Primary care

10 top tips

Early diagnosis of ovarian cancer

More women are being diagnosed with ovarian cancer following a GP referral and survival rates are improving. This follows the publication of national clinical guidelines which set out the symptoms of ovarian cancer and the appropriate diagnostic pathway. These top tips will support you in your day-to-day practice, helping you to consider ovarian cancer as a possible diagnosis and recap recommendations from relevant guidelines.

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Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland.
MAC18868_Ovarian_tips

1 Some symptoms are particularly significant: take note of persistent bloating, pain in the pelvis or abdomen, early satiety, or urinary urgency and/or frequency.

2 Other symptoms experienced by women that could also indicate ovarian cancer include unexplained weight loss, changes in bowel habit, unexplained fatigue and loss of appetite.

3 Be alert for any single symptom, or combinations of symptoms, that are frequent, persistent and unusual for the patient, particularly if they occur more than 12 times in a month.

4 Consider asking your patient to use a diary to record the frequency of their symptoms, this may help in assessing them. You or your patient can download Target Ovarian Cancer's Symptoms Diary at targetovariancancer.org.uk/symptomsdiary

5 A family history, both maternal and paternal, of ovarian and/or breast cancer can be significant.

6 Ovarian cancer may be misdiagnosed as irritable bowel syndrome (IBS) or urinary infection. First presentation with IBS in the over-50s is rare. Unexplained urinary symptoms can be a sign of ovarian cancer. Repeat clear mid-stream urine should be considered with caution.

7 Any suspicious mass or suggestion of ascites on exam should trigger an urgent suspected cancer referral. Examinations in women with symptoms are important but can miss ovarian cancer. If concerned about cancer, arrange a CA125 blood test and an ultrasound scan simultaneously. This adds a safety net for those cases of cancer where the CA125 is normal.

8 Both CA125 and ultrasound scans can be falsely reassuring, so always be clear to the patient to represent if symptoms are persistent and consider proactive follow up and referral if significant concerns persistent or consder alternative causes.

9 Some women over the age of 50 with a CA125 ≥ 35 but a normal TVUSS will have other cancers (such as GI, pancreatic, lung or uterine) so consider referring to a NSS-RDC or other investigations if TVUSS is normal.

10 General practice nurses are ideally placed to give information about ovarian cancer symptoms. 40 per cent of women mistakenly believe that a normal smear test rules out ovarian cancer. Talk to women about ovarian cancer symptoms during cervical screening appointments.

For more information on symptoms and tests, go to targetovariancancer.org.uk/GP

To access free accredited online CPD modules about diagnosing ovarian cancer visit **targetovariancancer.org.uk/CPD**

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