



Wessex
Cancer Alliance

Ovarian cancer

Lunch & Learn

21st February 2024

NOTE: This webinar is being recorded and transcribed.
Please could you turn off cameras and mute microphones



Introduction

- Dr Nicola Robinson
 - Wessex Cancer Alliance GP, GP partner
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 - Wessex Cancer Alliance GP, GP partner
- Dr Virginia Quiney
 - Wessex Cancer Alliance GP, locum GP, GP appraiser



What are we covering?



- Overview - facts and figures
- Risk factors
- Genetics
- Symptoms
- CA125
- Safety netting
- Resources



Ovarian cancer

- This is the 5th most common cancer in women and accounts for more deaths than any other gynaecological cancer in the UK
- A women's risk of developing ovarian cancer during her lifetime is about 1 in 50
- Typical GP will see 1 case every 5 yrs
- Median age of onset is in 60. About a quarter of ovarian cancer cases present in women aged 75 or over



Ovarian cancer

- About 60% of ovarian cancers present at a late stage
- Only 35% of women that present with ovarian cancer survive 5 or more years
- Those presenting at stage one, more than 90% survive 5 or more years
- The survival rate decreases to 13% for those who present at stage 4



Risk Factors

- Age
 - 80% of cases are over 50 yrs old
- Ovulation
 - Reduced risk with OCP, 2 or more pregnancies, breastfeeding
- FHx – genetics (15-25%)
- Overweight/obesity (7%)
- Smoking, asbestos exposure, HRT



Genetics 1

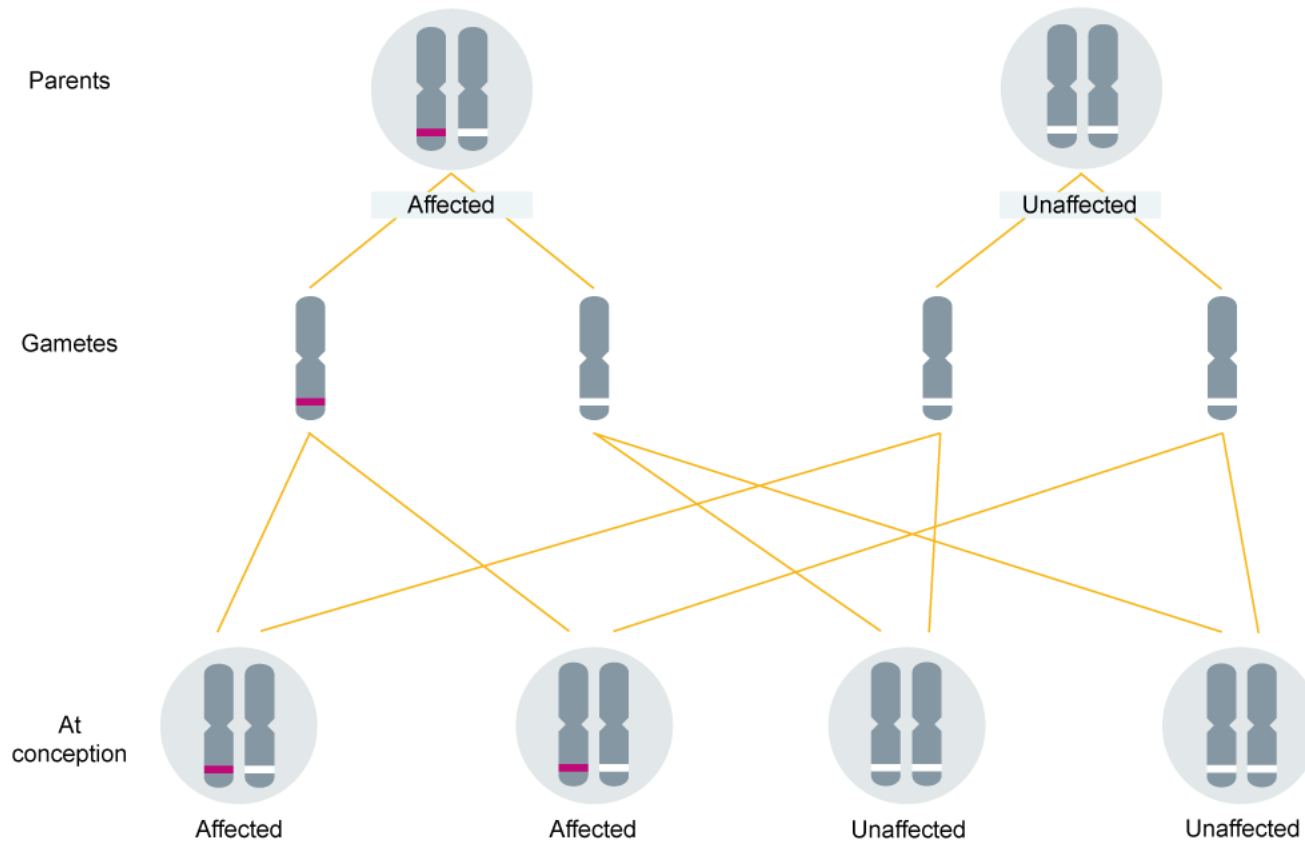
- 15-25% underlying inherited genetic cause (clusters in families, but may not know the gene)
- Lifetime risk with no gene defect 1.6%
- Majority (65-85%) BRCA1 and BRCA2
 - BRCA1 36-53%
 - BRCA2 11-25%
- *RAD51C/RAD51D, PALB2 and BRIP1 (low numbers)*



