Target Ovarian Cancer

Ovarian cancer as an abdominal cancer: update for GPs

Dr Eloise Elphinstone

Introduction:

- GP with specialist interest in women's health, working in SW London.
- Recently worked with Target ovarian cancer marking student essays.
- Menopause specialist – working in Chelsea and Westminster trust and private menopause clinic (Menopause Care)
- Interest in postnatal health
- Working with Family planning association to improve education and patient leaflets, most recently Sex and the Menopause
- @the_womenshealth_gp

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Ovarian cancer still has the worst prognosis of all gynaecological cancer

- 1 year survival is 72%
- 5 year survival 43%

- **1 year survival rate of stage 1 disease is 98%, and falls to 90% at 5 years**
- **1 year survival rate at stage 3 or 4 is 50-60% and reduces to 27% at 5 years.**

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- OVARIAN CANCER IS NOT A SILENT KILLER
- MOST WOMEN (85%) ARE SYMPTOMATIC IRRESPECTIVE OF WHAT STAGE THEY ARE IN.

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- 6th commonest cancer
- 7500 diagnosed per year / 21 per day
- 11 die a day
- Mainly post menopausal (10% under 50 – 900 deaths under 50)
- 70% is advanced cancer at diagnosis
- In a GP practice of 10,000 you will see 3-4 cases a year

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Risk factors

- Increasing age
- Nulliparity, not using cocp
- Family hx of ovarian cancer
- Personal history of breast cancer
- Obesity
- Endometriosis
- Smoking
- (HRT 1/1000)

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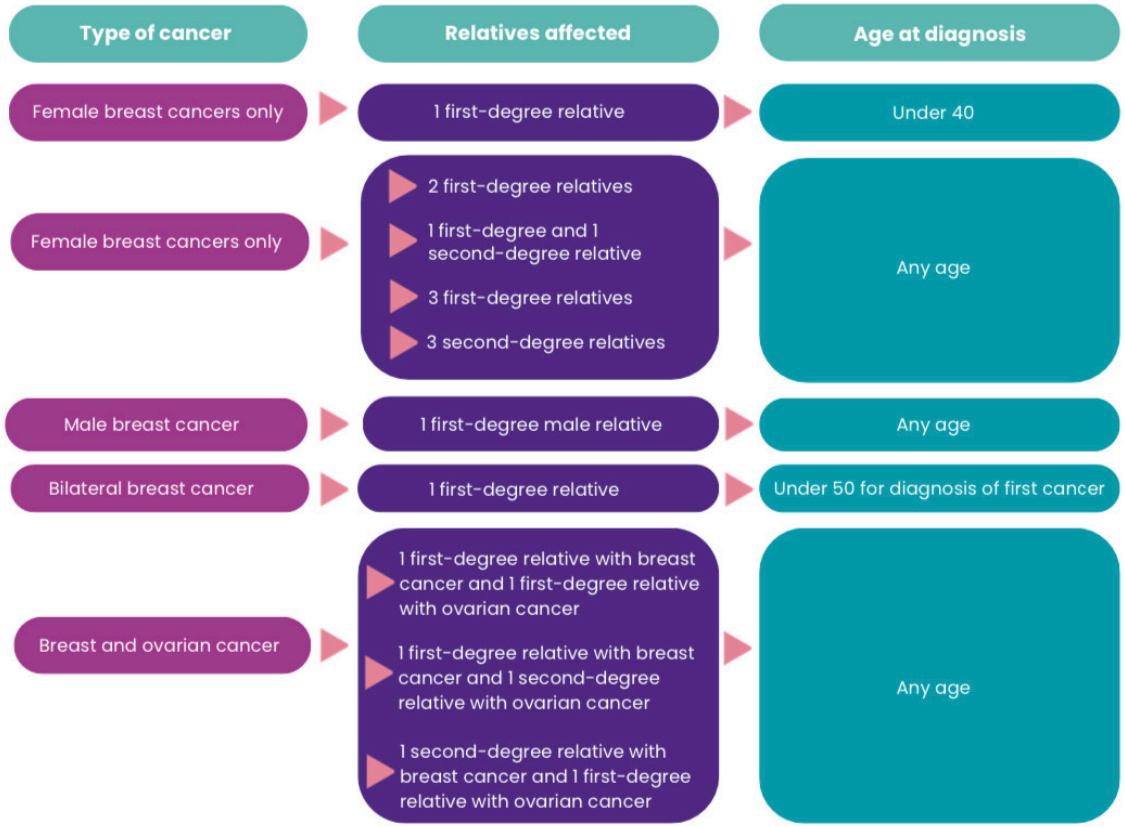
Guidelines

Local referral guidelines will vary, but broadly speaking the following warrants referral to clinical genetics services.



