

Ovarian cancer risk factors: what every woman should know.

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Introduction

Ovarian cancer is a formidable opponent, often referred to as the "silent killer" due to its elusive symptoms in the early stages. While the exact cause of ovarian cancer remains unclear, researchers have identified several risk factors that may increase a woman's likelihood of developing this disease. Understanding these risk factors is crucial for early detection and prevention. In this article, we'll delve into the key factors every woman should be aware of [1].

Age is a significant factor in ovarian cancer risk. Statistics show that the majority of ovarian cancer cases occur in women over the age of 50, with the highest incidence in those who have reached menopause. However, it's important to note that ovarian cancer can affect women of any age, and vigilance is essential across the lifespan [2].

A strong family history of ovarian or breast cancer can elevate an individual's risk. Women with first-degree relatives (mother, sister, or daughter) who have had ovarian cancer are at a higher risk themselves. Additionally, the presence of certain gene mutations, such as BRCA1 and BRCA2, can significantly increase the likelihood of developing ovarian cancer.

Certain genetic mutations can predispose women to ovarian cancer. As mentioned earlier, mutations in the BRCA1 and BRCA2 genes are strongly associated with an increased risk of both ovarian and breast cancers. Genetic counselling and testing can help individuals understand their risk and make informed decisions about monitoring and preventive measures [3].

A woman's reproductive history plays a role in her ovarian cancer risk. Women who have never been pregnant, as well as those who had their first child after the age of 35, may face a higher risk. Conversely, women who have given birth and breastfed may have a reduced risk of developing ovarian cancer.

The use of hormone replacement therapy, particularly estrogen alone without progesterone, has been associated with an increased risk of ovarian cancer. Women considering HRT should discuss the potential risks and benefits with their healthcare providers to make informed decisions based on their individual health history and symptoms [4].

Endometriosis, a condition where the tissue lining the uterus grows outside the uterus, has been linked to an elevated risk

of ovarian cancer. The longer a woman has had endometriosis and the more severe the condition, the higher the associated risk. Regular check-ups and discussions with healthcare providers are crucial for women managing endometriosis [5].

Maintaining a healthy weight is important for overall well-being, and it also plays a role in ovarian cancer risk. Obesity has been identified as a potential factor that may increase the likelihood of developing ovarian cancer. Adopting a healthy lifestyle that includes regular exercise and a balanced diet can contribute to both cancer prevention and overall health [6].

Women who have had breast cancer may face an increased risk of ovarian cancer. The relationship between these two types of cancer is complex, often involving shared genetic factors such as BRCA mutations. Regular screenings and discussions with healthcare providers are crucial for women with a history of breast cancer [7].

While the evidence is still somewhat controversial, some studies have suggested a potential link between the use of talcum powder in the genital area and an increased risk of ovarian cancer. It's essential to stay informed about the latest research findings and consult with healthcare professionals about personal care product choices. Although the association is not as strong as with lung or other cancers, smoking has been identified as a potential risk factor for ovarian cancer. Women who smoke may have a slightly higher risk compared to non-smokers. Quitting smoking not only reduces the risk of ovarian cancer but also offers numerous other health benefits [8].

Understanding the risk factors associated with ovarian cancer is a crucial step in the journey toward prevention and early detection. While some risk factors, such as age and family history, are beyond individual control, others, like lifestyle choices and regular health check-ups, can be actively managed [9].

Every woman should be proactive in discussing her risk profile with healthcare providers, staying informed about the latest research, and advocating for regular screenings when appropriate. Ovarian cancer may be challenging, but knowledge and awareness are powerful tools in the fight against this formidable adversary [10].

Conclusion

In conclusion, understanding the risk factors associated with ovarian cancer is a crucial step in the journey toward

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References

1. Center MM, Jemal A, Smith RA, Ward E. Worldwide variations in colorectal cancer. *CA Cancer J Clin.* 2009;59(6):366-78.
2. Kramlich D. Introduction to complementary, alternative, and traditional therapies. *Critical care nurse.* 2014;34(6):50-6.
3. Naldi L, Griffiths CE. Traditional therapies in the management of moderate to severe chronic plaque psoriasis: an assessment of the benefits and risks. *Br J Dermatol.* 2005 Apr 1;152(4):597-615.
4. Lebwohl M, Ting PT, Koo JY. Psoriasis treatment: traditional therapy. *ARD.* 2005;64(suppl 2):ii83-6.
5. Yılmazlar T, Zorluoğlu A, Özgüç H, et al. Colorectal cancer in young adults. *Tumori Journal.* 1995;81(4):230-3.
6. Kumar NB, Kazi A, Smith T, et al. Cancer cachexia: traditional therapies and novel molecular mechanism-based approaches to treatment. *Current treatment options in oncology.* 2010;11:107-17.
7. Newell S, Sanson-Fisher RW. Australian oncologists' self-reported knowledge and attitudes about non-traditional therapies used by cancer patients. *Medical Journal of Australia.* 2000 Feb;172(3):110-3.
8. Nakano T, Ohkuma H, Ebina K, et al. Neuroendoscopic surgery for intracerebral haemorrhage-comparison with traditional therapies. *Minim Invasive Surg.* 2003;46(05):278-83.
9. Lampropoulos GK, Spengler PM. Helping and change without traditional therapy: Commonalities and opportunities. *Couns Psychol Q.* 2005;18(1):47-59.
10. Reid KS, Wampler RS, Taylor DK. The "alienated" partner: Responses to traditional therapies for adult sex abuse survivors. *JMFT.* 1996;22(4):443-53.