Ovarian cancer is the fourth leading cause of cancer-related deaths in women. An estimated 2,500 women were diagnosed with ovarian cancer in Canada in 2000, and 1,500 died of the disease (National Cancer Institute of Canada [NCIC], 2000). Prognosis is linked to the stage of disease and the grade of the tumor at diagnosis. If the disease is limited to the ovaries at the time of diagnosis, the five-year survival rate is 60%–70% (Thompson, Szukiewicz-Nugent, & Walczak, 1996). Unfortunately, only 23% of women will be diagnosed when the disease is at the localized stage. For the majority of women, ovarian cancer is not detected until it is at an advanced stage (Teneriello & Park, 1995).

Ovarian cancer is predominantly a disease of postmenopausal women (MacDonald, Rosenthal, & Jacobs, 1998). The age-specific incidence for ovarian cancer shows a steady increase to age 70, starting at 2 in every 100,000 women aged 20–29 years and rising to 55 in 100,000 at 70 years of age (Piver, 1987). Approximately 85%–90% of those diagnosed with the disease are postmenopausal (Scully, 1979). These older women must confront this life-threatening illness at a time when many are facing the end of their working careers and planning for retirement. Some may have developed other comorbid illnesses or simply face normal aging with a decrease in energy and stamina. Others may have experienced the loss of a partner and significant people from their social support network. Additionally, studies regarding cancer treatment provided for older adults have shown practice variations, with less aggressive care being given to older adults (Chu et al., 1987; Fetting et al., 1997; Hebert-Croteau, Brisson, Latrille, Blanchette, & Deschenes, 1999; Merchant, McCormick, Yahalom, & Borgen, 1996). Older women with breast cancer are less likely to have a re-excision, extensive auxiliary dissection, chemotherapy, or nodal irradiation when compared to younger women. Of interest, is a study of women with breast or ovarian cancer conducted by Payne (1992) who...