First-degree relatives include mother, father, daughter, son, sister, brother.

Second-degree relatives include grandparent, aunt, uncle, niece, nephew, half-sister, half-brother

Your local clinical genetics service may provide a template form for patients to take home and complete. Forms can be returned to clinical genetics services for assessment and appointments issued directly to the patient.

Reducing risk

For women at high risk, the current medical advice is to have their ovaries and fallopian tubes removed after having completed their families.

Surveillance using CA125 and/or pelvic ultrasound for women at high risk of developing ovarian cancer is not currently supported by clinical evidence, and is not recommended for routine use. GPs should advise caution to women seeking the services of private providers.

Up to 20 per cent of women with ovarian cancer have a family history of the disease which can be conferred via the maternal or paternal line.

Ovarian cancer susceptibility genes

- Mutations in the BRCA1 and BRCA2 genes are commonly associated with ovarian cancer.
- A BRCA mutation significantly increases an individual's lifetime risk of developing ovarian cancer from two per cent (general population) to between 30–50 per cent for BRCA1 and
- 10–25 per cent for BRCA2.
- Mutations linked to Lynch Syndrome (also known as hereditary non-polyposis colorectal cancer or HNPCC) can also predispose individuals to ovarian cancer.
- Mutations in genes including Rad51C, Rad51D, STK11 and BRIP1 have also been shown to increase the risk of developing ovarian cancer.
- A proportion of familial cases are currently unexplained but are likely due to polygenic inheritance.

Establishing a family history: key questions

Maternal and paternal lines should be considered and evaluated in isolation. Cancer diagnoses from both sides of the family should not be combined to establish a case for genetic assessment.

The following questions help facilitate rapid assessment and determine whether a referral to clinical genetics services is necessary:

- 20% of women diagnosed with ovarian cancer have a family history (which can be both on maternal and paternal side)
- One first degree relative increases your risk from 1 in 50 to 1 in 20
- BRAC1 and BRAC 2 most commonly linked
- (these genes are more common in Ashkenazi jews)
- Men can pass on BRAC genes
- Mutations linked to Lynch syndrome (HNPCC) can be found in Ovarian cancer.

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Screening: NONE YET

UKCTOSCS 2021 - Large study of 200,000 post menopausal women 2001 – 2005

1. Non screening
2. Multi-modal (Annual Ca125 and US if needed)
3. Annual US

Screened until 2011 and FU until 2020

More stage 1 detected in multimodal group
BUT no difference in ovarian cancer deaths or all cause mortality.

"given that screening did not reduce mortality from ovarian or tubal cancer, population screening can not be recommened"

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Presenting symptoms

Ovarian cancer symptoms

- Persistent abdominal distension (bloating)
- Early satiety and/or loss of appetite
- Pelvic or abdominal pain
- Urinary urgency and/or frequency
- Unexplained weight loss and/or fatigue
- Changes in bowel habit

Think:

- **Frequent:** Symptoms usually happen more than 12 times a month
- **Persistent:** They don't go away
- **New:** They're not normal for your patient

SYMPTOM DIARY

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Symptoms diary

Ovarian cancer symptoms

- **Persistent bloating** (not bloating that comes and goes)
- **Feeling full quickly and/or loss of appetite**
- **Pelvic or abdominal pain** (that's from your tummy and to the top of your thighs)
- **Urinary symptoms** (needing to wee more urgently or more often than usual)

How to use this diary

Fill in the circle each day you experience a symptom. If you regularly experience any one or more of these symptoms, which are not normal for you, make an appointment to speak to your GP.

Discuss this diary at your appointment to help your GP gain a clearer picture of your symptoms.

What should your GP do?

If you have one or more symptom frequently and persistently your GP should do a CA125 blood test. They may also recommend an ultrasound scan of your ovaries and tummy.

Family history

Do you have two or more relatives on one side of your family (mother or father) diagnosed with cancer? If yes, discuss this with your GP.

