
Don't Ignore the Early Signs of Ovarian Cancer

By Gigi Reed, MD August 13, 2026

Ovarian cancer is not among the most common cancers in women, but it remains the deadliest gynecologic cancer in the United States. One reason is that it is often difficult to detect early, when treatment is most likely to be successful.

About 21,000 Americans are expected to receive an ovarian-cancer diagnosis this year, and more than 12,000 will die from the disease. It occurs most often after menopause; the typical age at diagnosis is about 63. Still, anyone with ovaries can develop ovarian cancer, and less common forms may affect younger people.

“Ovarian cancer” is actually a group of related diseases. Most cases are epithelial cancers, which involve cells covering the ovary. Many high-grade serous cancers—its most common and aggressive form—are now thought to begin in the far end of the fallopian tubes. For this reason, cancers of the ovaries, fallopian tubes, and abdominal lining are often evaluated and treated similarly.

There is usually no single cause. Age is a significant risk factor, as is a family history of ovarian, breast, pancreatic, prostate, colorectal, or uterine cancer. Some inherited gene changes substantially increase risk, especially mutations in the BRCA1 and BRCA2 genes. Lynch syndrome, an inherited condition associated with colorectal and uterine cancers, can also raise ovarian-cancer risk.

Family history matters on both sides of the family. A woman whose father’s relatives have breast, ovarian, prostate, or pancreatic cancer may have inherited a cancer-risk mutation just as readily as someone with an affected mother’s family. Genetic counseling and testing may be especially valuable for families with these patterns.

Other factors linked with increased risk include never having given birth, endometriosis, and certain hormonal or reproductive factors. Pregnancy and use of birth-control pills are associated with lower ovarian-cancer risk. However, decisions about contraception, hormones, or preventive surgery should always be individualized with a clinician.

Unlike cervical cancer, ovarian cancer has no reliable screening test for people at average risk and without symptoms. A Pap smear does not detect it. Blood testing for CA-125 and transvaginal ultrasound can be useful in evaluating symptoms or monitoring known disease, but neither has proven effective as routine screening for the general population.

Symptoms can be subtle and may resemble common digestive or urinary problems. Important warning signs include persistent bloating or abdominal enlargement, pelvic or abdominal pain, feeling full unusually

quickly, difficulty eating, and new urinary urgency or frequency. Changes in bowel habits, fatigue, back pain, or unexplained weight changes can also occur. The key is persistence: symptoms that are new, frequent, worsening, or lasting more than a few weeks deserve medical evaluation.

Treatment usually combines surgery and chemotherapy, ideally coordinated by a gynecologic oncologist. Surgery aims to remove as much visible cancer as possible. Chemotherapy commonly includes carboplatin and paclitaxel. For some patients, newer targeted drugs— for cancers with BRCA mutations or related DNA-repair abnormalities—can extend the time before recurrence.

Outcomes depend heavily on stage, tumor type, response to treatment, and whether all visible disease can be removed. Five-year survival is above 90 percent for disease confined to its site of origin, but is far lower once cancer has spread. That makes prompt attention to persistent symptoms, awareness of family history, and access to genetic testing especially important

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