent abnormalities which may lead to anxiety and even surgery to remove the ovary, which might eventually turn out to have no serious abnormality.

Sometimes, women who have completed their families feel that, rather than embark on screening, they would prefer to have their ovaries removed which would reduce, though not abolish, the risk of developing ovarian cancer. If the women are still premenopausal, they would be advised to take HRT to protect their heart and bones.

Possible protective factors are not yet fully understood, but having children and breast feeding are protective to some extent. The oral contraceptive pill also reduces the risk significantly, and HRT does not appear to have any effect either way. A diet high in fresh fruit, vegetables and fibre without too much fat, regular exercise, moderate alcohol and avoiding obesity are all associated with lower risks of cancer. Some people who do all these things still get cancer so there is no way of being certain of avoiding the disease.

For some families, genetic testing might be a possibility, but this is only if we are able to find a genetic alteration in a blood sample from someone who has been affected by cancer in the family. Currently, our ability to test is fairly limited, and it is not possible to prove that cancer has not been genetic, but we are happy to store blood samples for more detailed testing in the future.
If you have any further questions or you would like another appointment to discuss any of the points raised please contact:

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Familial Ovarian Cancer  
Moderate Risk Families  
Information Leaflet