Other symptoms

Other symptoms include changes in bowel habits, fatigue or unplanned weight loss.

Any unusual bleeding from the vagina before or after the menopause should always be investigated by a GP.

Contact us

Target Ovarian Cancer,
30 Angel Gate, London, EC1V 2PT

Support line: 020 7923 5475
info@targetovariancancer.org.uk
targetovariancancer.org.uk
TargetOvarianCancer
@TargetOvarian
@targetovarian

Trusted Information Creator
Patient Information Forum

Registered charity numbers: 1125038 (England and Wales) and SC042920 (Scotland)

This edition: November 2022
Next planned review: November 2025
To access our list of references please contact us.

Symptoms	Week 1 Date	Week 2 Date	Week 3 Date	Week 4 Date
Persistent bloating (not bloating that comes and goes)	M T W T F S S	M T W T F S S	M T W T F S S	M T W T F S S
Feeling full quickly and/or loss of appetite	M T W T F S S	M T W T F S S	M T W T F S S	M T W T F S S
Pelvic or abdominal pain	M T W T F S S	M T W T F S S	M T W T F S S	M T W T F S S
Urinary symptoms	M T W T F S S	M T W T F S S	M T W T F S S	M T W T F S S
Other symptoms (e.g. changes in bowel habits, fatigue, unplanned weight loss or unusual bleeding from the vagina)				

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IBS or ovarian cancer?

Irritable bowel syndrome	Ovarian cancer
Defecation relieves pain	Defecation does not relieve pain
Mucus associate	Mucus unlikely
Bloating intermittent	Bloating persistent (distention)
Bloating worsens during day	Bloating present upon waking

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NICE GUIDELINES:

In an women with symptoms suggestive of ovarian cancer organize a Ca125

If >35

Refer for pelvic and abdominal Ultrasound scan

If US suggestive of ovarian cancer

Refer as 2ww

If no suggestions of ovarian cancer

If <35

- assess carefully for other clinical causes of her symptoms and investigate if appropriate
- if no other clinical cause is apparent, advise to return if her symptoms become more frequent and/or persistent.
- Can repeat in 8 weeks if concerned

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Scottish SIGN guidance recommends concurrent CA125 and urgent trans-abdominal/trans-vaginal ultrasound followed by urgent referral if either test suggests ovarian cancer.

Both CA125 and ultrasound scans can be falsely reassuring, so always proactively reassess women and refer

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Ovarian cancer should not be excluded on the basis of a normal CA125

- Ca125 is elevated in 80% of advanced ovarian cancers, but only 50% of women with stage 1 disease
- False negatives are associated with non epithelial ovarian cancers, early stage, and premenopausal status
- False positives are associated with other malignancies (breast, lung and colon), liver disease, endometriosis, menstruating pregnancy and PID. (same as CRP/ESR)
- Do a CA125 when the women is not menstruating

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Ovarian cancer should not be excluded on the basis of a normal CA125

Abdominal cancer?
THINK OVARIAN CANCER

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Remember:

Ovarian cancer can cause bloating, abdominal pain and a change in bowel habit.

Don't get caught out:

- Doing a FIT? **Do a CA125 test**
- New indigestion or weight loss? **Do a CA125**
- Requesting an endoscopy? **Do a CA125**
- Sterile dysuria? **Do a CA125**

NEVER diagnose IBS or overactive bladder in women >50 without ruling out ovarian cancer.

Find out more:

targetovariancancer.org.uk/health-professionals

Email: earlydiagnosis@targetovariancancer.org.uk

Ovarian Cancer Red Flags

Be aware!

New diagnosis of IBS in the >50s

Be aware!

New onset 'overactive bladder'/ 'recurrent UTI' in >50s

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HRT

- Over 90% of ovarian cancers are epithelial ovarian tumours
- Research shows HRT either dose not increase recurrence of malignant disease or it seen may increase overall survival of patients
- More cautious with:
  - Endometroid (although illogical as endometrial adenocarcinoma candidates are thought to be safe to have HRT).
  - Granulosa cell ovarian tumours – although no direct evidence to prove or disprove long term negative effects)

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T.Deli M.Orosz and A.Jakab. Hormone replacement therapy in cancer surviours – Review of the literature. Pathol Oncol 2020 6(1):63-78

