

This resource has been developed as part of the Implementing Pathways for Cancer Early Diagnosis (I-PACED) project supported by the Victorian Government. It aims to increase GP awareness about critical primary care points for ovarian cancer. This guide refers to epithelial ovarian cancer which includes those originating in the ovary or fallopian tube. This pathway refers to the ovarian cancer Optimal Care Pathway – a nationally endorsed resource.

Summary statistics

- In Victoria 2017 there were 274 new cases of ovarian cancer
- The five-year survival for women with ovarian cancer is 45%.

Prevention

For women at potentially high risk of ovarian cancer due to their family history, refer to a familial cancer clinic for risk assessment, possible genetic testing and management planning (may include risk-reducing surgery).

Screening recommendations

- There is no effective population screening program to detect ovarian cancer in asymptomatic women, even in high risk populations
- Screening procedures such as gynaecological assessment, vaginal ultrasound and CA 125 assay have low predictive value in detecting ovarian cancer in asymptomatic women.

Risk factors

- Age (over 50 years)
- Tobacco smoking
- Obesity
- Early puberty or late menopause, or using oestrogen-only hormone replacement therapy (HRT) for five years or more
- Women who have used oral contraception or carried a pregnancy to term are at lower risk.

A small proportion of women develop ovarian cancer as a result of inherited risk and may be identified by:

- Women with two first-degree or second-degree relatives on one side of the family diagnosed with breast or ovarian cancer, plus one or more of the following features on the same side of the family:
 - ▶ additional relative(s) with breast or ovarian cancer
 - ▶ breast cancer diagnosed before age 40 years
 - ▶ bilateral breast cancer
 - ▶ breast and ovarian cancer in the same woman
 - ▶ Ashkenazi Jewish ancestry
 - ▶ breast cancer in a male relative
- Personal history or family member with mutation in BRCA1, BRCA2 genes or Lynch syndrome.

Signs and symptoms

See Figure 2: Assessment of suspicious symptoms

Symptoms are often vague and non-specific; symptoms that persist for more than four weeks should be investigated, particularly in women aged 50 or over, or those with a family history.

Symptoms may include:

- Persistent abdominal distension (may be described as ‘bloating’)
- Feeling full (early satiety)
- Abdominal and/or pelvic pain
- Increased urinary urgency and/or frequency (or incontinence)
- Weight gain or weight loss
- Fatigue
- Loss of appetite
- Indigestion
- Change in bowel habit
- Feeling of pressure in the abdomen.

Women who have symptoms that do not respond to treatment initiated by the GP should return within two weeks for review and further investigation.

Advise any woman who is not suspected of having ovarian cancer to return to her GP if her symptoms become more frequent and/or persistent.

Carry out appropriate tests for ovarian cancer in any woman of 50 or over 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.

Initial investigations include

- A general and pelvic examination
- Pelvic ultrasound (preferably trans-vaginal)
- CT scan if appropriate
- Routine blood tests and CA 125.

Results should be available and the woman reviewed by the GP within one week.

Figure 1: Risk assessment tool

| Abdominal bloating | Abdominal pain | Urinary frequency | Loss of appetite | Abdominal distension | PPV = Positive predictive value (%) or probability of Ca if Sx present |
|--------------------|----------------|-------------------|------------------|----------------------|--|
| 0.3 | 0.3 | 0.2 | 0.6 | 2.5 | PPV as a single symptom |
| 2.0* | 0.8 | 1.2 | 3.3 | 3.0 | Abdominal bloating |
| | 0.7* | 0.4 | 1.0 | 3.1 | Abdominal pain |
| | | 0.2* | - | 2.2 | Urinary frequency |
| | | | 0.5* | >5.0 | Loss of appetite |
| | | | | 4.3* | Abdominal distension |

