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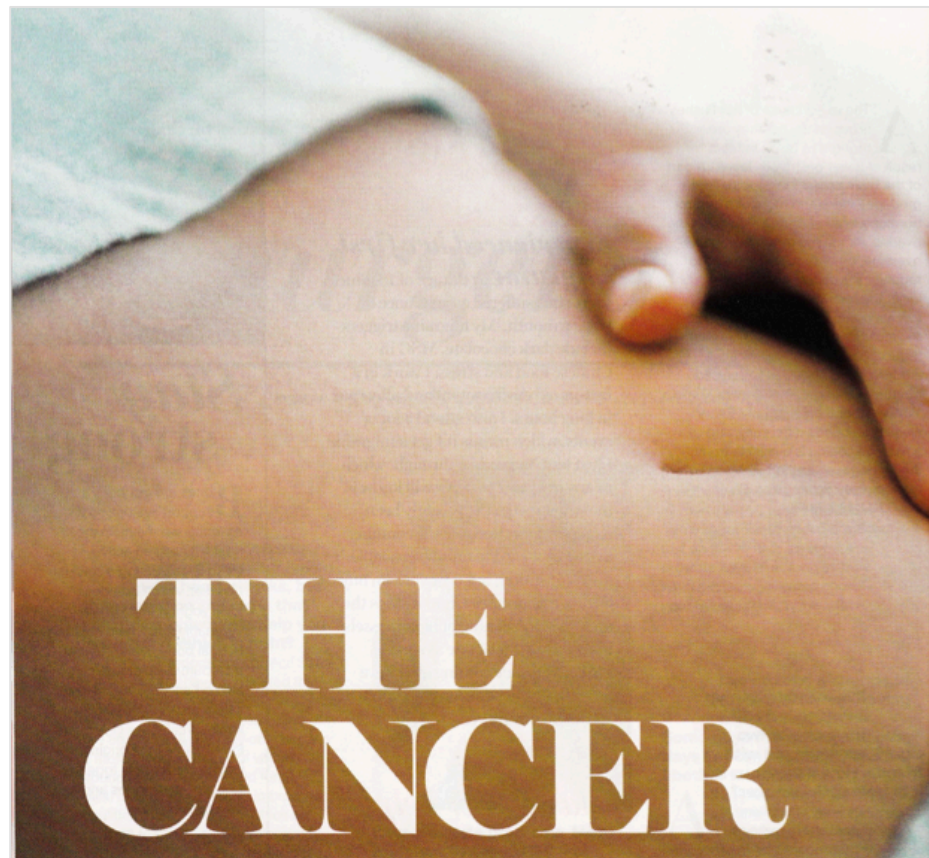
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THE CANCER

CLUED-UP WOMEN CAN MISS

It's the **fifth most common female cancer** but the one we know least about. This is Ovarian Cancer Awareness month, so read our guide – it might just save your life

You probably know what your ovaries do (produce an egg each month for fertilisation), you might even know they look like olives, perhaps you can point out where they are (either side of your pelvis around hipbone height), but why more than 7,000 women a year develop a cancerous tumour is probably a mystery to you. After all, it is to doctors. 'We know that about 10 per cent of women carry a gene that puts them at higher risk of developing ovarian cancer. But why the other 90% develop it is something we're still unravelling,' says Professor Sean Kehoe, gynaecological cancer specialist and spokesperson for research charity Wellbeing of Women.

A strong theory is that it's related to damage that occurs as we ovulate –

show symptoms. And even when symptoms start, they can be confusing. In fact, a recent study by Target Ovarian Cancer found only 3% of women felt they could name a potential symptom with absolutely certainty. And if we don't know what we're looking for, how are we supposed to tell our doctor?

So, here is the list of potential symptoms to look out for:

- Bloating that doesn't go away
- Eating less because you feel full more quickly
- Abdominal pain
- More frequent urination

Others include:

- Changes in bowel habits
- Fatigue
- Back pain

It's estimated a quarter of women suffer symptoms for three months or more before seeking help. 'In fact, 32% of women are diagnosed with ovarian cancer after a visit to A&E with a symptom,' says Dr Simon Newman, the head of research at Target Ovarian Cancer. But he urges us not to wait. 'If you start suffering any of the symptoms above regularly – that means more than 12 times a month – see your GP and ask to get things checked out.'

Times are changing

As well as many women not noticing, or ignoring, their symptoms, GPs have not always been willing to take patients' concerns seriously. But now, if you do go to your GP, the good news is you're likely to find a doctor who has never been more willing to listen. As brilliant as the NHS can be, when it comes to ovarian cancer, our death rates are higher than our European neighbours', and the fact that British women tend to get diagnosed later is a key reason for this. Therefore, the latest advice to doctors is that if they suspect ovarian cancer, they're to send women for a blood test called CA125 that detects markers for the disease in the blood – last year the number of women sent for the test rose by 200%. If levels are high, it doesn't mean you have cancer, but you will then be sent for an ultrasound that checks your ovaries, to be sure.

