

NICE ovarian cancer clinical guideline

Ovarian Cancer Action guide for primary care

Ovarian cancer is the leading cause of death from gynaecological cancer in the UK, and its incidence is rising. It is the fifth most common cancer in women.

The overall five year survival rate for women with ovarian cancer is 43%. Most women present with advanced disease, having had symptoms for months before presentation, and there are often delays between presentation and specialist referral. There is a need for greater awareness of ovarian cancer, and for initial investigations in primary and secondary care that enable earlier referral and optimum treatment.

The NICE clinical guideline on ovarian cancer (<http://www.nice.org.uk/cg122>) does not cover the entire care pathway for ovarian cancer. It focuses on areas where there is uncertainty or wide variation in clinical practice and is based on the best available evidence.

Key recommendations on the detection of ovarian cancer in primary care

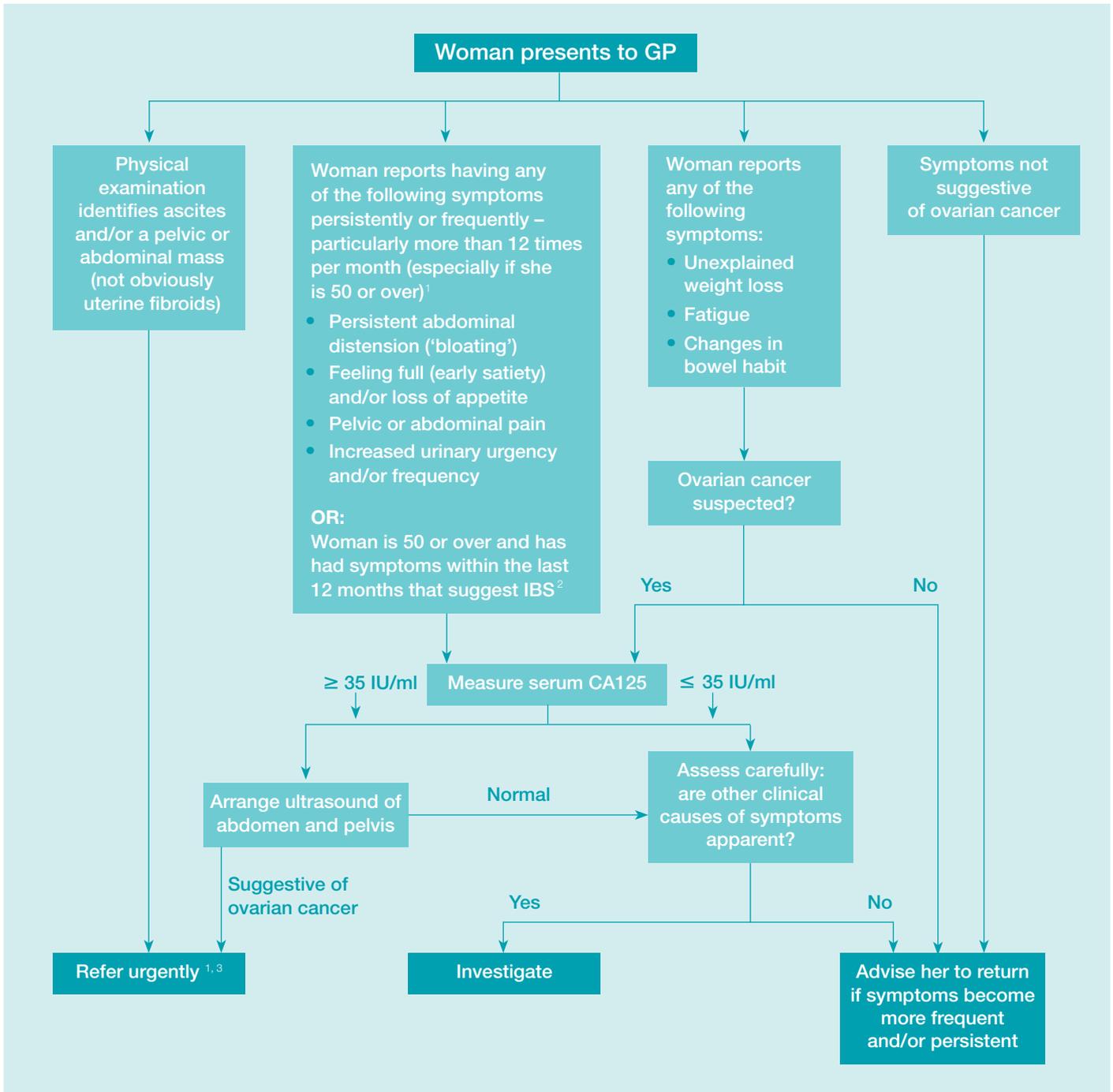
Awareness of symptoms and signs

- Carry out tests in primary care if a woman (especially if 50 or over) reports having any of the following symptoms on a persistent or frequent basis – particularly more than 12 times per month:
 - Persistent abdominal distension ('bloating')
 - Feeling full (early satiety) and /or loss of appetite
 - Pelvic or abdominal pain
 - Increased urinary urgency and/or frequency
- Carry out appropriate tests for ovarian cancer in any woman of over 50 who has experienced symptoms within the last 12 months that suggest irritable bowel syndrome (IBS), because IBS rarely presents for the first time in women of this age.

Diagnostic Tests

- Measure serum CA125 in primary care in women with symptoms that suggest ovarian cancer.
- If serum CA125 is 35 IU/ml or greater, arrange an ultrasound scan of the abdomen and pelvis.
- For any woman who has normal serum CA125 (less than 35 IU/ml), or CA125 of 35 IU/ml or greater but a normal ultrasound:
 - Assess her carefully for other clinical causes of her symptoms and investigate if appropriate
 - If no other clinical cause is apparent, advise her to return to her GP if her symptoms become more frequent and/or persistent.

Detection in primary care



¹ See also 'Referral guidelines for suspected cancer' (NICE clinical guideline 27; available at www.nice.org.uk/guidance/CG27) for recommendations about the support and information needs of people with suspected cancer.

² See Irritable bowel syndrome in adults' (NICE clinical guideline 61; available at www.nice.org.uk/guidance/CG61).

³ An urgent referral means that the woman is referred to a gynaecological cancer service within the national target in England and Wales for referral for suspected cancer, which is two weeks).