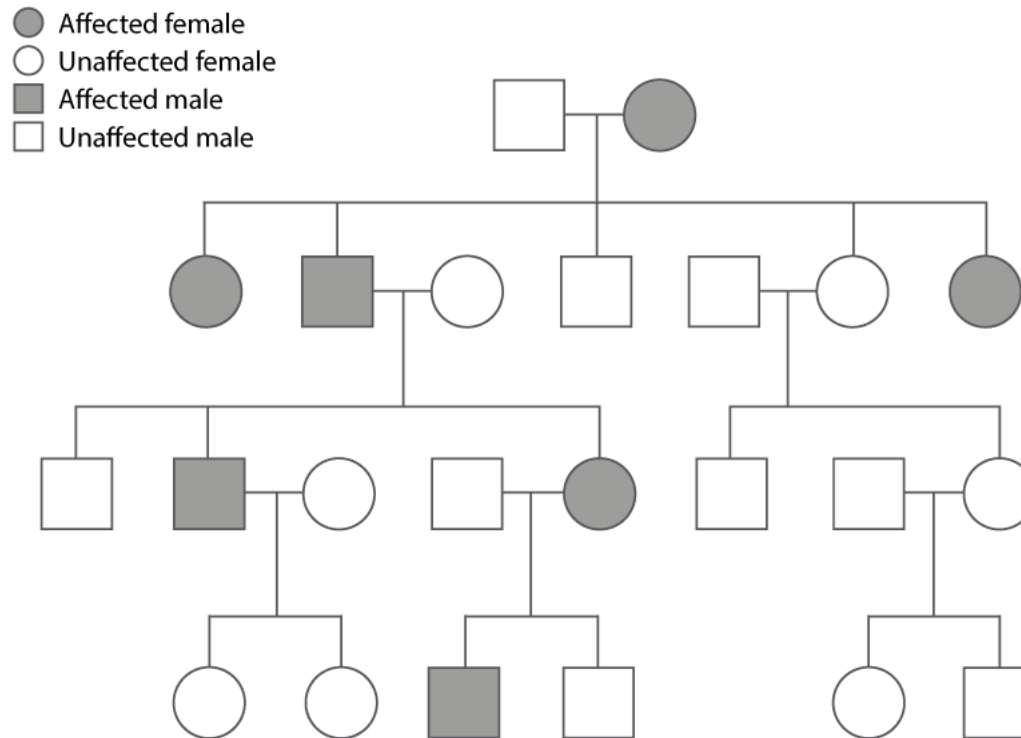
Genetics 2

- 10%–15% MMR genes (endometrioid or clear cell), Lynch Syndrome
- *SMARCA4* gene (small cell) aggressive tumour
- *DICER1* Sertoli-Leydig cancers and gynandroblastomas
- Peutz-jeghers syndrome ovarian sex cord
- Ovarian gonadoblastomas consideration of an underlying sex chromosome disorder
- *FOXL2* somatic events granulosa cell tumours of the ovary

Genetics 3



Genetics 4





Genetics 5

- Ancestry
 - (1:40 Ashkenazi Jewish descent have a BRCA mutation)
- Ask about FH
 - (who, what and how old)

Ovarian, Breast, prostate

Bowel, Endometrial, Ovarian.....



