

Date:		School/ Hospital:	
Type of Study:	NP PA NS Med Res	Year of Study:	

SURVIVORS TEACHING STUDENTS: SAVING WOMEN'S LIVES SM

Ovarian Cancer Presentation

Pre- Evaluation

(Circle any/All that apply)

1. In general, I have a basic understanding of ovarian cancer including:
 - A. Risk factors True/False
 - B. Signs and symptoms True/False
 - C. Diagnostic protocols True/False

2. Women are screened regularly for ovarian cancer True/False

3. A family history of which of the following raises the risk of ovarian cancer
 - a. Breast cancer True/False
 - b. Ovarian cancer True/False
 - c. Uterine cancer True/False
 - d. Colon cancer True/False
 - e. Lung cancer True/False

4. A personal history of which of the following raises the risk of ovarian cancer
 - a. Breast cancer True/False
 - b. Never having children True/False
 - c. Cervical cancer True/False
 - d. Birth control pill use True/False

5. If I suspect a patient has ovarian cancer I would refer her to
 - a. A gynecologist True/False
 - b. An oncologist True/False
 - c. A gynecologic oncologist True/False

6. List three symptoms, which, if persistent, would lead you to consider ovarian cancer.