

# **OVARIAN CANCER GP REFERRAL FOR SYMPTOMATIC WOMEN**



Ovarian cancer is the main cause of death from gynaecological cancer. Around 370 women are diagnosed each year; 80% are over 50 years of age. Most have advanced disease at presentation. Fewer than one-third have stage I or stage II disease at diagnosis. Survival in Ireland is poor - less than 40% at 5 years.

Data Source: National Cancer Registry Ireland

**Factors that increase risk:** Increasing age - most cases are post-menopausal; Lifestyle (overweight, smoking) is associated with 20%; Genetic mutations account for 10% (e.g. a woman with a first degree relative with ovarian cancer has a 3-4 fold increased risk. The known mutations, BRCA1 and BRCA2, explain less than 40% of the excess risk of familial cancer); Nulliparity; Prolonged HRT use (e.g. for more than 5 years); Unintentional infertility or use of fertility drugs. **Factors that decrease risk:** Interruption of ovulation (e.g. pregnancy, oral contraceptive use, tubal ligation).

> Screening of well women for ovarian cancer does not reduce mortality. It is not recommended. Ovaries are not palpable in post-menopausal women. If they are felt, consider malignancy.

#### Symptoms of ovarian cancer

Ovarian cancer has few specific symptoms.

Consider ovarian cancer in women (especially aged over 50 years), who present with the following persistent and frequent symptoms (i.e. more than 12 times per month):

- Abdominal distension
- Early satiety
- Loss of appetite
- Pelvic or abdominal pain
- Increasing urinary urgency or frequency
- New onset Irritable Bowel Syndrome (IBS)

# Consider ovarian cancer in women who present with **unexplained:**

- Ascites
- DVT
- Change in bowel habit
- Weight loss
- Fatigue

#### CA125

- Should not be ordered if a woman has no symptoms.
- Can be elevated in ovarian and other cancers and in many benign conditions.
- Is not an adequate ovarian cancer detection tool when used alone.
- Is raised in 80% of epithelial ovarian cancer but raised in only 50% of early stage disease.

#### Pelvic Ultrasound (US)

- A pelvic US is required to evaluate an ovarian mass.
- An urgent US is needed where CA125 is elevated in a symptomatic woman.
- Pre-menopausal ovarian cysts are common; almost all are benign.

#### A woman should be referred directly to gynae-oncology:

- If clinical findings reveal a pelvic mass or unexplained ascites (not obviously uterine fibroids)
- If an ultrasound (US) is suspicious for ovarian cancer. Please include details of where the US was carried out and a copy of the report
- If CA125 > 200kU/L
- If CA125 > 35kU/L and continues to rise on retesting but pelvic ultrasound is normal

### Who can refer to gynae-oncology?

You, the GP, when the patient meets the criteria in this guideline.

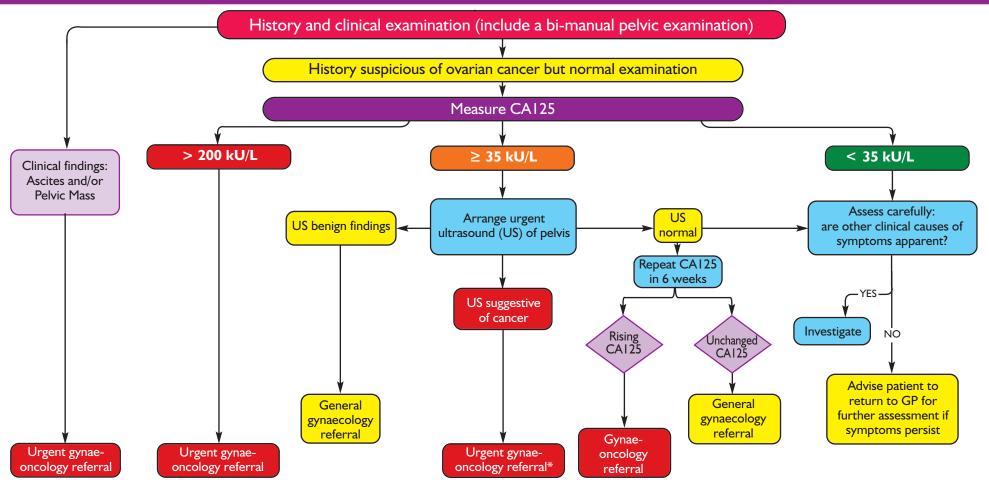
Another hospital-based clinician (e.g. from the Emergency Department or Radiology).

### When is a referral to gynae-oncology not appropriate?

If a patient has benign gynaecological conditions referral should be to the general gynaecology service.

This guideline represents the view of the NCCP, which was arrived at after consideration of evidence. Health professionals are expected to take it fully into account when exercising their clinical judegment. The guidance does not, however, override the individual responsibility of health professionals to make decisions appropriate to each patient. This guideline will reviewed as new evidence emerges.

## **GP REFERRAL PATHWAY FOR SYMPTOMATIC WOMEN**



\* **Note:** In some hospitals radiology may trigger a referral to gynae-oncology, but this should not be assumed. In general, you (the GP), will be asked to inform the patient that she is being referred to this service.

#### **General Recommendations**

This referral guideline is to prioritise women with suspected ovarian cancer. You can make a referral using the ovarian cancer referral form to one of these gynae-oncology centres.

Post-menopausal bleeding (1 year after last period) requires an urgent referral to any general gynaecology clinic in your area.

Women with other gynaecology symptoms should be referred routinely to a general gynaecology clinic in your area.

#### Gynae-oncology centre contact details

Cork University Hospital	[ To be confirmed ]	
Galway University Hospita	I Tel: 091 544529	Fax: 091 542044
University Hospital Limeric	ck Tel: 061 482311	Fax: 061 485305
St Vincent's University Hos	spital Tel: 01 2216594 [Mon/Tues/V Tel: 01 2213055 [Thurs/Fri]	Wed] Fax: 01 221 4318
St James's Hospital Dublin	8 Tel: 01 4162239	Fax: 01 4103364
Mater University Hospital	Tel: 01 803 4448	Fax: 01 805 6282
University Hospital Waterf	ord Tel: 051 842778	Fax: 051 842132