



Ovarian cancer is a relatively rare cancer. There is no effective screening test, no reliable diagnostic test, and no “red-flag” symptoms. In light of these challenges, it may be difficult to have an effective conversation with your family doctor about ovarian cancer. [This worksheet has been designed to help you have an effective conversation with your family doctor about your risk for ovarian cancer.](#)

This worksheet is a general template to help facilitate a conversation with your family doctor about ovarian cancer. There are many opportunities to adapt this guide to your unique values, preferences, and experiences.

If you do not have a family doctor, the following options may be available to you:

- Gynecologist
- Walk-in clinic
- Community health center
- Emergency room or urgent care center

If you have questions, please connect with Ovarian Cancer Canada for more information.

## **IDENTIFY POTENTIAL RISK FACTORS FOR OVARIAN CANCER**

Anyone born with ovaries is at some risk for ovarian cancer. However, there are some distinct factors that might increase your risk. As you read the following risk factors, place a check mark in the box next to any statements that apply to you:

- I am over the age of 50.
- I have never been pregnant.
- I have never used birth control pills.
- I have a family history of cancer.
- I have a family history of ovarian, breast, prostate, pancreatic, endometrial, and/or colorectal cancer (on either side of your family).
- I have been told that I have an inherited genetic mutation related to certain cancers.
- I belong to one of the following ethnic communities: Ashkenazi Jewish, French Canadian, Icelandic, Dutch, Norwegian, and/or Eastern European.
- I have a history of endometriosis.



### **TRACK ASSOCIATED SYMPTOMS OF OVARIAN CANCER**

If you are experiencing any severe symptoms, including but not limited to pain, fever, or heavy bleeding, visit your local emergency room or urgent care.

The symptoms most associated with ovarian cancer are very common and most of the time, they are the result of a much less serious condition. Below is a list of symptoms that can be associated with ovarian cancer. If you have just one of the following symptoms, if it is not normal for your body, and if it persists for three weeks, speak to your doctor about ovarian cancer.

Have you experienced any of the following in the last three weeks? If yes, place a check mark in the box next to any symptoms that apply to you, and answer the associated questions:

#### Most common symptoms

Bloating:

- Is bloating abnormal for you?
- How often do you feel bloated?
- How long have you felt bloated?

Feeling full quickly when eating:

- Is it normal for you to have difficulty eating?
- How often do you have difficulty eating?
- How long have you had difficulty eating?

Urinary changes (for example, increased frequency or urgency):

- Is this urinary change abnormal for you?
- How often are you experiencing this urinary change?
- How long have you been experiencing this urinary change?

Abdominal pain/discomfort:

- Is this pain/discomfort abnormal for you?
- How often do you have this pain/discomfort?
- How long have you had this pain/discomfort?

Pelvic pain/discomfort:

- Is this pain/discomfort abnormal for you?
- How often do you have this pain/discomfort?
- How long have you had this pain/discomfort?

#### Other possible symptoms

Fatigue:

- Is fatigue abnormal for you?
- How often do you feel fatigued?
- How long have you felt fatigued?



Gas, nausea, or indigestion:

Is gas/nausea/indigestion abnormal for you?  
How often do you have gas/nausea/indigestion?  
How long have you had gas/nausea/indigestion?

Changes in bowel habits:

Are these changes in bowel habits abnormal for you?  
How often are you experiencing these changes in your bowel habits?  
How long have you been experiencing these changes in your bowel habits?

Changes to your menstruation:

Are these menstrual changes abnormal for you?  
How often are you experiencing these menstrual changes?  
How long have you had these menstrual changes?

Weight loss or gain:

Are fluctuations to your weight abnormal for you?  
How much has your weight changed?  
How long has it been since you noticed these changes to your weight?

You may find it helpful to track your symptoms over the three weeks leading up to your appointment with your doctor. You can do so using the symptom tracker below. Record which day you experienced the symptom by circling the day. Next, record how severe or intense the symptom was, by assigning a score out of 10, with 10 being the most severe/intense you could imagine the symptom being.

Remember, you know your body best. Only record symptoms that are new or abnormal for you, that are not explained by a medical condition that you are already aware of.

