

Data briefing: regional variation in early diagnosis of ovarian cancer

May 2019

Following the government's commitment that 75 per cent of all cancers are diagnosed at stage I or II by 2028, Target Ovarian Cancer has carried out fresh analysis looking at how many women are currently diagnosed with stage I or II ovarian cancer and how this varies across the country.

The difference early diagnosis makes

The earlier a woman is diagnosed with ovarian cancer, the greater her chance of long term survival. While over 90 per cent of women diagnosed with stage I disease will survive five years or longer, this drops to just over 10 per cent for women diagnosed with stage IV disease.

The government's commitment

In her 2018 speech to Conservative Party Conference, Prime Minister Theresa May pledged that:

*"Through our Cancer Strategy, we will increase the early detection rate from one in two today, to three in four by 2028."*²

This commitment is now enshrined in the NHS Long Term Plan, with the ambition to deliver a step-change in cancer survival, driven by improvements in early diagnosis:

*"This Long Term Plan sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages I and II will rise from around half now to three-quarters of cancer patients. Achieving this will mean that, from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis."*³

Early diagnosis in ovarian cancer

Currently just 43 per cent of women are diagnosed with ovarian cancer at stage I or II (where stage is known).



Target Ovarian Cancer is the UK's leading ovarian cancer charity. We work to improve early diagnosis, fund life-saving research and provide much-needed support to women with ovarian cancer.

We are the authority on ovarian cancer. We work with women, family members and health professionals to ensure we target the areas that matter most for those living and working with ovarian cancer.

targetovariancancer.org.uk

Ovarian cancer survival by stage (2012-2016)¹

Stage	Five year survival
I	92%
II	66%
III	27%
IV	12%
Average	42%

Ovarian cancer diagnoses by stage (2017)⁴

Stage	Number	Per cent (stage known)
I	1807	37%
II	305	6%
III	1704	35%
IV	1042	22%
Total	4858	100%

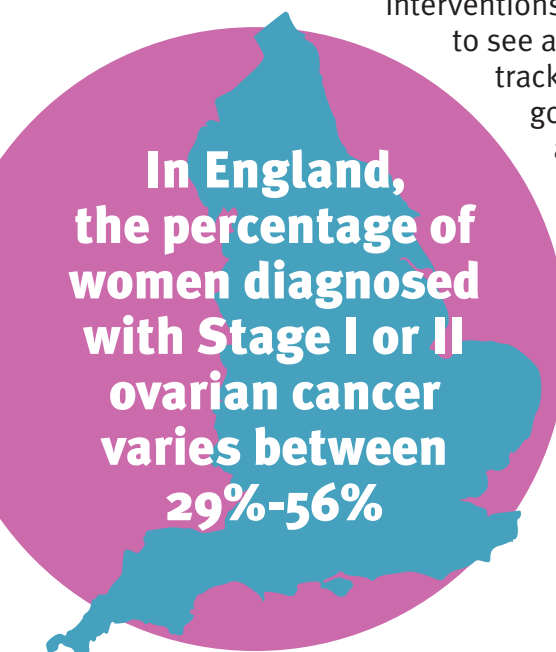
Stage is unknown in 14 per cent of cases. This means we don't know at which stage these women have been diagnosed. There has been investment in work over recent years to improve the numbers of women where stage is known and this will continue.



Regional variation in early diagnosis of ovarian cancer in England

In some parts of the country over half of women are diagnosed with early stage ovarian cancer and these areas are well on track to deliver on the Prime Minister's target of 75 per cent of cancers diagnosed at stage I or II. In other areas the number of women diagnosed with early stage disease is much lower. There can be a number of reasons for this, including demographics, in particular age. We need to work to better understand the regional variation and what

interventions are possible to see all areas on track to reach the government's ambition.



In England, the percentage of women diagnosed with Stage I or II ovarian cancer varies between 29%-56%

Stage I and II ovarian cancer diagnoses by Clinical Commissioning Group (CCG) ⁵

Clinical Commissioning Group	Percentage of women diagnosed with stage I or II ovarian cancer (2012-2017)
NHS Thurrock CCG	56%
NHS Trafford CCG	55%
NHS North Kirklees CCG	52%
NHS Southwark CCG	52%
NHS Lambeth CCG	52%
NHS Tower Hamlets CCG	51%
NHS Hambleton, Richmondshire and Whitby CCG	51%
NHS South Tyneside CCG	51%
NHS Norwich CCG	50%
NHS North Tyneside CCG	50%
...	
Fewest number of women diagnosed with stage I or II ovarian cancer	29%

This table shows the ten areas with the highest numbers of early stage diagnoses and the contrast with the area with the fewest stage I and II diagnoses. For the full break down by CCG see the Appendix. To ensure the data reported is as reliable as possible, for the purposes of listing the ten highest areas, we have excluded those CCGs where the level of missing stage data exceeds the national average of 14 per cent.

