Primary Care
Women's Health Society

Top tips

Ovarian cancer

Dr. Anne Connolly
GPwER in women's health (retired)
PCWHS non-executive director

This resource has been produced on behalf of the PCWHS. It is for guidance only; healthcare professionals should use their own judgment when applying it to patient care.

For more resources, visit www.pcwhs.co.uk. Date of publication: June 2025. Date of next review: June 2028.

1) Why does ovarian cancer matter?

- Ovarian cancer is common[1]:
  - Sixth commonest cancer in UK women.
  - Approximately 7500 new diagnoses/year (4% of all new cancers).
- Late diagnosis leads to poor outcomes:
  - 70% of diagnoses are stage 3 or 4[2].
  - Overall 10 year survival rate is 35% (2017).

2) What are the symptoms?

- Symptoms can be varied and non-specific[3]:
  - Persistent bloating.
  - Abdominal/pelvic pain.
  - Early satiety and/or loss of appetite.
  - Urinary symptoms (urgency/frequency).
  - New onset symptoms suggestive of irritable bowel syndrome in women aged over 50.
- Have a low threshold for considering ovarian cancer if these symptoms are persistent/recurrent or start over the age of 50; but remember that 1/6 cases of ovarian cancer are diagnosed under the age of 50.
- **Red flag – beware of diagnosing irritable bowel syndrome for the first time over the age of 50; you might miss other pathology, including ovarian cancer[4].**

3) Not everyone with ovarian cancer will have the classic symptoms.

- Less common symptoms include:
  - Unexplained weight loss.
  - Change in bowel habit.
  - Unexplained fatigue.
  - Post-menopausal bleeding.
- **Red Flag - post-menopausal bleeding may be a presentation of ovarian, endometrial or cervical cancer[5]. Women must be examined and investigated according to the local cancer referral pathway.**

For more resources, visit www.pcwhs.co.uk. Date of publication: June 2025. Date of next review: June 2028.

4) Don't forget family history.

- Family history is a strong risk factor – relative risk x2-4 if there is a first-degree relative with ovarian cancer.
- All women with a first- or second-degree relative with ovarian cancer should be referred to a genetics clinic[6].
- The BRCA gene increases the risk of ovarian and other cancers:

	Breast (♀)	Breast (♂)	Ovary	Prostate	Pancreas (♀)	Pancreas (♂)
Background	11.5%	< 0.1%	1.5%	12.5%	1%	1%
BRCA 1	72%	0.4%	44%	No change	No change	No change
BRCA 2	69%	4%	17%	27%	2%	3%

- Lynch syndrome increases the risk of cancers of the ovary, GI tract, skin, brain, kidney and bladder.
- Those who live in England and have ≥1 Jewish grandparent are entitled to free BRCA testing – see resources for more information. The BRCA mutation is much more common in the Jewish population than the background rate.

5) When should we refer for suspected ovarian cancer?

- NICE[3]:
    - Suspected cancer referral for ascites or a pelvic/abdominal mass which isn't obviously fibroids.
    - Investigate in primary care (adult of any age but especially >50) for:
        - Persistent abdominal distension/bloating.
        - Early satiety/loss of appetite.
        - Pelvic/abdominal pain.
        - Increased urinary urgency/frequency.
        - Symptoms suggestive of new diagnosis IBS ≥50.
        - Consider investigating for weight loss, fatigue, altered bowel habit.
    - Primary care investigations = Ca125 and USS if Ca125 ≥ 35 IU/ml.
- Remember the other causes of a raised Ca125[8,9,10,11,12] and continue to look for other causes of her symptoms if Ca125 and an ultrasound are normal.

Category	Cause of raised Ca125
Physiological	Menstruation, first trimester of pregnancy, postpartum
Malignancy	Ovary, endometrium, cervix, pancreas, lung, bowel.
Other gynaecological pathology	Endometriosis, fibroids, salpingitis.
Hepatic/GI pathology	Cirrhosis, ascites, pancreatitis
Autoimmune conditions	SLE

For more resources, visit www.pcwhs.co.uk. Date of publication: June 2025. Date of next review: June 2028.