Treatment

Here's some further good news... more women with ovarian cancer are surviving for five years or more.

Recently, it was announced that death rates had fallen 20% in the previous 10 years, and they're still falling. One reason for this is that treatment for the condition is getting better. Currently, the first step is surgery to remove the tumour. After the operation most women have chemotherapy – and in some cases adding a drug called Taxol increases survival, so it's becoming more common to offer combined therapy. 'We're also learning that ovarian cancer is not just one disease – it's different types of tumours and we're learning how to specifically target each of them,' says Dr Kehoe. Future advances are set to include doing surgery halfway through the chemo treatment (instead of before it), which it is thought might boost survival rates, and new drugs that should starve tumours of their blood supply.

In my case:

'I'm one of the lucky ones'



DENISE FIELDING, 58, from Billericay, Essex, was diagnosed with ovarian cancer only when she

went for a hysterectomy to tackle her long-term endometriosis 'With hindsight, I'd had symptoms for three months before my operation. I'd feel bloated and get a sudden urge to wee. I'd cook dinner, then feel full as soon as I sat at the table. I was used to abdominal pain from endometriosis, but what I started feeling was different, stronger and in a slightly different place. I had no inkling I had a second health problem, so I was lucky that cancer was diagnosed during my op. It was removed and, after chemo and five months of drug treatment, I've been cancer free for over five years.'



In my case:

'A pregnancy test saved my life'



DAWN LEDWIDGE, 39, a credit control manager from Dunstable, Beds

'When a pregnancy test came up positive in 2006, I was so shocked, as my husband had had a vasectomy after I'd had two very difficult pregnancies. I went to my doctor and, because of my past history, he sent me for a scan immediately. They didn't find a baby; they found a 12cm-wide tumour on my ovary. At this point, no one thought cancer, but I was booked in to have it removed. During surgery, the mass was diagnosed as a cancerous tumour called a dysgerminoma, which releases hormones as it grows – the reason why I got the positive test. It was December and I asked the

oncologist if the chemo could wait until after Christmas. The answer, not surprisingly, was "no". I'd had no symptoms – I was only 32, a size 10, had a flat stomach and no problems except a sudden bout of backache. I just thought I needed to change my chair! I had to have a very intensive course of chemo, which involved three days' non-stop treatment every week for three months. In March 2007, I got the all-clear; only for them to find a tumour on my other ovary in June. This time, I had a full hysterectomy. I tried to be positive, didn't read about it online, and, at the time, I never cried. It was only a few years later when I read a leaflet at the doctors that said most women diagnosed each year died, that the tears came. I'm not one of them. I'm extremely lucky indeed.'

Reduce your risk

1 Know your family history. Mutations in certain genes – called BRCA1 and BRCA2 – raise your risk of breast and ovarian cancer. Only 5-10% of the population have these but, if you might be one of them, it's important that you do find out, as you can then be monitored carefully. 'If you have two or more close family relatives on the same side who had breast or ovarian cancer before the age of 50, ask your doctor about your risk. You might be fine, but it's important to know,' says Dr Nitu Bajekal from Spire Hospital in Bushey, Herts.

2 Think about going on the contraceptive pill. It's possibly the single most important thing you can do to reduce your risk,' says Dr Bajekal. Because it stops ovulation, the Pill also reduces ovarian cancer risk. In fact, women who have been on the Pill at some point, lower their risk by 15%; being on it for 10 years reduces risk by 50%.

3 Breastfeed any babies you have. Both pregnancy and breastfeeding suppress ovulation and have been linked to a lower risk.

4 Don't use talcum powder in the pubic area. It's unproven, but a few studies have linked the two. Some experts believe that regularly using talc could increase risk by 24%.

5 Stay healthy overall. As yet, there are no specific diet or environmental links to the cancer, but it's strongly suspected that lifestyle factors will be found to play a role. 'Eat lots of fruit and veg, stay a healthy weight, don't smoke and be as active as you can,' says Dr Bajekal. 'It may reduce your ovarian cancer risk, and we know for sure it will cut risk of other cancers.'

What you can do

The Eve Appeal raises funds for research and awareness into gynaecological cancers. Visit eveappeal.org.uk. Target Ovarian Cancer is working to get early diagnosis, and supports those with cancer. Visit targetovariancancer.org.uk.

despite its gentle-sounding name ovulation is not a gentle process; eggs burst from the ovary, and it's possible that tumours form as the tissue repairs. Another newer theory is that damage doesn't start in the ovary. 'It's possible that the egg damages the tube as it moves through it, and many cancers may actually start there,' says Professor Kehoe.

The big problem

If ovarian cancer is spotted early, it can result in a 90% survival rate – that's almost as good as breast cancer. The problem is it's very hard to spot ovarian cancer early. There isn't currently a universal early screening programme to pick it up before women