

Guide to ovarian cancer for the primary care team



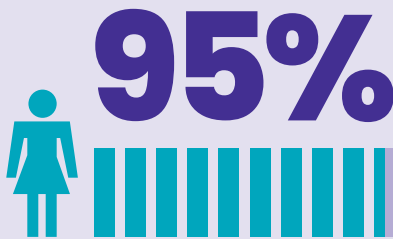
This guide has been created for the primary care team, including General Practitioners (GPs), General Practice Nurses (GPNs), Advanced Nurse Practitioners (ANPs), Physician Associates (PAs) and the reception and administration team, all of whom play a crucial role in faster and earlier diagnosis of ovarian cancer. Ovarian cancer symptoms can be mistaken for other conditions and often go undiagnosed until at an advanced stage, when prognosis is extremely poor.



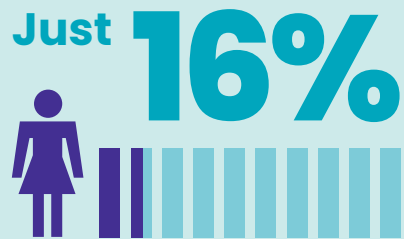
Importance of diagnosing ovarian cancer early

Involving the whole primary care team in awareness of ovarian cancer, symptoms, diagnosis and the referral process can significantly impact early diagnosis and lead to much better outcomes for patients.

The earlier a woman is diagnosed with ovarian cancer, the greater her chance of survival.



of women diagnosed at the earliest stage survive for at least five years.



of women diagnosed at the most advanced stage will survive for five years.

Ovarian cancer symptoms

The first step to early diagnosis of ovarian cancer is knowing the symptoms. All members of the primary care team should be aware of the following:



Persistent abdominal distension (bloating)



Urinary urgency and/or frequency

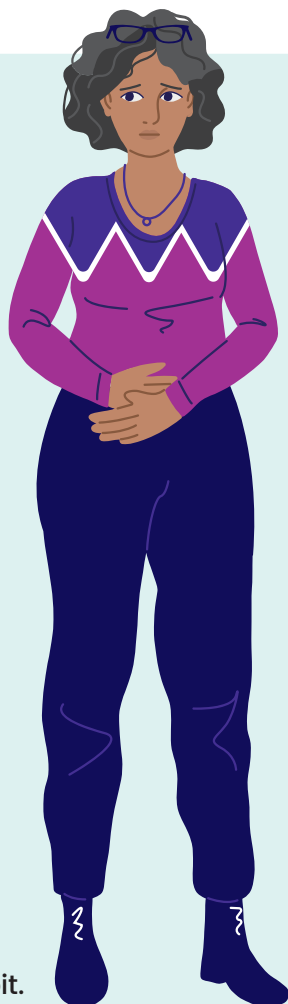


Early satiety and/or loss of appetite



Pelvic or abdominal pain

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



Red Flags

Be aware of the following in women over the age of 50

New diagnosis of IBS in women: NICE states that IBS rarely presents for the first time in the over 50s. Ovarian cancer should be considered.

- ▶ Bowel cancer like symptoms
- ▶ Recurrent UTI and sterile MSU



Download and share our Red Flags for Ovarian Cancer postcard, or download and print the A4 poster.



Reception and administration team

As the first, vital point of contact, you can get the patient to the right healthcare professional fast.

Familiarise yourself with the symptoms of ovarian cancer [see box] and during conversations with patients be alert to them describing red flag symptoms, including bloating or new abdominal symptoms.

Be aware that normal cervical screening results don't rule out ovarian cancer and that an appointment with a GP to discuss new symptoms, particularly in women age 50 or over may be warranted.

You are key to effective safety netting in general practice, work in partnership with colleagues develop robust systems to follow up test results, monitor urgent cancer referrals and make follow-up appointments where necessary.



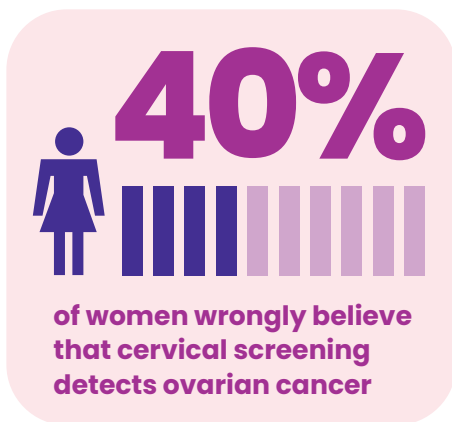
General practice nurses and advance nurse practitioners

As valued members of the primary care team, GPNs and ANPs are ideally placed to both educate women about ovarian cancer and to facilitate diagnosis.

Here's how you can use your everyday contact with women in clinic to spot ovarian cancer faster and earlier.

Because early diagnosis saves lives.

- ▶ Use opportunistic conversations during routine women's health appointments, such as cervical screening, menopause/HRT reviews, and contraception reviews to highlight ovarian cancer symptoms. Offer women an **ovarian cancer symptoms leaflet** for further information.
- ▶ Explain that cervical screening checks only for cervical cancer, not other cancers such as ovarian.



