

Assessment of symptoms

that may be

Ovarian cancer

: a guide for GPs

www.ovariancancerprogram.org.au



**NATIONAL BREAST
CANCER CENTRE**

Incorporating the
Ovarian Cancer Program

The information in this guide is intended to assist general practitioners assess if a woman with persistent, unexplained symptoms may have ovarian cancer. The guide is based on the *Clinical practice guidelines for the management of women with epithelial ovarian cancer*.

SYMPTOMS

Most women diagnosed with ovarian cancer report symptoms.

Symptoms of ovarian cancer are often vague and generalised and not gynaecological in nature.

Types of symptoms reported by women diagnosed with ovarian cancer

- Abdominal bloating
- Increased abdominal girth
- Indigestion
- Lack of appetite
- Feeling full after only a small amount of food
- Weight gain or weight loss
- Change in bowel habits
- Fatigue
- Urinary frequency or incontinence
- Abdominal and/or pelvic pain
- Feeling of pressure in the abdomen

Frequency of reporting of symptom categories

Abdominal symptoms	77%
Gastro-intestinal	70%
Constitutional (eg fatigue)	50%
Urinary	34%
Pelvic	26%

Reference: Goff et al. *Cancer*. 2000; 89; 2068-75

ASSESSMENT OF SYMPTOMS

If vague abdominal symptoms persist for more than one month consider ovarian cancer and undertake further assessment.

Checklist for assessment of symptoms

Patient history: A relevant patient history should include: age, parity, menopausal status, family history on both sides of the family (including ovarian, breast cancer and bowel cancer), any recent tests and test results (eg blood tests or imaging).

History of presenting symptoms: Type of symptom, site, nature of symptoms (persistent/recurrent), when first noticed, duration, actions that relieve symptoms.

Physical examination: Abdominal palpation, vaginal/rectal examination. (The woman must be sufficiently undressed to allow access to the whole abdomen unrestricted by constricting clothing).

Findings to note: Firm resistance on abdominal palpation, unexpected fullness, fullness with shifting dullness on percussion, hard, irregular mass in the Pouch of Douglas, adnexal masses.

If findings on clinical examination are suspicious:

Refer for:
transvaginal ultrasound and CA125 OR abdominal ultrasound and CA125 OR CT and CA125.

CA125

CA125 alone should not be used to either rule in or rule out ovarian cancer. While a very high value may assist in confirming the diagnosis, a low value is not helpful because of the non-specific nature of the test.

Factors that may elevate CA125

Gynaecological

- Ovarian cancer
- Acute PID
- Uterine fibroids
- Uterine adenomyosis
- Benign ovarian neoplasm
- Endometriosis
- Functional ovarian cyst

- Meig's syndrome
- Ovarian hyperstimulation
- Menstruation

Non-gynaecological

- Active hepatitis
- Acute pancreatitis
- Chronic disease of the liver
- Cirrhosis of the liver

- Congestive heart failure
- Diverticulitis
- Non-malignant ascites
- Pericarditis
- Pneumonia
- Polyarteritis nodosa
- Systemic lupus erythematosus
- Renal disease

Other malignant conditions

- Any disseminated intra-abdominal cancer
- Any gastrointestinal cancer
- Breast cancer, especially metastatic
- Mesothelioma

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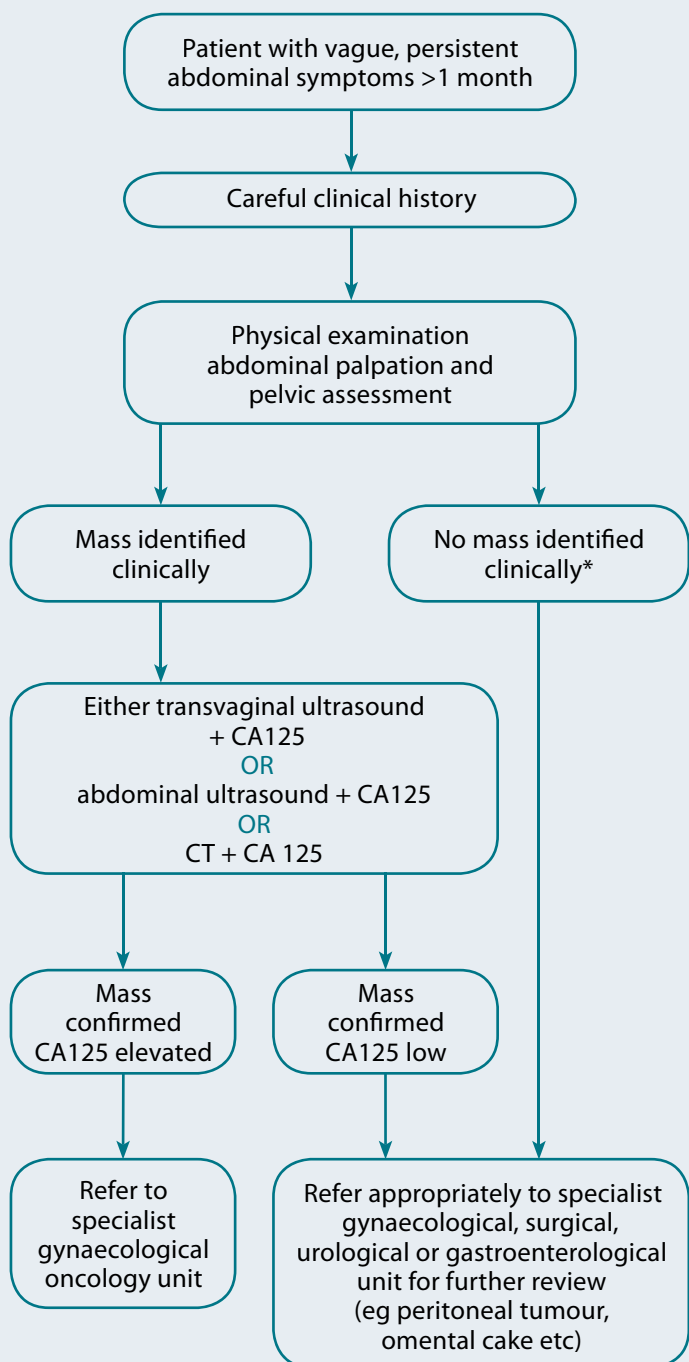


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Assessment of women with vague and persistent abdominal symptoms



* Where clinical examination is negative a review of symptoms and radiological examination of the whole abdomen may suggest appropriate referral line

NB: If CA125 levels are elevated, refer for appropriate follow up. If levels are low/normal but symptoms persist, refer for appropriate follow up.

Checklist for assessing symptoms

Patient history

- Age (higher risk = 45 years or more)
- Parity (higher risk = nulliparous)
- Menopausal status (higher risk = postmenopausal)
- Family history, including breast, ovarian and bowel cancer
- Any recent tests and results

Types of symptoms

- Abdominal bloating
- Increased abdominal girth
- Indigestion
- Lack of appetite
- Feeling full after only a small amount of food
- Weight gain or loss
- Change in bowel habits
- Fatigue
- Urinary frequency or incontinence
- Abdominal and/or pelvic pain
- Feeling of pressure in the abdomen

History of presenting symptoms

- Type of symptom
- Site
- Nature of symptoms (persistent/recurring)
- When first noticed
- Duration
- Actions that relieve symptoms

Findings to note

- Firm resistance on abdominal palpation
- Unexpected fullness
- Fullness with shifting dullness on percussion
- Hard, irregular mass in the Pouch of Douglas
- Adnexal masses