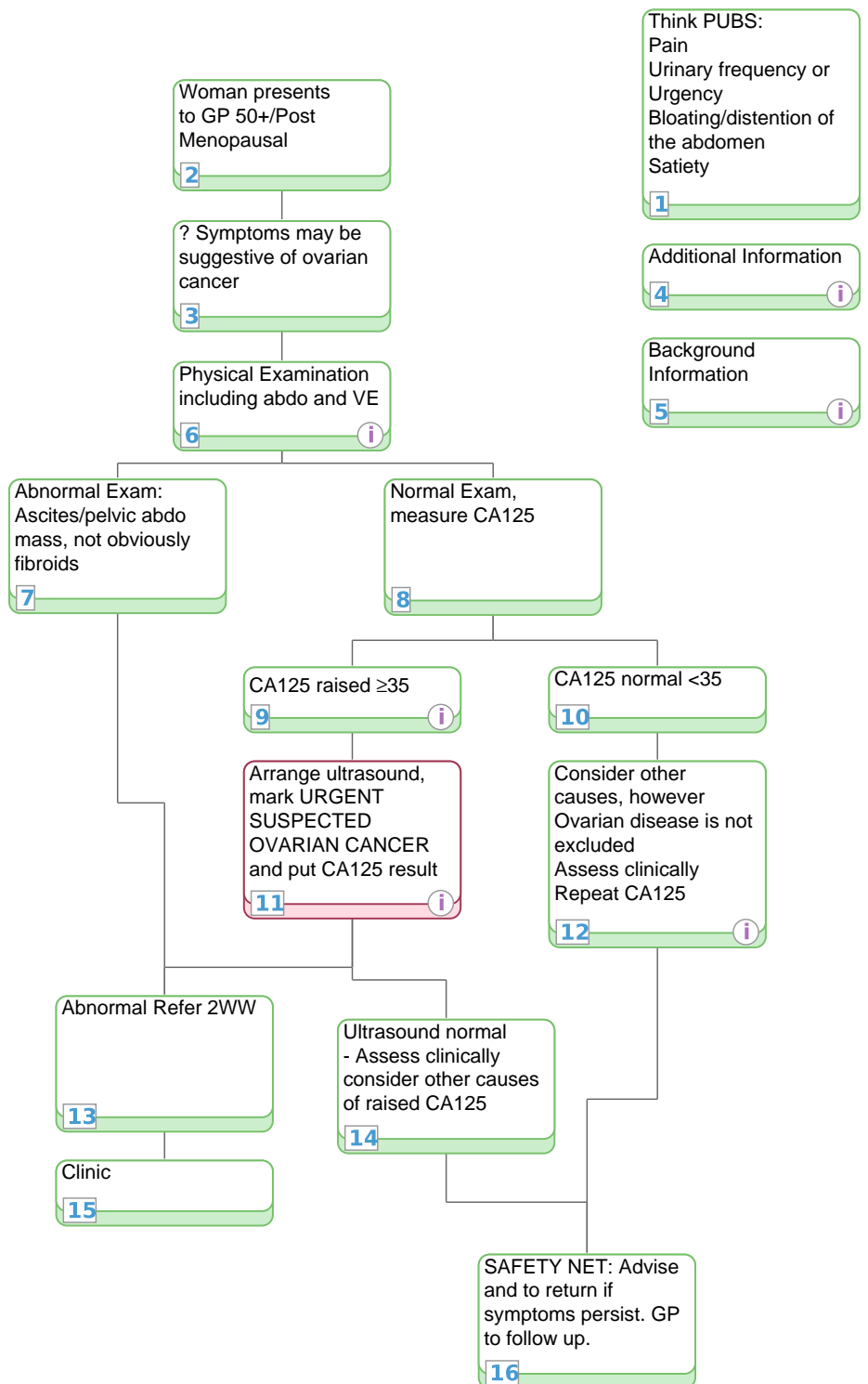


Diagnosis of Ovarian Cancer in Postmenopausal/over 50 yrs Women

Liverpool Testing > Gynaecology > Gynaecology

- i Information
- R Referral
- N National info
- L Local info
- Note
- Primary care
- Secondary care
- Red flag



Think PUBS:
Pain
Urinary frequency or Urgency
Bloating/distention of the abdomen
Satiety

Additional Information

Background Information

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4 Additional Information

Quick info:

Pathway based on NICE 2015

Post Menopausal Women report having any of the following, new symptoms on a persistent basis (particularly more than 12 times per month)

- Persistent abdominal distention (bloating)
- Feeling full (early satiety) and/or loss of appetite
- Pelvic or abdominal pain
- Increase urinary urgency and/or frequency
- New onset IBS symptoms in last 12 months in women over 50
- FH ovarian/bowel/breast cancer

5 Background Information

Quick info:

This pathway has been developed for local use by

- Dr Katy Gardner, GP, Liverpool CCG
- Dr Paul Morris, Macmillan GP, Knowsley CCG
- Sarah Griffiths, Quality Improvement Lead, Cheshire and Mersey Clinical Network

With additional contributions from the Gynaecology Clinical Network Group, Ovarian Cancer Steering Group and the Primary Care Clinical Reference Group.

6 Physical Examination including abdo and VE

Quick info:

Ideally examine now. O

Option: measure Ca125 and bring patient back in one week for exam. Use clinical judgment. Safety net vital.

9 CA125 raised ≥ 35

Quick info:

Ca125 can rise for many reasons. It is more predictive in postmenopausal women/women 50+. . Non ovarian cancer causes of raised Ca 125 include:

- Premenopausal: Endometriosis, menstruation, ovarian cysts, fibroids, pelvic inflammatory disease, pregnancy
- Rarely in both pre and postmenopausal women: Diverticular disease, other cancers, cirrhosis, appendicitis, heart failure, chest infection

Ca 125 is raised in about 50% of women with early stage ovarian cancer and in 90% of women with more advanced ovarian cancer. Overall 20% of women with ovarian cancer will not have raised Ca125.

Ca 125 just above normal: Refer for US abd/pelvis. If normal repeat Ca 125. Suggested interval: 4 weeks. Safety net!

11 Arrange ultrasound, mark URGENT SUSPECTED OVARIAN CANCER and put CA125 result

Quick info:

Fax the form and check it has been received. Alternatively send by ICE if appropriate/accessible.

If you do this, US will be performed within 2 weeks.

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12 Consider other causes, however Ovarian disease is not excluded Assess clinically Repeat CA125

Quick info:

Ca 125 normal but you suspect ovarian cancer: Examine patient. If strong clinical suspicion order US abd/pelvis. Review patient as per your clinical judgment. If vague abdominal symptoms consider Direct to CT pathway.

Ca 125 is raised in about 50% of women with early stage ovarian cancer and in 90% of women with more advanced ovarian cancer. Overall 20% of women with ovarian cancer will not have raised Ca125.

Sources CRUK, Rob Macdonald, Consultant Gynaecologist, NHS choices.

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Key Dates

Published: , by

Valid until:

Evidence summary for Diagnosis of Ovarian Cancer in Postmenopausal/over 50 yrs Women