

Key messages for ovarian cancer for health professionals

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- **Who is most at risk**
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Ovarian cancer is the fourth most common cause of death from cancer in women after lung, breast and bowel cancer. In the UK 6,800 women are diagnosed every year but, to put this in perspective, the average GP sees only one case of ovarian cancer every five years.

Who is most at risk?

The risk of sporadic ovarian cancer increases with age and after the menopause ¹.

Women with two or more cases of ovarian cancer or breast cancer diagnosed at an early age in first degree relatives may be at increased risk of familial ovarian cancer. Familial ovarian cancer can be due to mutated BRCA1 or BRCA2 genes, which also account for a significant number of hereditary breast cancers. These mutations are more common in certain population groups. For example, Ashkenazi Jewish women have a 1 in 40 chance of carrying a mutated gene. Women from the Polish community also have increased risk of the disease.

You should consider offering women at a high risk referral to a geneticist for further counselling and risk management which includes prophylactic removal of the fallopian tubes and ovaries as well as ovarian cancer screening as part of a clinical trial.

Women eligible for enhanced breast screening due to family history should be made aware of the signs and symptoms of ovarian cancer. Key messages for women regarding symptoms are available on the NHS Choices website at: <http://www.nhs.uk/Livewell/cancer/Pages/Ovariancancer.aspx> ² and given to women at risk.

Most women are diagnosed with advanced disease that is associated with poor survival rates. However, when diagnosed at an early stage, the outcome for women with ovarian cancer can be good.

It is not yet entirely clear how much earlier recognition and referral will translate into earlier stage at diagnosis, but there is general agreement that early symptom identification, with a high index of suspicion for ovarian cancer, has the potential to improve prognosis.

New evidence on symptoms

Historically ovarian cancer was known as the silent killer but recent studies have shown the majority of women with ovarian cancer, even those with early stage disease, have symptoms prior to diagnosis ³. and there is increasing evidence that symptoms may be present for a median of 12 months ⁴.

Ovarian cancer is particularly difficult to diagnose on clinical grounds as the presentation may be with vague, non-specific abdominal symptoms ⁵, but there is accumulating evidence that women with ovarian cancer experience specific

symptoms more frequently, more severely and more persistently than women who were found not to have the disease.⁴

An ovarian cancer consensus statement has been developed by UK ovarian cancer experts about symptoms which could indicate ovarian cancer³. These key messages build on the work of the consensus statement to help you to recognise the symptoms of ovarian cancer.

Any of the following three symptoms, if they occur on most days, can suggest ovarian cancer^{6,7,8,9}

- Persistent pelvic and abdominal pain
- Increased abdominal size/persistent bloating – not bloating that comes and goes
- Difficulty eating and feeling full quickly

Occasionally other symptoms such as urinary symptoms, changes in bowel habit, extreme fatigue or back pain may also be experienced, on their own or at the same time as those listed above.⁹ Again, it is most likely that these symptoms are not ovarian cancer, but may be present in some women with the disease.

What you should do if you suspect ovarian cancer

If a woman presents with any unexplained abdominal or urinary symptoms, abdominal palpation should be carried out. If there is significant concern, a pelvic examination should be considered if appropriate and acceptable to the patient.⁵

If a woman presents with the above symptoms that are persistent, continuous or worsening, it is important to consider ovarian cancer and request a serum CA125 assay and a pelvic ultrasound scan. If you do not suspect ovarian cancer following examination, you should encourage women to return if symptoms become more frequent or more pronounced.

Women with ovarian cancer are often referred first to gastroenterologists and investigated for possible gastrointestinal disease, with resulting delay to diagnosis. **If a woman over 50 years of age presents with new onset of IBS-like symptoms, this should sound alarm bells for possible serious disease, including the possibility of ovarian cancer**^{10,11}.

It is important for healthcare professionals to be aware of the possibility of ovarian cancer in patients presenting with the symptoms described above, and to consider this as a differential diagnosis in women with persistent new onset symptoms.

Remember that although ovarian cancer is a less common cancer it is not silent and early diagnosis may save lives.

Further information on ovarian cancer can be found on the following websites:

Cancer Research UK: www.cancerresearchuk.org
The Eve Appeal: www.eveappeal.org.uk
Macmillan Cancer Support: www.macmillan.org.uk
NHS Choices: www.nhs.uk
Ovacome: www.ovacome.org.uk
Ovarian Cancer Action: www.ovarian.org.uk
Target Ovarian Cancer: www.targetovarian.org.uk

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British Gynaecological Cancer Society
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National Institute for Health and Clinical Excellence
Royal College of General Practitioners
Ovacome
Ovarian Cancer Action
Southend University Hospital NHS Foundation Trust
Target Ovarian Cancer
University College London Elizabeth Garrett Anderson Institute for Women's Health.

References

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See <http://www.nhs.uk/Livewell/cancer/Pages/Ovariancancer.aspx>
- 3 The Ovarian Cancer UK Consensus Statement, published by The Eve Appeal and Ovacome
See
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