The picture in the rest of the UK

Each country in the UK collects and reports on cancer data in a different way, meaning it is not always possible to draw direct comparisons or compare the same years. Below is the latest data on women with ovarian cancer's stage at diagnosis for Scotland, Wales and Northern Ireland.

Scotland

Ovarian cancer diagnoses by stage (2012-2015)⁶

Stage	Number	Per cent (stage known)
I	755	36%
II	206	10%
III	637	30%
IV	518	24%
Total	2116	100%

Stage data is missing for 11 per cent of women with an ovarian cancer diagnosis in Scotland from 2012-2015.

Wales

Ovarian cancer diagnoses by stage (2011-2015)⁷

Stage	Number	Per cent (stage known)
I	496	37%
II	79	6%
III	467	35%
IV	289	22%
Total	1331	100%

Stage data is missing for 36 per cent of women with an ovarian cancer diagnosis in Wales from 2011-2015.

Northern Ireland

Ovarian cancer diagnoses by stage (2013-2017)⁸

Stage	Average number per year	Per cent (stage known)
I	71	37%
II	16	8%
III	78	41%
IV	28	15%
Total	193	101%*

*Numbers don't total 100% due to rounding. Stage data is missing for 11 per cent of women with an ovarian cancer diagnosis in Northern Ireland from 2013-2017.

What steps need to be taken to deliver the Prime Minister's commitment?

Improving early diagnosis of ovarian cancer requires work across three fronts: improved awareness so women know the symptoms to look out for, GP knowledge so women are referred promptly for testing, and changes to the time taken to test for ovarian cancer. To see the step change needed to realise the goal of 75 per cent of women diagnosed with stage I or II ovarian cancer by 2028, the following actions are needed:

Awareness

- We need a Be Clear on Cancer Campaign that includes the symptoms of ovarian cancer. Just 20 per cent of women can currently identify bloating as a symptom of ovarian cancer and for more women to be diagnosed sooner we need every woman to know the symptoms to look out for.⁹

GP knowledge

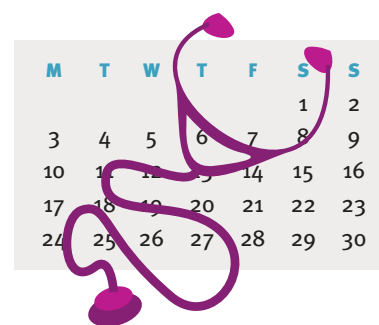
- Too many GPs still mistakenly believe that the symptoms of ovarian cancer only present in late stage disease.¹⁰ We need more GPs trained in how to spot symptoms that might be ovarian cancer and the correct referral pathway for women who might have the disease.

Diagnostic testing

- Too many women are facing repeat visits to the GP and delays in testing before receiving their diagnosis.¹¹ In Scotland GPs can refer non-urgent cases for a CA125 blood test and ultrasound scans simultaneously, whereas in the rest of the UK they must first request a blood test and only if results pass a certain prescribed threshold, are they then able to refer for an ultrasound.^{12,13} GPs should be able to refer women for both a CA125 blood test and ultrasound at the same time to avoid precious weeks being lost due to sequential testing.
- In the long term, we need investment in improved diagnostic tests that more reliably and more quickly diagnose ovarian cancer.

Addressing regional variation

- Both informing, and informed by, the three factors of awareness, GP knowledge and diagnostic testing, is understanding the causes of regional variation and investing in work to address these. By learning from those areas with high rates of early stage diagnoses it will be possible to identify what works and to share learning and best practice across the country.



If you need to talk to someone...

We understand that some of the figures included in this briefing may be upsetting; it is important to remember that every woman's experience of diagnosis and treatment is different and you should not draw conclusions about your own diagnosis, or that of someone you know, based on the information above. If after reading this briefing you would like to talk to someone, please contact our nurse-led Support Line on 020 7923 5475.

References

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