Background: Awareness of ovarian cancer among women and healthcare providers is understudied. An early awareness of ovarian cancer may lead to early detection and treatment of ovarian cancer.

Objectives: The purpose of this study was to determine the level of that awareness among a sample of women and providers.

Methods: Written surveys were developed by the authors based on available literature and were administered to women (n = 857) and healthcare providers (n = 188) attending or volunteering at a community health fair. Chi-square tests for independence and z tests were used for analysis.

Findings: Healthcare providers were significantly more likely to identify the symptoms and risk factors for ovarian cancer. Forty percent of women reported being at least slightly familiar with the symptoms of ovarian cancer. Women who were familiar with symptoms were significantly more likely to identify symptoms and risk factors correctly and to report symptoms immediately to a provider. Identification of symptoms among healthcare providers ranged from 59%–93%. Identification of ovarian cancer symptoms and risk factors is poor among women, and knowledge deficits are present in providers. Increasing familiarity and awareness could lead to improvements in early diagnosis.

Ovarian cancer is responsible for more deaths per year than all other gynecologic cancers combined. The American Cancer Society (2015) estimated that 21,290 women will be diagnosed with ovarian cancer, and 14,180 women are expected to die from ovarian cancer in 2015. In the United States, the average five-year survival rate is 35% when diagnosed at stage IIIC, which accounts for 75% of initial diagnoses (American Cancer Society, 2015). Women diagnosed at an early stage have a higher five-year survival rate; however, no accepted, reliable screening test exists, and only 15% of women with ovarian cancer are diagnosed at an early stage (Gajjar, Ogden, Mujahid, & Razvi, 2012; Jayde & Boughton, 2012). Ovarian cancer has an insidious onset, and signs and symptoms are vague and nonspecific. Symptoms include bloating, pelvic or abdominal pain, frequent urination, and early satiation or difficulty eating (Goff, Mandel, Melancon, & Muntz, 2004). Women associate these symptoms with a variety of everyday conditions and often do not seek medical care (Cooper, Polonec, Stewart, & Gelb, 2013). This results in the delay of diagnosis, and most patients present with advanced disease (Luce,