The majority of ovarian cancer patients are diagnosed at advanced stages, primarily due to the absence or nonspecificity of symptoms in early stages. Through no screening strategy has proven to reduce mortality, advances are being made on this front. Algorithms that follow Ca125 over time, and stepwise triage approaches that reduce false-positive results and unnecessary surgery have improved sensitivity and specificity over conventional methods, and suggest an improvement in survival. The discovery that most ovarian cancers originate in the fallopian tube has led to an adoption of salpingectomy to reduce incidence. Additionally, since precancerous lesions are known to harbor P53 mutations and other abnormalities, there is the opportunity to test novel approaches at early detection. These include hysteroscopic sampling, and collection of vaginal secretions that contain mutated DNA, which with further development may allow detection and elimination of precancerous fallopian tube and ovarian cancers before they reach advanced stages.