Who developed these recommendations?
The U.S. Preventive Services Task Force (USPSTF) is a group of health experts that reviews published research and makes recommendations about preventive health care.

What is the problem and what is known about it so far?
Ovarian cancer is cancer of the ovaries, the organs in a woman’s pelvis that produce eggs. Ovarian cancer affects approximately 13 of every 100,000 women in the United States, making it much less common than other types of cancer, such as breast cancer. However, a large proportion of women who develop ovarian cancer die of the disease. Methods to screen for ovarian cancer in women who are healthy and have no symptoms include blood tests for a cancer marker called cancer antigen–125 or transvaginal ultrasonography (examination of the ovaries done with an ultrasound probe in the vagina). However, many women who have an abnormal result on one of these screening tests end up not having ovarian cancer after further testing is done. Further testing can include major surgery; therefore, the unintended consequences of screening can include unnecessary surgery.

In 2004, the USPSTF recommended against screening for ovarian cancer. It reviewed studies published since that time to determine whether there were new studies that may change this recommendation.

How did the USPSTF develop these recommendations?
The USPSTF reviewed research published since 2004 to evaluate the benefits and harms of screening for ovarian cancer.

What did the authors find?
Studies show that annual screening with transvaginal ultrasonography or cancer antigen–125 measurement does not reduce the number of ovarian cancer deaths. Studies also show that the harms of screening (frequent false-positive test results and subsequent unnecessary testing and major surgery, as well as complications from these interventions) outweigh the benefits.

What does the USPSTF recommend that patients and doctors do?
The USPSTF recommends against screening for ovarian cancer in women.

What are the cautions related to these recommendations?
These recommendations apply to asymptomatic women. They do not apply to women with known genetic mutations that put them at high risk for ovarian cancer, such as BRCA mutations. Doctors and patients should also be aware of family history patterns associated with an increased risk for ovarian cancer. Increased-risk family history means having 2 or more first- or second-degree relatives with ovarian cancer or a combination of breast and ovarian cancer, or for those who are of Ashkenazi (Eastern European) Jewish descent, having a first-degree relative (mother, daughter, or sister) or 2 second-degree relatives (grandmother, aunt, niece, or half-sister) on the same side of the family with breast or ovarian cancer. These women should be considered for genetic counseling to further evaluate potential risks.