Probability of cancer

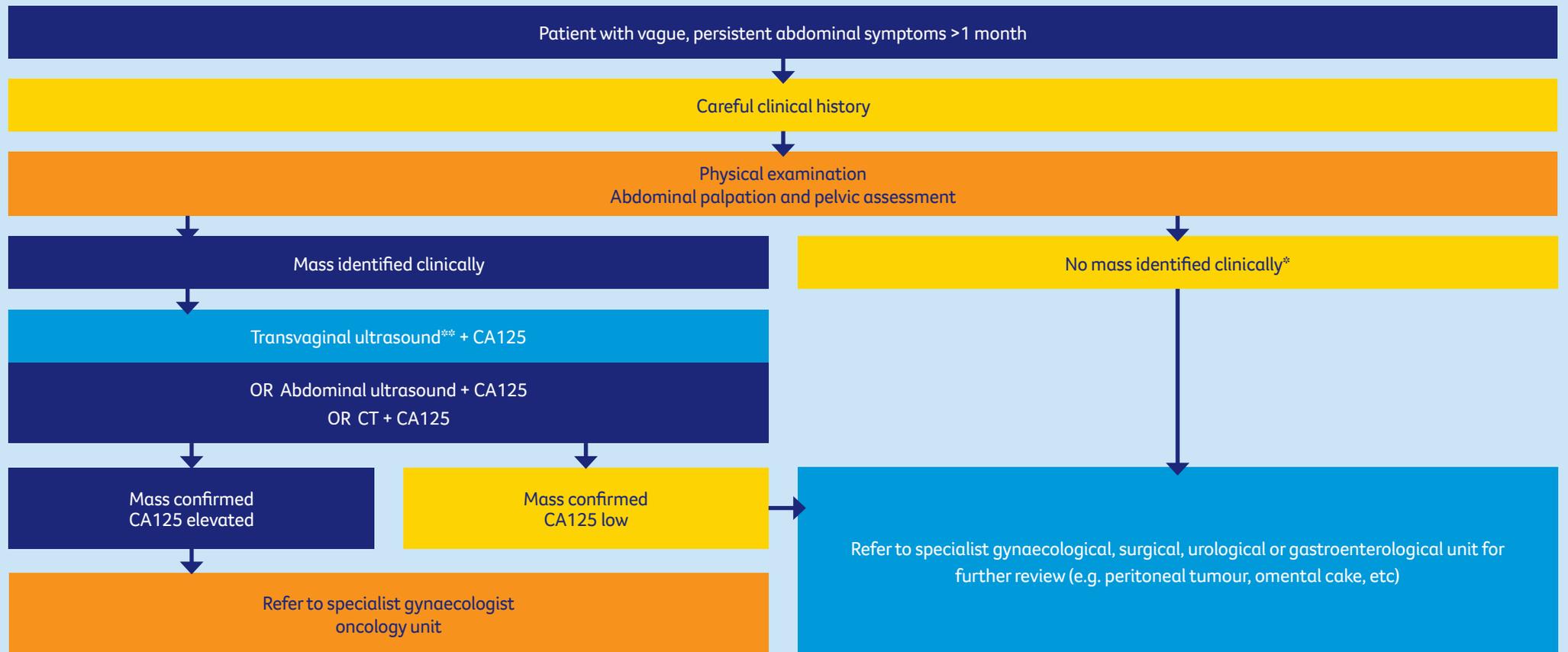
 <1% 1-2% 2-5% >5%

*second presentation

Figure 1 shows the probability of ovarian cancer for individual symptoms and pairs of symptoms, including second presentation* of same symptom in people ≥ 40 years.¹

Reference: 1. Hamilton W, et al. Risk of ovarian cancer in women with symptoms in primary care: population based case-control study. BMJ. 2009;339:b2998.

Figure 2: **Assessment of suspicious symptoms**



*Where clinical examination is negative a review of symptoms and radiological examination of the whole abdomen (ultrasound or CT) may suggest appropriate referral line.

** A transvaginal ultrasound has a greater sensitivity for the detection of ovarian masses than transabdominal studies.

NB: If CA125 levels are elevated, refer for appropriate follow up. If levels are low/normal but symptoms persist, refer for appropriate follow up. This information is reproduced from Assessment of symptoms that may be ovarian cancer: a guide for general practitioners with permission from Cancer Australia. <https://canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/assessment-symptoms-may-be-ovarian-cancer-guide-gps>

Referral pathway

- Prior to referral, discuss the cost implications to enable patients to make an informed decision regarding their choice of specialist and health service, including out of pocket costs: for example, radiological tests and specialist appointments
- If the diagnosis can be confirmed with initial tests, then referral to a gynaecological oncologist linked with a multidisciplinary team (MDT) is optimal.
- If the diagnosis is suspected, then referral to a specialist (gynaecologist, surgeon) for further investigation may occur prior to referral to an appropriate oncologist.
- Optimally, the specialist appointment should be within two weeks of suspected diagnosis.
- Referral information should include: relevant past history, current history, family history, examination, investigations, social issues and current medications.

Local referral process and proformas can be found at:

To gain access to your local HealthPathways visit <https://vtphna.org.au/care-pathways-and-referral/> or equivalent care pathways site.

Patient resource checklist

- ✓ Factsheets and resources at livelighter.com.au
 - ✓ Arrange referral for behavioural support via Quitline quit.org.au or individual/group stop smoking service **Quitline 13 78 48**
 - ✓ For additional practical and emotional support, encourage patients to call **Cancer Council 13 11 20** to speak with an experienced oncology nurse or visit cancervic.org.au for more information about ovarian cancer
- For translator assistance call TIS on 13 14 50**
- ✓ Download the ‘What to expect – Ovarian cancer’ guide at cancerpathways.org.au
 - ✓ **Ovarian Cancer Australia** – for free information packs, support and resources, visit ovariancancer.net.au or call 1300 660 334
 - ✓ **Counterpart** – (formally BreaCan) supports women with breast or a gynaecological cancer. For free information packs, support and resources, visit counterpart.org.au or freecall 1300 781 500.



The Optimal Care Pathways were developed through consultation with a wide range of expert multidisciplinary teams, peak health organisations, consumers and carers. They are nationally endorsed by the National Cancer Expert Reference Group, Cancer Australia and Cancer Council Australia. For more information on the Optimal Care Pathways please refer to www.cancervic.org.au/for-health-professionals/optimal-care-pathways

