

Diagnostic tests for ovarian cancer

A guide for primary care



Ovarian cancer has previously been known as being difficult to diagnose and having a poor prognosis. However by being aware of the symptoms and lowering the threshold for investigation and referral, it is possible to make an earlier diagnosis and achieve better outcomes for patients.

First tests in primary care

NICE guidance recommends CA125 serum test as a first test for women presenting with suspected symptoms of ovarian cancer and unremarkable clinical examination.

A CA125 serum result above 35 IU/ml prompts referral for urgent trans-abdominal/trans-vaginal ultrasound, within two weeks.

Elevated CA125 and abnormal ultrasound results trigger a two-week wait referral to gynaecology.

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

Limitations of CA125

Knowledge of the limitations of CA125 can help mitigate delays in diagnosis.

CA125 is elevated in 80 per cent of patients with advanced disease, but no more than 50 per cent of women with stage I disease have elevated CA125.

False-negative results are associated with non-epithelial ovarian cancer subtypes, early stage disease and pre-menopausal status.

Specificity is compromised by false-positive results which can be triggered by malignancy including breast, lung and colon cancer, benign conditions such as liver disease and gynaecological conditions including menstruation, endometriosis, pregnancy and pelvic inflammatory disease. Advise pre-menopausal women to avoid having the test during menstruation.

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

Symptoms of ovarian cancer



Persistent abdominal distension (bloating)



Early satiety and/or loss of appetite



Pelvic or abdominal pain



Urinary urgency and/or frequency

Other symptoms can include unexplained weight loss, fatigue and changes in bowel habit.

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Safety netting

Safety netting is a crucial aspect of managing women with suspected symptoms of ovarian cancer. GP nurses can support women concerned about symptoms to speak to their GP or ANP.

Symptomatic women who have a normal CA125 and/or ultrasound should be strongly advised to return for a follow-up appointment within four weeks. It is recommended that patients keep a symptoms diary to gather clear information on the frequency and persistency of symptoms. A symptoms diary can be download as a PDF or mobile phone app from Target Ovarian Cancer at targetovariancancer.org.uk/symptomsdiary

At follow-up trans-abdominal/trans-vaginal ultrasound should be arranged preferably within four weeks if ovarian cancer is still suspected. A referral to gynae-oncology should also be considered, this may be via the gynaecology advice and guidance service or Consultant Connect service in the first instance if clinical referral is uncertain.



Red flags



Irritable Bowel Syndrome (IBS) rarely presents for the first time in women age 50 or over. Women in this age group who have experienced symptoms within the last 12 months that suggest IBS should be offered a CA125 blood test.



Ovarian cancer should be considered in patients presenting with recurrent urinary tract infection associated with negative repeat mid-stream urine cultures and dip tests, particularly if the patient is age 50 or above.



How Target Ovarian Cancer can help you

- Access our accredited online learning modules at targetovariancancer.org.uk/cpd
- Order free copies of our symptoms diary and primary care toolkit by visiting targetovariancancer.org.uk/toolkit
- Women undergoing tests for suspected ovarian cancer can access support and information through our nurse-led Support Line. Call us on **020 7923 5475** or ask a question at targetovariancancer.org.uk/supportline