Practical implications for primary care: NICE guideline CG122. Ovarian cancer: recognition and initial management.

These tips highlight those recommendations that are relevant to GPs from the NICE guideline CG122 ovarian cancer: recognition and initial management.[1] The tips are not RCGP guidance; they are a tool to raise awareness of the NICE guideline and to support its implementation. They should always be used alongside the published NICE guidance.

10 top tips for recognizing and supporting women with ovarian cancer.

1/ Why is ovarian cancer such a concern?

Ovarian cancer is the sixth most common cancer among females in the UK. There are approximately 7400[2] new diagnoses every year, representing 4% of all new cancer cases, causing an estimated 4100 deaths per year.

Survival rates are low as 49% of women with ovarian cancer are diagnosed at a stage 3 or 4[3], of the disease when outcomes are poor. Raising awareness of the symptoms and identifying women with a significant family history for genetic testing is essential to improve survival rates through earlier diagnosis and treatment.

Ovarian cancer occurs more frequently in women aged over 50, becoming more common as life expectancy increases, but may occur in women of any age, especially in those with a significant family history.

2/ What are the symptoms of ovarian cancer?

Ovarian cancer is difficult to diagnose as symptoms are varied and 'vague' resulting in women presenting with late disease and poor outcomes.
The significant symptoms include:

- Persistent bloating
- Abdominal or pelvic pain
- Early satiety and/or loss of appetite
- Urinary symptoms such as urgency or frequency
- New onset symptoms suggestive of irritable bowel syndrome in women aged over 50.

Although these symptoms are experienced commonly and occur in many unrelated conditions it is important to consider ovarian cancer as a possible cause especially in women aged over 50 and when symptoms are persistent or recurrent.

Red Flag: Be wary of diagnosing new onset irritable bowel syndrome in a woman aged over 50 without considering investigation for ovarian cancer.

3/ What other symptoms do women with ovarian cancer experience?

Less common symptoms include:

- Unexplained weight loss
- Change in bowel habit
- Unexplained fatigue
- Post-menopausal bleeding

Red Flag: Post-menopausal bleeding may be a presentation of ovarian, endometrial or cervical cancer, women must be examined and investigated according to the local cancer referral pathway.

4/ What resources are available to help advise women and primary care clinicians about ovarian cancer?

NICE guideline CG122[1] aims to enable earlier detection of ovarian cancer and improve initial treatment by improving awareness of symptoms and signs of the disease and encouraging earlier investigations.

Target Ovarian Cancer and Ovarian Cancer Action are charitable organisations that host many resources for patients and healthcare professionals to raise awareness, including a paper diary and app to record symptoms.

NICE guideline NG12[4] is also a helpful resource outlining appropriate investigations to perform in primary care and recommendations on who and when to refer for a specialist opinion. It aims to help people understand what to expect if they have symptoms that may suggest cancer.

5/ When is family history relevant?

The strongest risk factor for developing ovarian cancer is a significant maternal or paternal history of ovarian, breast or prostate cancer present in 10-15% of women who develop the disease.

Women at higher risk of having a genetic mutation include those with any of:

- One relative diagnosed with ovarian cancer at any age and at least two
- close relatives on the same side of the family with breast cancer whose average age is under 60.
- At least one close relative with breast cancer under the age of 50.

- Two relatives from the same side of the family diagnosed with ovarian cancer at any age.

BRCA gene mutations are the most concerning hereditary link. Women with BRCA1 gene mutation have a 39% chance of developing ovarian cancer by the age of 70 years and those with BRCA2 mutation have a 11-13% chance, compared with the 1.3% lifetime risk in the general population.

Lynch syndrome (hereditary non polyposis colorectal cancer (HNPCC)) is the other common hereditary ovarian cancer syndrome with a higher risk of developing colon, endometrial and ovarian cancers.

Further information about hereditary ovarian cancer is available on any of the following sites: Target Ovarian Cancer *hereditary ovarian cancer*, Ovarian Cancer Action *BRCA hub* or Eve Appeal *hereditary cancer matters*.

6/ Which tests are relevant for primary care and who should be referred by the cancer fast track referral pathway?

NICE recommend that women presenting to primary care with symptoms that might suggest ovarian cancer should be examined. If they are found to have ascites and/or a pelvic or abdominal mass, that is not obviously a pregnant uterus or uterine fibroids, a fast-track cancer referral should be made.