	<b>FIRST WEEK</b>	<b>SECOND WEEK</b>	<b>THIRD WEEK</b>
	Date range:	Date range:	Date range:
<b>BLOATING</b>	Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:	Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:	Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:



**FEELING FULL  
QUICKLY WHEN**

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**URINARY CHANGES**

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**ABDOMINAL  
PAIN/DISCOMFORT**

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**PELVIC  
PAIN/DISCOMFORT**

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**FATIGUE**

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**GAS, NAUSEA OR  
INDEGESTION**

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**CHANGES IN  
BOWEL HABITS**

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**CHANGES TO  
MENSTRUATION**

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**OTHER**

List any symptom(s)  
that are new and  
abnormal for you.

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**RECORD THE HISTORY OF CANCER IN YOUR FAMILY**

It is important to talk to your doctor about any biological relatives that have had any type of cancer. Certain inherited genetic mutations that increase the risk for ovarian cancer will also increase the risk for other cancers. For example, inherited mutations in the BRCA 1 or BRCA 2 genes are associated with increased risk for breast, prostate, pancreatic, and ovarian cancer. Therefore, if your biological cousin had prostate cancer, it may have been the result of a BRCA mutation, and you may have also inherited the same mutation which increases your risk for ovarian cancer. For context, a person at average risk for ovarian cancer is at a 1.4% lifetime risk of developing the disease.

There are two main hereditary syndromes associated with ovarian cancer: Lynch Syndrome and Hereditary Breast and Ovarian Cancer syndrome (HBOC):

**Lynch Syndrome** is an inherited condition that puts people at increased risk for certain types of cancer at a younger age, including but not limited to ovarian, colorectal, and endometrial (uterine) cancers. Mutations in following genes are associated with Lynch Syndrome: MLH1, MSH2, MSH6, PMS2, EPCAM. For those with Lynch Syndrome, the average lifetime risk of developing ovarian cancer is between 10-20%.

**Hereditary Breast and Ovarian Cancer syndrome** is connected to inherited BRCA 1 and BRCA 2 mutations and accounts for most cases of ovarian cancers that run-in families. A BRCA 1 mutation increases a female’s risk of ovarian cancer to 39-44% by age 70. For a BRCA 2 mutation, the risk is 11-18% by age 70.

**IN THIS SECTION, RECORD ANY CANCERS THAT YOU KNOW OF AMONG YOUR BIOLOGICAL RELATIVES.**

Type of cancer and age at diagnosis

Mother

Father



Sibling(s)

Empty text box for sibling information.

Child(ren)

Empty text box for child information.

Maternal Grandmother

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Maternal Grandfather

Empty text box for maternal grandfather information.

Maternal Cousin(s)

Empty text box for maternal cousin information.

Maternal Aunt(s) or Uncle(s)

Empty text box for maternal aunt/uncle information.



Paternal Grandmother

Paternal Grandfather

Paternal Cousin(s)

Paternal Aunt(s) or Uncle(s)

Based on your family history, ask your doctor if you may be eligible for genetic testing. You can also ask your doctor to refer you to a genetics counselor, if appropriate. There are ways to lower your risk of ovarian cancer, and knowing an inherited genetic mutation associated with ovarian cancer can help you and your doctor determine what is best for you. To learn more about prevention, visit [ovariancanada.org/prevention-and-genetic-mutations](http://ovariancanada.org/prevention-and-genetic-mutations).





### **TAKE THE NEXT STEPS**

Depending on the information that you share with your doctor, they may do a combination of tests to better understand the likelihood that you have ovarian cancer. Possible tests may include:

1. **A transvaginal ultrasound:** this test involves inserting a narrow probe (or wand) into the vagina to produce ultrasound images.
2. **A vaginal/rectal pelvic exam:** the doctor will touch the outside of your abdomen to feel for masses. Then, with fingers inside the vagina and rectum, they will try to feel your ovaries from the inside.
3. **A CA-125 blood test:** this is a blood test that measures a specific protein in the blood called “cancer antigen 125”.

If there are concerns about wait times for these tests, you can ask them to put a rush on these tests.

