

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 the 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 gynae-oncology.

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

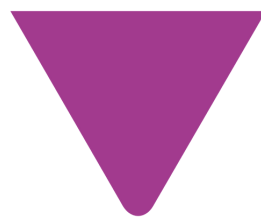


► Limitations of CA125

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.



► Safety netting

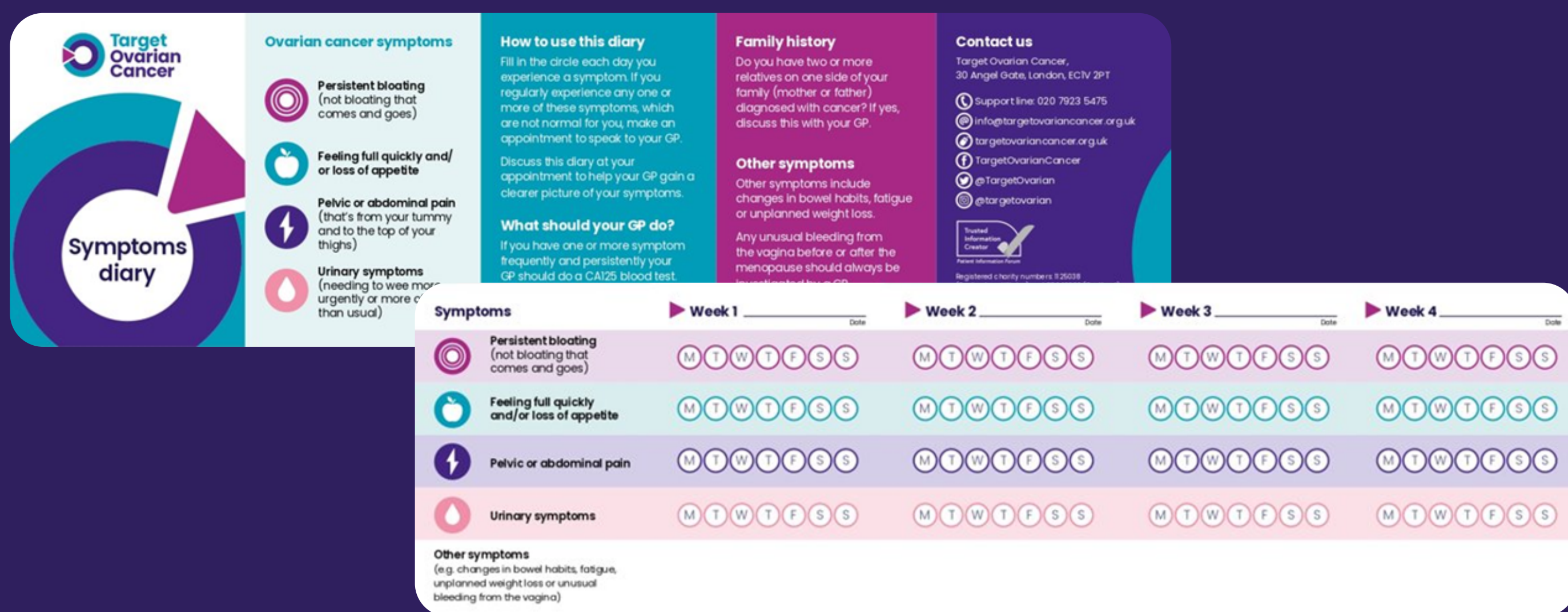
Safety netting is a crucial aspect of managing women with suspected symptoms of ovarian cancer.

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.

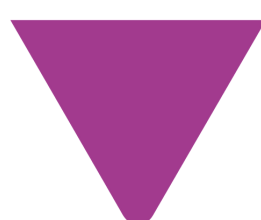
A symptoms diary can be downloaded as a PDF or mobile phone app from Target Ovarian Cancer at:

► targetovariancancer.org.uk/symptomsdiary



The image shows a 'Symptoms diary' form from Target Ovarian Cancer. The form is divided into several sections: 'Ovarian cancer symptoms' with icons for persistent bloating, feeling full quickly, pelvic/abdominal pain, and urinary symptoms; 'How to use this diary' with instructions on how to fill it out and when to see a GP; 'Family history' and 'Other symptoms' sections; and 'Contact us' with Target Ovarian Cancer's address, phone number, email, and social media handles. Below these sections is a table for tracking symptoms over four weeks. The table has columns for 'Symptoms' and 'Week 1' through 'Week 4', each with a 'Date' field. The symptoms listed are: Persistent bloating (not bloating that comes and goes), Feeling full quickly and/or loss of appetite, Pelvic or abdominal pain, Urinary symptoms, and Other symptoms (e.g. changes in bowel habits, fatigue, unplanned weight loss or unusual bleeding from the vagina). Each symptom row has a series of circles representing the days of the week (M, T, W, T, F, S, S) for each week.

Symptoms	Week 1	Week 2	Week 3	Week 4
Persistent bloating (not bloating that comes and goes)	M T W T F S S	M T W T F S S	M T W T F S S	M T W T F S S
Feeling full quickly and/or loss of appetite	M T W T F S S	M T W T F S S	M T W T F S S	M T W T F S S
Pelvic or abdominal pain	M T W T F S S	M T W T F S S	M T W T F S S	M T W T F S S
Urinary symptoms	M T W T F S S	M T W T F S S	M T W T F S S	M T W T F S S
Other symptoms (e.g. changes in bowel habits, fatigue, unplanned weight loss or unusual bleeding from the vagina)				



A follow-up trans-abdominal/trans-vaginal ultrasound should be arranged preferably within four weeks if ovarian cancer is still suspected.



A referral to gynaecology should also be considered.

► Red Flags

Be aware!

- New diagnosis of IBS in the >50s
- New onset 'overactive bladder'/'recurrent UTI' in >50s



► DON'T GET CAUGHT OUT

- Ovarian cancer may be misdiagnosed as irritable bowel syndrome (IBS) or urinary infection.
- First presentation with IBS in the >50s is rare. Women in this age group who have experienced symptoms within the last 12 months that suggest IBS should be offered a CA125 blood test.
- Unexplained recurrent urinary symptoms can be a sign of ovarian cancer.
- Repeat sterile mid-stream urine should be considered with caution, particularly if the patient is >50.

Learn more about ovarian cancer symptoms and diagnostic tests at targetovariancancer.org.uk/health-professionals