Genetics 6

1. Treatment options
 2. Management of patient's own future cancer risk
 3. Management of family risk
- <https://www.genomicseducation.hee.nhs.uk/taking-and-drawing-a-family-history/>
 - <https://www.genomicseducation.hee.nhs.uk/genotes/knowledge-hub/ovarian-cancer/>



Case – Valerie

- 67 years old. 2m history of bloating, no CIBH, no urinary symptoms, no PMB, no weight loss/anorexia/fatigue
- Bloods done – showed CA125 37– borderline
- Proceeded to USS which showed malignant looking ovary
- Fast track referral done and diagnosis confirmed



Case – Sarah

- 27 years old, initial telephone consult with 3 month history of abdo pain, bloating, dyspareunia and fatigue
- Bloods inc coeliac screen and faecal calprotectin normal, safety netted to contact if symptoms not resolved in 4 weeks
- F2F review 2 months later – symptoms worsening, family history taken revealed mother had breast cancer, large abdominal mass on exam
 - CA125 220
 - USS confirmed ovarian cancer



Ovarian Cancer Symptoms

- Often present with subtle/vague symptoms
- Can take months of non-specific symptoms for diagnosis to come to light
- 85% of women with ovarian cancer reported at least 1 symptom during the year before diagnosis
- Think of it as an abdominal cancer – pressure on other organs can give rise to symptoms



Ovarian Cancer Symptoms

- NICE recommend investigating if the following symptoms are persistent or frequent:
 - persistent abdominal distension (women often refer to this as 'bloating')
 - feeling full (early satiety) and/or loss of appetite
 - pelvic or abdominal pain
 - increased urinary urgency and/or frequency
- Also investigate if unexplained weight loss, fatigue or change in bowel habit.
- Exam findings of ascites or pelvic/abdominal mass
- Test for ovarian cancer in any woman aged 50 or over who has experienced symptoms within the last 12 months that suggest irritable bowel syndrome (IBS), because IBS rarely presents for the first time in women of this age.
- Ovarian cancer should be considered in patients presenting with recurrent UTIs associated with negative repeat MSUs and dip tests, particularly if the patient is age 50 or above.



Ovarian cancer

- Building up a picture
- Ask:
 - Is this new for you?
 - Is it persistent?
 - Is it frequent?



CA-125

- NICE guidance recommends CA125 as a first test for women presenting with suspected symptoms of ovarian cancer
- A CA125 above 35 IU/ml prompts referral for urgent trans-abdominal/trans-vaginal ultrasound, within two weeks. Elevated CA125 and abnormal ultrasound results trigger a fast track referral
- Scottish SIGN guidance recommends concurrent CA125 and urgent trans-abdominal/trans-vaginal ultrasound followed by urgent referral if either test suggests ovarian cancer



CA-125

- About 23% of women with ovarian cancer have a normal CA125
- 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
- CA125 can also be raised in other conditions:
 - Endometriosis, fibroids, pregnancy, menstruation and other cancers inc pancreatic, bowel, lung
- **Do not exclude ovarian cancer solely on the basis of a normal CA125.**



Safety Netting

- 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
 - <https://targetovariancancer.org.uk/sites/default/files/2021-01/Target%20Ovarian%20Cancer%20symptoms%20diary.pdf>
- At follow up appointment if ovarian cancer is still suspected consider a repeat abdominal/trans-vaginal ultrasound or referral or A&G to gynaecology



Resources

- March is ovarian cancer awareness month
 - <https://wessexcanceralliance.nhs.uk/primarycaretoolkit/awareness-campaigns/>
 - Low awareness of ovarian cancer symptoms - 40% of women surveyed wrongly believed that cervical screening detects ovarian cancer
- Target ovarian cancer
 - <https://targetovariancancer.org.uk/health-professionals>
- Gateway C
 - <https://www.gatewayc.org.uk/courses/ovarian-cancer/>
 - <https://www.gatewayc.org.uk/podcast/ovarian-cancer/>

ovarian cancer



Main symptoms of ovarian cancer



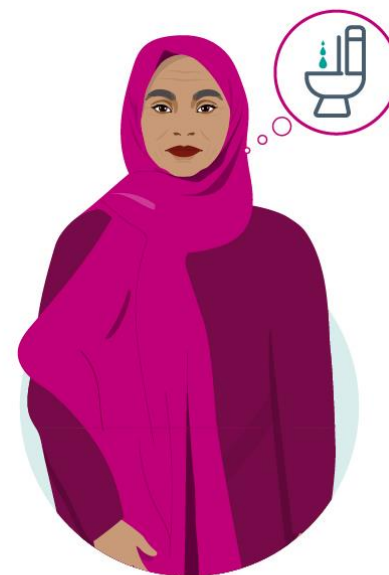
Persistent bloating or a swollen tummy – not bloating that comes and goes



Reduced appetite or feeling full quickly after eating



Pain or tenderness in the tummy or pelvis (the area between the hips)



Urinary symptoms (needing to wee more urgently or more often)

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