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7109141/

Types of ovarian cancer:

- Epithelial cell (90%)
  - Serous tumours (50%)
  - Endometrioid tumours (20%)
  - Clear cell tumours (6%)
  - Mucinous tumours (10%)
  - Undifferentiated or unclassifiable tumours (15%)
- Germ cell (20%)
- Sex cord stomal tumours
- (primary peritoneal and fallopian tumours)

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Pathol Oncol Res. 2020; 26(1): 63–78.
Published online 2019 Jan 8. doi: 10.1007/s12253-018-00569-x

PMCID: PMC7109141
PMID: 30617760

Hormone Replacement Therapy in Cancer Survivors – Review of the Literature

Tamás Deli,[✉] Mónika Orosz, and Attila Jakab

Summary:

- Ovarian cancer is not silent killer
- Think abdominal cancer (not gynaecological cancer)
- Ca125 and US are useful but are not perfect
- Ensure safety net
- Beware of newly diagnosed IBS over 50 and recurrent sterile MSUs.
- Consider symptoms diary and repeat ca125 to look for rising trend.
- Currently no screening.

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Educational resources for GPs

Update your knowledge – take our training modules and courses, download fact sheets and watch or listen to our recorded expert discussions.

It's vital that GPs are knowledgeable of ovarian cancer and know how to advise patients who have concerns.

Training modules and courses

Module: Bloating and other abdominal symptoms: could it be ovarian cancer?

In this section

Educational resources for GPs

Resources to support your patients

Case study 1:

- 35 year old
- Presented with irregular periods. No other symptoms.
- Bloods done showed normal TSH, prolactin, FSH/LH
- Referred for US
- 35mm simple cyst seen

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https://www.freepik.com/

Case study 1:

- Any simple cyst (thin walled, unilocular <5cm in diameter (in asymptomatic pre-menopausal women)

  – NO FUTHER INVESTIGATION NEEDED

- Any larger, or complex cysts (thickened wall, loculations, solid nodules). Particularly in post menopausal women if asymptomatic

  - REFER NON URGENTLY

Any cyst with concerning features – solid, or multiloculated, multiple cysts or symptomatic