If there are no abnormal physical findings but symptoms are suggestive of ovarian cancer an urgent CA125 should be performed. A CA125 result ≥ 35 IU/ml indicates the need to arrange an urgent trans-vaginal/pelvic and abdominal ultrasound scan. Any findings on US Scan that are consistent with a diagnosis of ovarian cancer require an urgent fast track cancer referral.

If the CA 125 result is < 35 or the US Scan result does not suggest ovarian cancer then alternative diagnoses must be considered according to the presenting symptoms. BUT advice to return if symptoms become more frequent or are persistent must be endorsed. This advice should be recorded in the patient's record. The sensitivity of the test in premenopausal women is only 64%[5]. Macmillan Cancer Support referral pathway for suspected pathway.

CA125 is the recommended first line investigation but is not specific for ovarian cancer as it is a measure of inflammation and may be elevated in a number of alternative gynaecological conditions including:

- Endometriosis
- Fibroids
- Menstruation

And non-gynaecological conditions which include:

- Rheumatoid arthritis

- SLE
- Chronic liver disease

7/ What should you do if a woman continues to complain of symptoms even after normal investigation results?

If the CA125 result is <35 IU/ml a routine referral for a trans-vaginal, pelvic and abdominal US Scan should still be considered and referral made even with normal CA125 and normal US Scan if symptoms are persistent or recurrent.

8/ Why is there not a screening programme for ovarian cancer?

The result of the UK Collaborative Trial of Ovarian Cancer Screening (UKTOCS) does not currently recommended a national screening programme. UKTOCS tested two methods of screening; one based on a CA125 blood test and the second using annual trans-vaginal US Scanning.

Although early results found that screening was prevented some ovarian cancer deaths the sensitivity and specificity of methods used were not adequate for wider implementation as many women in both groups underwent unnecessary anxiety and surgery for benign lesions or normal ovaries. Further results are awaited and the current recommendation may be reviewed.

Women at higher risk of developing hereditary ovarian cancer but who did not want prophylactic surgery were screened using 4 monthly CA125 levels and an annual trans-vaginal US Scan in the UK Familial Ovarian Cancer Screening Study (UKFOCSS). The screening programme for these high-risk women has proved to be successful in identifying those requiring intervention and further research is being undertaken to determine the appropriate screening programme.

9/ What other support is available?

Women with ovarian cancer will usually undergo extensive surgery involving total abdominal hysterectomy, bilateral salpingo-oophorectomy and omenectomy. This surgery will cause acute menopausal symptoms in pre-menopausal women requiring support and help with symptom control. Non-hormonal management with SSRIs may help some vasomotor symptoms and the use of vaginal lubricants reduces the sexual difficulties that many experience as a result of atrophic vaginitis from oestrogen deficiency.

Chemotherapy and radiotherapy may also be required and although managed by the specialist team women continue to require support and information from their primary care clinicians. Useful information about treatments and support networks are available on the Macmillan UK website.

10/ Audit recommendations - NICE Quality Standard Ovarian Cancer [5]

- QS1: Women aged 50 years or over reporting one or more symptoms occurring persistently or frequently that suggest ovarian cancer are offered a CA125 test.

- QS2: Women with raised CA125 have an ultrasound of their abdomen and pelvis within 2 weeks of receiving the CA125 test results.

- QS3: Women with normal CA125, or raised CA125 but normal ultrasound, with no confirmed diagnosis but continuing symptoms, are reassessed by their GP within 1 month.

References:

1. NICE guideline CG122: Ovarian cancer: recognition and initial management. www.nice.org.uk/Guidance/CG122
2. http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/ovarian-cancer
3. http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/ovarian-cancer/incidence#heading-Three
4. NICE guideline NG12: Suspected cancer: recognition and referral www.nice.org.uk/guidance/ng12
5. NICE Quality Standard QS 18: Ovarian Cancer www.nice.org.uk/guidance/qs18

Resources:

Target Ovarian Cancer. www.targetovariancancer.org.uk

Ovarian Cancer Action. www.ovarian.org.uk

Cancer research UK. www.cancerresearchuk.org

Eve Appeal. www.eveappeal.org.uk

MacMillan Cancer Support. www.macmillan.org.uk