This article describes the relationship among anxiety, distress, and serum CA-125 levels in women with ovarian cancer. Women’s anxiety about monitoring their CA-125 levels during chemotherapy also is discussed. Data from a randomized trial including self-reported anxiety and emotional distress of women following surgery after a primary diagnosis of ovarian cancer, their recorded serum CA-125 levels, and knowledge about their CA-125 levels were analyzed. In the sample, 26 of 30 women had serum CA-125 levels above the normal range. At baseline, the sample had an elevated mean anxiety score and an elevated distress score. A moderate association was found between a high serum CA-125 level and a high anxiety score at baseline, but the finding was not statistically significant. A negative nonsignificant relationship was found between a high serum CA-125 level and distress at baseline. The qualitative analysis revealed two themes: anxiety and lack of knowledge of serum CA-125. Oncology nurses and nurse practitioners caring for these women should provide essential information and strategies that can help guide women with ovarian cancer through the journey of their disease.

At a Glance
- Women with ovarian cancer experience anxiety and distress at diagnosis and during chemotherapy.
- Women with ovarian cancer who are informed of an elevated serum CA-125 may experience more anxiety compared to women who are uninformed about their CA-125 levels.
- Nurses should educate women with ovarian cancer about the meaning of serum CA-125 and assess their anxiety related to this biomarker.

Ovarian cancer is the fourth most common cause of death from malignancy in women. In the United States, more than 21,990 new cases of ovarian cancer are diagnosed each year, and more than half of those cases result in death (American Cancer Society, 2011). Ovarian cancer originates within the tissues of the ovary and is classified according to the type of abnormal cells present (epithelial, germ cell, stromal, granulosa, and Sertoli-Leydig cell). Epithelial carcinoma comprises 90% of all new cases of ovarian cancer diagnosed each year (Chan, Bast, Shih, Sokol, & Soletormos, 2009). Abdominal discomfort and bloating are the two most common presenting symptoms. Because these symptoms are common in many benign gynecologic and gastrointestinal conditions, most ovarian epithelial cancers are not diagnosed until they are at an advanced stage. For this reason and the propensity of advanced-stage epithelial carcinomas to metastasize, ovarian cancer has been labeled the “silent killer” (Devita, Hellman, & Rosenberg, 2000, p. 1598). When ovarian cancer is suspected, a pelvic examination; transvaginal ultrasound; and a computed tomography (CT) scan of the chest, abdomen, and pelvis are used to assess whether the

Amanda Reid, BS, MSN, RN, ANP-BC, is a nurse practitioner at Yale Cancer Center and Smilow Cancer Hospital in New Haven, CT; and Elizabeth Ercolano, DNSc, RN, AOCNS®, is an associate research scientist in the School of Nursing, Peter Schwartz, MD, is the John Slade Ely Professor in Obstetrics, Gynecology, and Reproductive Sciences in the School of Medicine, and Ruth McCorkle, PhD, FAAN, is the Florence Wald Professor of Nursing in the School of Nursing, all at Yale University in New Haven. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. (Submitted March 2011. Accepted for publication April 15, 2011.)

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