-REFER URGENTLY/2WW

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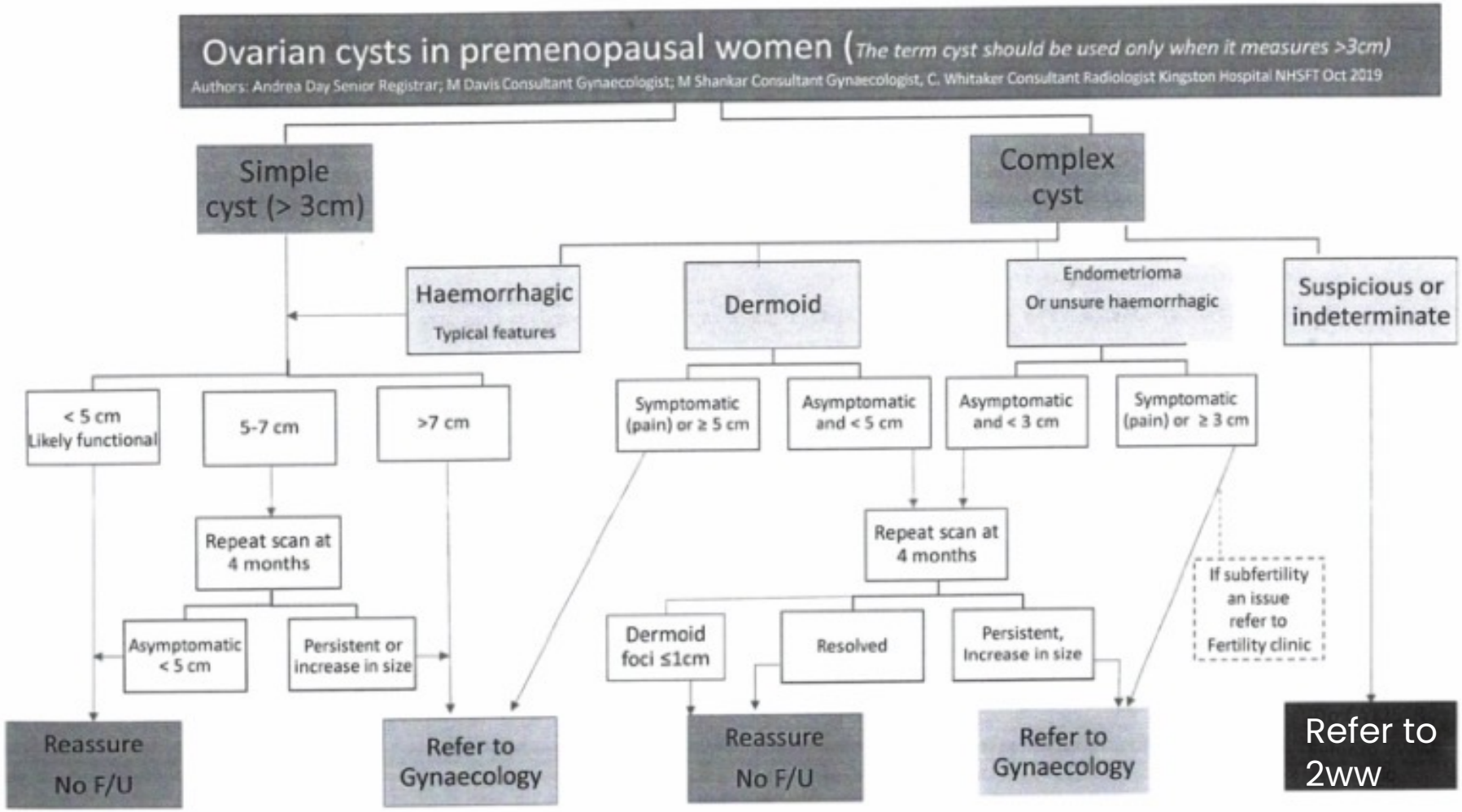
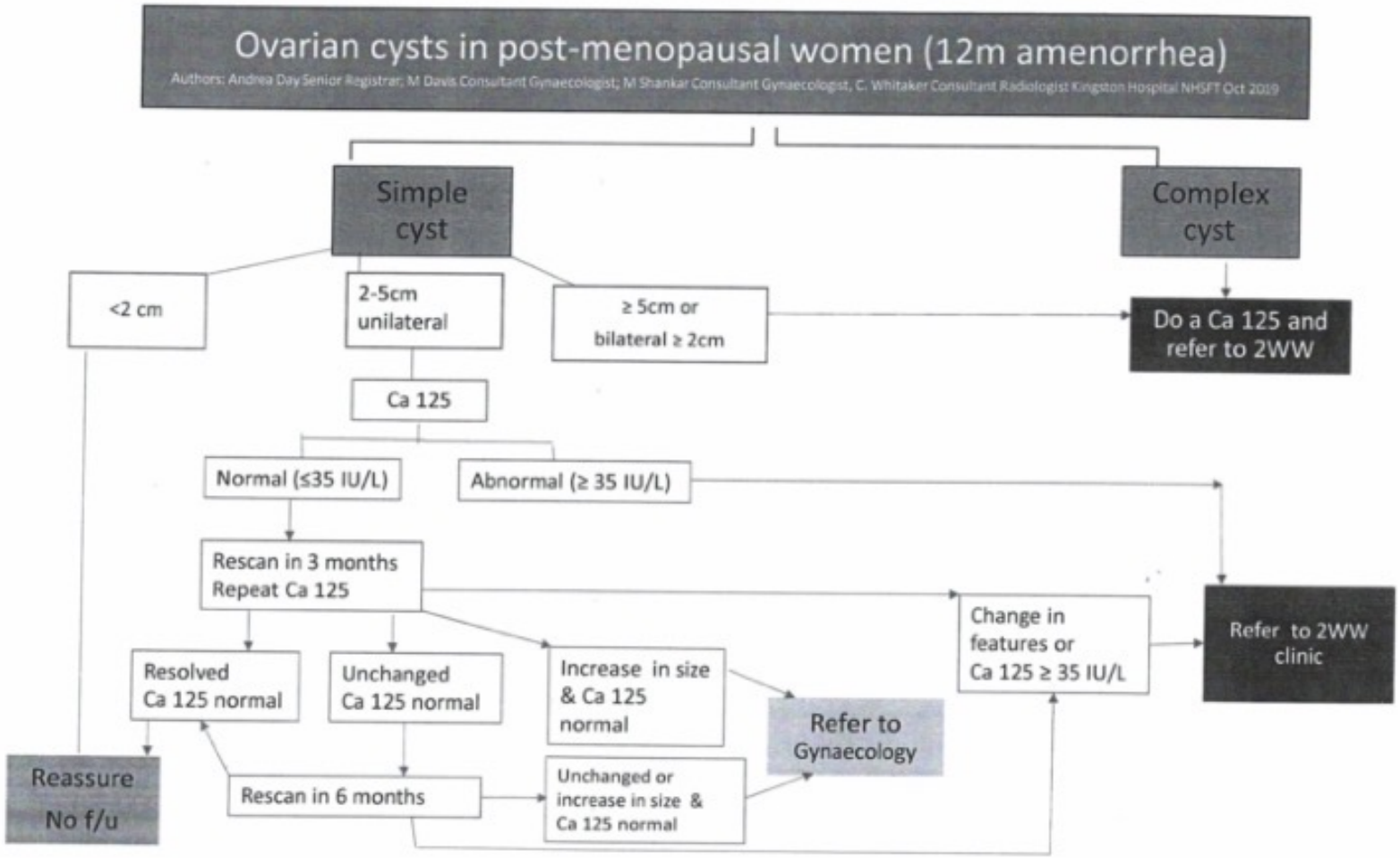
https://www.freepik.com/


