

XIII. OVARIAN CANCER

In the Greater Bay Area, ovarian cancer was the 9th most common cancer diagnosed in females from 2014-2018, accounting for 3% of all female cancers, but is the 5th leading cause of cancer deaths. Most ovarian cancers start from cells that cover the outer surface of the ovaries, and are often not diagnosed until late stage [75]. Risk factors include a family history of ovarian cancer, obesity and excessive weight gain, no pregnancies, use of postmenopausal hormone therapy, fertility drugs, and perineal use of talcum powder [76, 77].

From 1988 through 2018, incidence rates of ovarian cancer decreased significantly in the Greater Bay Area for NH White females (-1.4% per year), NH Black females (-0.8% per year), and Hispanic females (-1.4% per year), and were stable for Asian/Pacific Islander females (**Figure 23**). In the Greater Bay Area, NH White females had a slightly higher incidence rate of ovarian cancer (11.9 per 100,000) than females in other

racial/ethnic groups (Asian/Pacific Islander females: 9.0 per 100,000, Hispanic females: 9.1, NH Black females: 11.2). For all racial/ethnic groups, the Greater Bay Area incidence rates were comparable to those in California.

Mortality rates from ovarian cancer also decreased annually over the period 1988-2018 among NH White (-1.4%) and Hispanic (-1.6%) females, but were stable in NH Black and Asian/Pacific Islander females (**Figure 23**). From 2014 through 2018, NH White females had significantly higher mortality rates from ovarian cancer (7.3 per 100,000) than Hispanic (5.2 per 100,000) and Asian/Pacific Islander females (4.2 per 100,000), but similar to NH Black females (6.6 per 100,000). The mortality rates for all racial/ethnic groups combined in the Greater Bay Area was significantly lower than California.

Figure 23: Ovarian Cancer Incidence and Mortality Rates and Trends in the Greater Bay Area by Race/Ethnicity, 1988-2018

