

Data briefing 2022: Achieving excellence in ovarian cancer care

January 2022

Ovarian cancer can be devastating. It kills 11 women every single day and survival rates in the UK are among the worst in Europe.¹ Over 7,400 women are diagnosed with ovarian cancer in the UK each year, and more women die as a result of the disease than all other gynaecological cancers combined.²

Our ambition is that everyone with ovarian cancer, no matter who they are and where they live, has access to excellent diagnosis and treatment. By understanding the current picture, we can clearly establish where more work needs to be done to drive improvements in outcomes.

We have analysed recent government data in England on how quickly women with ovarian cancer are diagnosed and start treatment, the variation in diagnosis by age and ethnicity, and the completeness of data available.

Starting treatment quickly

Starting ovarian cancer treatment quickly is vital to ensure that women have the best outcome. It takes on average 69 days from women being referred with a suspicion of ovarian cancer to start treatment. The only cancer that takes longer is kidney cancer.³ From first being seen in secondary care it takes three weeks (23 days) for women to have their diagnosis confirmed.⁴

This data predates the pandemic so does not include the impact of the pandemic on diagnosis. It also does not include any delays that may occur before a woman is referred by her GP.

To deliver excellence an individual timed pathway for ovarian cancer must be developed so that women can start treatment as quickly as possible.

Older women

Over half of those who are diagnosed via emergency presentation (for example Accident and Emergency) are over 70 years old and women 85 and over are twice as likely to be diagnosed via emergency presentation than women under 50.⁵

Being diagnosed via emergency presentation can mean that the cancer is diagnosed late and the number of treatment options available are reduced.

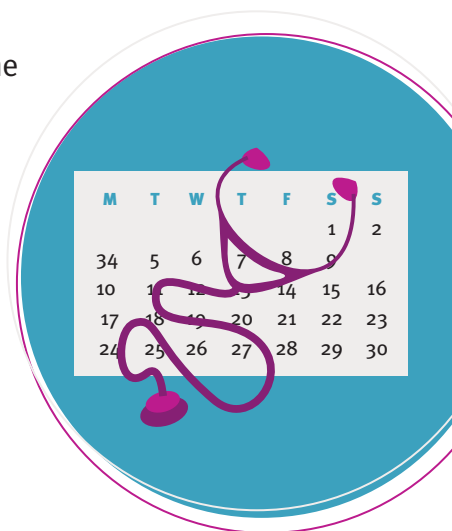
Older women are also less likely to receive treatment, with 37 per cent of women over 70 receiving neither surgery nor chemotherapy compared to six per cent of women under 50.⁶

To deliver excellence, age must not be a barrier to receiving care. It is clear further efforts must be made to ensure that women over 70 are diagnosed as early and quickly as possible.



Target Ovarian Cancer is the UK's leading ovarian cancer charity, working to raise awareness, fund research, and save lives.

targetovariancancer.org.uk





Ethnicity

Our analysis found variation in the diagnostic pathway by ethnicity with 34 per cent of Black women being diagnosed via an emergency presentation, more than any other ethnic group and compared to 29 per cent of White women.⁷ Additionally, 29 per cent of White women are diagnosed following a two week wait referral compared to just 19 per cent of Black women.⁸

There are also differences in the time taken between referral and starting treatment. On average, women in the UK from an Asian background waited 74.5 days from being referred to starting treatment, Black women waited 73.5 days and White women 68 days.⁹

To deliver excellence more data is needed on why these variations occur so the root causes can be identified and addressed.

Incomplete data

There are still too many cases where women do not have a stage of diagnosis recorded. Data completeness is important for understanding what happens to these patients and to support research into how treatments and services can be improved.

Our analysis has found that over half of women diagnosed with malignant epithelial ovarian cancer where stage is unknown were 70 or over.¹⁰

Those that do not have a stage at diagnosis are likely to be too ill for treatment as over 60 per cent of those who do not have a stage recorded receive neither surgery nor chemotherapy.¹¹

- Stage I
- Stage II
- Stage III
- Stage IV

To deliver excellence, where possible, everyone diagnosed with ovarian cancer should have a stage recorded so that effective treatment interventions can be developed, and progress can be monitored.

What is Target Ovarian Cancer doing?

Target Ovarian Cancer is committed to ensuring access to the most up to date data for everyone involved in ovarian cancer care. We do this by leading, in partnership, the ovarian cancer audit feasibility pilot. We have successfully secured a full government-funded ovarian cancer audit.

We are also undertaking diversity, equity and inclusion insight work to help us better understand the needs of everyone affected by ovarian cancer and identify targeted interventions.

Updates on our work will be published at targetovariancancer.org.uk/equity.



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References

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3. Cancer Alliance Data Evidence and Analysis Service (CADEAS), Median pathway analysis by patient demographics, stage at diagnosis, route to diagnosis, and geography. Available at: www.cancerdata.nhs.uk/median_pathways/tool [2018 data] This figure is the sum of 'Median referral to first seen', 'Median first seen to diagnosis', 'Median diagnosis to MDT' and 'Median MDT to treatment' and as such it is a guide to the overall median time from referral to treatment which may be different to the sum of the medians.
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