Ovarian cysts in premenopausal women (The term cyst should be used only when it measures >3cm)
Authors: Andrea Day Senior Registrar; M Davis Consultant Gynaecologist; M Shankar Consultant Gynaecologist, C. Whitaker Consultant Radiologist Kingston Hospital NHSFT Oct 2019
Simple cyst (> 3cm)
Complex cyst
Haemorrhagic
Typical features
Dermoid
Endometrioma
Or unsure haemorrhagic
Suspicious or indeterminate
< 5 cm
Likely functional
5-7 cm
>7 cm
Symptomatic (pain) or ≥ 5 cm
Asymptomatic and < 5 cm
Asymptomatic and < 3 cm
Symptomatic (pain) or ≥ 3 cm
Repeat scan at 4 months
Repeat scan at 4 months
Asymptomatic < 5 cm
Persistent or increase in size
Dermoid foci ≤1cm
Resolved
Persistent, Increase in size
If subfertility an issue refer to Fertility clinic
Reassure No F/U
Refer to Gynaecology
Reassure No F/U
Refer to Gynaecology
Refer to 2ww


Ovarian cysts in post-menopausal women (12m amenorrhea)
Authors: Andrea Day Senior Registrar; M Davis Consultant Gynaecologist; M Shankar Consultant Gynaecologist, C. Whitaker Consultant Radiologist Kingston Hospital NHSFT Oct 2019
Simple cyst
Complex cyst
<2 cm
2-5cm unilateral
≥ 5cm or bilateral ≥ 2cm
Do a Ca 125 and refer to 2WW
Ca 125
Normal (≤35 IU/L)
Abnormal (≥ 35 IU/L)
Rescan in 3 months Repeat Ca 125
Change in features or Ca 125 ≥ 35 IU/L
Refer to 2WW clinic
Resolved Ca 125 normal
Unchanged Ca 125 normal
Increase in size & Ca 125 normal
Refer to Gynaecology
Reassure No f/u
Rescan in 6 months
Unchanged or increase in size & Ca 125 normal

Case study 2:

- 70 year old
- Bloating and slight pain
- Had ca125 which was 256
- US normal

- Was referred as 2ww
- CT done which was normal
- Discharged but recommended to have repeat ca125 and was rising.
- Re-referred
- Still CT normal
- Had laparoscpy – bilateral salpinoophorectomy and found to be cancer in fallopian tube.

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https://www.freepik.com/free-photo/cheerful-grandmother-standing-window

Case study 3:

- 26 year old
- History of endometriosis
- Abdominal pain and bloating
- Bloods show raised ca125 of 45
- Referred 2ww gynae
- Hugely anxious
- All normal and discharged

- Differentials:
  - PID
  - Endometriosis
  - On her period
  - Ovulation
  - (Cancer)

- Repeat 6 weeks and if rising – refer
- If not rising then look for other causes.

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https://www.freepik.com/

Targeting life-saving early diagnosis, treatment and support

Stand together. Save lives.

Thank you

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