- ▶ Be vigilant for symptoms suggestive of ovarian cancer that patients may dismiss as unimportant, for example: “It’s just another UTI”; “particularly if they present with repeat UTIs and normal MSU.
- ▶ Encourage women to report symptoms to their GP or ANP and suggest keeping an **ovarian cancer symptoms diary**. Advise the patient to make an urgent appointment with the receptionist or offer to make an appointment for them.



Physician Associates

Increasingly, Physician Associates (PAs) are the first clinicians to take a history and organise follow up for patients. An alert PA can pick up the subtle information in a history of bloating, pain or urinary symptoms, and ask more specific questions related to ovarian cancer.

Bloating:

- ▶ Is your bloating there all day?
- ▶ Do you continue to feel bloated and uncomfortable even after you have had a bowel movement?

Persistent bloating that is not alleviated by a bowel movement is more likely to be associated with malignancy including ovarian cancer.

Feeling full:

Patients may talk about indigestion. It is useful to ask what they mean by this. For example, answers linked to “I can’t eat a full meal anymore”; “I struggle to get my food down”.

While these symptoms can be related to other conditions, they are also among the symptoms of ovarian cancer and should be investigated further especially in women age 50 or over.



GPs

Investigating abdominal symptoms

Ovarian cancer often presents with abdominal symptoms, and not typical gynaecological symptoms.

- ▶ Persistent abdominal pain, weight loss, fatigue and/or a change in bowel habit should prompt symptomatic FIT for suspected bowel cancer. Ovarian cancer should also be considered, order a CA125 at the same time.
- ▶ If the CA125 is $>35\text{U/ml}$ refer the patient for abdominal and pelvic ultrasound. Scottish SIGN guidance advises measuring CA125 and ordering urgent pelvic ultrasound concurrently.
- ▶ A physical examination of the abdomen and pelvis is recommended. If ascites or a pelvic mass is present, refer the patient urgently via the two-week wait suspected cancer pathway to gynae-oncology.

Remember - a normal examination does not exclude ovarian cancer; tumours can be small and/or diffuse and easily missed on palpation.

Think:

If you are ordering a FIT, order a CA125 too.

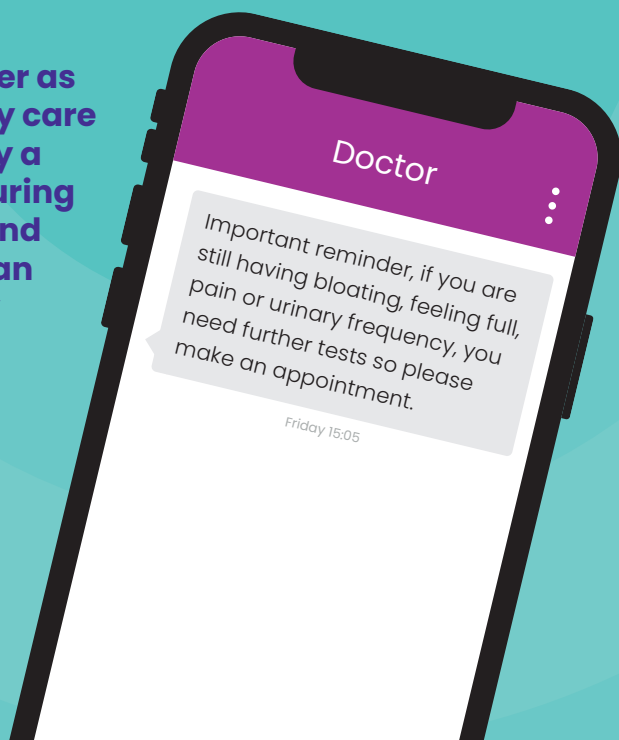
Safety netting

If a woman has a normal CA125 but continues to have symptoms, a second CA125 should be done six weeks later and if rising, a referral for pelvic and abdominal ultrasound arranged. A serial rise in CA125 warrants further investigation.

A reminder text can be sent six weeks after the initial normal CA125, for example: *'Important reminder, if you are still having bloating, feeling full, pain or urinary frequency, you need further tests so please make an appointment.'*

A text can be sent to the woman after a normal MSU result to prompt her to return. For example: *'Your urine test is clear, but if you have ongoing symptoms, please book a review.'*

By working together as a cohesive primary care team, you can play a pivotal role in ensuring earlier detection and diagnosis of ovarian cancer, ultimately improving patient outcomes and saving lives.



About Target Ovarian Cancer

At Target Ovarian Cancer, we target what's important to stop ovarian cancer devastating lives.

We give trusted information, to help people ask questions and make decisions that are right for them. We connect people with shared experiences, and we support families every step of the way.

We stand together as a powerful community for everyone facing ovarian cancer across the UK, sharing stories and raising voices, to make sure that ovarian cancer becomes a health priority.

We know that early diagnosis saves lives, so we work closely with GPs who are at the heart of this, to help them diagnose ovarian cancer faster and earlier – giving everyone the best chance of living.

And our investment in research to find new, better and more targeted treatments means that everyone can live with hope for their future.

We're fighting for a world where everyone with ovarian cancer lives, and we're targeting what's important – symptoms awareness, early diagnosis, better treatments and support for all.



30 Angel Gate, London, EC1V 2PT



TargetOvarianCancer



020 7923 5475



@TargetOvarian



info@targetovariancancer.org.uk



@TargetOvarian



targetovariancancer.org.uk

