Patients with ovarian cancer usually present to a family physician with nonspecific symptoms, most often abdominal pain. The outcome depends above all on the stage of the disease when it is diagnosed and on the quality of treatment. This article is based on a review of selected publications from 2000 to 2010 that were retrieved by an automated search in Medline on the terms "ovarian cancer," "screening," "diagnosis," "treatment," and "prognosis," as well as the interdisciplinary S2k guideline Diagnostik und Therapie maligner Ovarialtumoren (the diagnosis and treatment of malignant ovarian tumors) issued in 2007 by the Ovarian Tumor Committee of the German Consortium of Gynecologic Oncology (AGO) and the Committee’s updated recommendations of 2009. The proper treatment of early ovarian cancer involves resection of the primary tumor and all macroscopically visible tumor mass as well as meticulous inspection of the entire abdominal cavity for staging. Platinum-based chemotherapy is indicated for women with ovarian cancer in FIGO stage I to IIA (except stage IA, G1). For women with advanced ovarian cancer, the prognosis largely depends on the extent of tumor mass reduction on initial surgery. Complete resection confers significantly longer survival (median 5 years) than incomplete resection. After surgery, the standard adjuvant chemotherapy consists of a combination of carboplatin and paclitaxel. Treatment that conforms to published guidelines significantly...
improves survival (60% versus 25% at 3 years). The possibility of ovarian cancer must be considered for any woman who presents with new, persistent, nonspecific abdominal pain. Ovarian cancer should always be treated in accordance with published guidelines.