There are a few important things to note about the above tests. Firstly, none of these tests, alone or in combination, can be used to screen for or diagnose ovarian cancer. Instead, the results of all three of these tests might paint a better picture of the likelihood that you have ovarian cancer. Ovarian cancer can only be definitively diagnosed with an evaluation of a tissue sample by a pathologist, either through surgery or biopsy.

If your doctor tells you that based on the results of these tests that you may have ovarian cancer, **ask to be referred to a gynecologic oncologist immediately.** Gynecologic oncologists are highly trained physicians that specialize in cancers of the female reproductive system. Extensive research has shown that patient outcomes are much better if they are under the care of a gynecologic oncologist.

There is some degree of disagreement amongst experts about the value of each of these tests. Therefore, some doctors will not order all three tests. If your doctor tells you they will not do all three tests, you can ask them to explain this decision to you. If you are unsatisfied with the care, you are being provided, it is your right to ask for a second opinion from another family doctor.



You may be asking yourself, “why do I need symptoms to have these tests ordered?” or “why can’t I just get these tests every year?” These are very good questions. Research has found that harm can be caused by doing these tests when there is no reason to suspect ovarian cancer, because further unnecessary tests/procedures may be performed (for example, unnecessary surgery). Therefore, it is very unlikely that your doctor will do any of these tests unless you have ovarian cancer-related symptoms.

You have the right to discuss the benefits and risks of all tests with your doctor. Some questions you may consider asking include:

1. I am concerned about ovarian cancer. What can we do to determine if I have ovarian cancer?
2. What information will we learn from the tests that you have ordered?
3. What are some possible results of the tests that you have ordered?
4. Depending on the results of the tests you have ordered, what will our next steps be?
5. I noticed that you have not ordered one of the above tests. Can you please explain why? Is there another test that we should do instead?

**IF YOU HAVE QUESTIONS, PLEASE CONNECT WITH  
OVARIAN CANCER CANADA FOR MORE INFORMATION.**

[info@ovariancanada.org](mailto:info@ovariancanada.org)

1-877-413-7970



## PERSONALIZING THIS WORKSHEET FOR YOU

This worksheet is a general template to help facilitate a conversation with your family doctor about ovarian cancer. There are many opportunities to adapt this guide to your unique values, preferences, and experiences. Depending on how you identify and/or your personal experiences, you may find some of the following conversation prompts helpful when talking to your doctor:

1. I am not comfortable with some of the tests that you would like to do. Can we please discuss ways to address these discomforts?

This prompt may be helpful for people who have experienced certain traumas, for example, a sexual assault. If you feel that your doctor is not able to provide you with safe and appropriate care, it is your right to ask to be referred to a different doctor, particularly one who specializes in trauma-informed healthcare.

2. I do not identify as a woman. My gender identity is \_\_\_\_\_ and my pronouns are \_\_\_\_\_. Please respect my gender identity as we move through this process together.

This prompt may be helpful for people who are trans, nonbinary, and/or gender queer. If you feel that your doctor is not able to provide you with safe and appropriate care, it is your right to ask to be referred to a different doctor, particularly one who specializes in LGBTQIA+ healthcare.

3. Are there any culturally-specific resources available to me? For example, an Indigenous Patient Navigator?

This prompt may be helpful for members of communities who would like their traditional cultural knowledge respected and incorporated into their care.

4. I learn best by \_\_\_\_\_. We have reviewed a lot of information today. Can you please summarize what we have discussed in a way that I will best understand?

This prompt may be helpful for people with specific learning styles, and/or for people who are neurodivergent. If you learn best by listening, ask if you can audio record your appointment. If you learn best by reading, ask your doctor to write a short summary of your discussion. If you learn best by reflecting on information on your own time in a quiet space, tell your doctor that you will need some time to process the information before you can continue the conversation.

5. I am worried about how long it may take, or how far I will have to travel, to see a gynecologic oncologist. Do you have access to e-referral, e-consult, or Virtual Hallway?

If you live in a rural or remote area, there may not be a gynecologic oncologist in your region. This means you would have to travel to be seen by an ovarian cancer specialist. Many family doctors have access to electronic and virtual services, such as “e-consult”, “e-referral”, and “Virtual Hallway”. You can ask your doctor if they have access to these services that might facilitate an online appointment.