For further information, or to leave any feedback, please contact admin@pcwhs.co.uk

6) Should we screen for ovarian cancer?

- Population - UK Collaborative Trial of Ovarian Cancer Screening (UKTOCS)[12]:
  - Looked at Ca125 vs annual USS.
  - Neither significantly reduced ovarian cancer mortality.
  - Therefore no UK population screening currently[13].
- Those at higher risk – genetics clinic may offer:
  - Prophylactic surgery.
  - Combined hormonal contraception to reduce risk.
  - Surveillance with four-monthly Ca125 and annual discussion of risk-reducing surgery. This is largely for those who are offered, but decline, risk-reducing surgery[14].

7) What is the GP's role after a diagnosis of ovarian cancer?

- Holistic support – this may be with symptoms related to the cancer or its management, the psychological sequelae of cancer, or signposting for practical help such as with finances.
- Managing the menopause:
  - Surgery for ovarian cancer will usually involve a total abdominal hysterectomy, bilateral salpingo-oophorectomy and omentectomy.
  - This will cause acute menopausal symptoms in pre-menopausal women, requiring support and help with symptom control.
  - Non-hormonal options include:
    - SSRIs, clonidine and gabapentin.
    - Vaginal lubricants.
  - See the PCWHS top tips on the menopause after gynaecological cancer for advice on HRT for this cohort of women.

Resources for patients:

- Target Ovarian Cancer:
  - Nurse support line.
  - Online support community.
- Ovarian Cancer Action:
  - Hereditary cancer risk prediction tool
- Cancer research UK:
  - Ovarian cancer.
  - Information on current trials looking at genetics of ovarian cancer.
- Eve Appeal:
  - Ovarian cancer.
  - Inherited cancer risks.
- Macmillan Cancer Support:
  - Ovarian cancer.
  - Money, finance and insurance.

For more resources, visit www.pcwhs.co.uk. Date of publication: June 2025. Date of next review: June 2028.
 The PCWHS aims to educate primary care clinicians about women's health, i.e. the health of those who were registered female at birth. Our resources therefore all use the words woman/women and the pronouns she/her. Where patients have a gender identity which is different from their sex registered at birth, communication should be sensitive and respectful of the patient's pronouns.
For further information, or to leave any feedback, please contact admin@pcwhs.co.uk

Resources for clinicians

- PCWHS. The menopause after gynaecological cancer, or in women at increased genetic risk of cancer – what do GPs need to know? May 2025.
- BMS and BGCS. Management of menopausal symptoms following treatment of gynaecological cancer. August 2024.
- NICE. NG241. Ovarian cancer: identifying and managing familial and genetic risk. March 2024.
- NICE. NG12. Suspected cancer: recognition and referral. May 2025.

References

1) CRUK. Ovarian cancer statistics.
2) Chien J, Poole EM. Ovarian Cancer Prevention, Screening, and Early Detection: Report From the 11th Biennial Ovarian Cancer Research Symposium. Int J Gynecol Cancer. 2017 Nov;27(9S Suppl 5):S20-S22.
3) NICE. NG12. Suspected cancer: recognition and referral. May 2025.
4) Farmer AD, Wood E, Ruffle JK. An approach to the care of patients with irritable bowel syndrome. CMAJ. 2020 Mar 16;192(11):E275-E282.
5) Bengtsen MB, Veres K, Nørgaard M. First-time postmenopausal bleeding as a clinical marker of long-term cancer risk: A Danish Nationwide Cohort Study. Br J Cancer. 2020 Feb;122(3):445-451.
6) NICE. NG241. Ovarian cancer: identifying and managing familial and genetic risk. March 2024.
7) Guy's and St. Thomas' NHS Foundation Trust. Lynch syndrome genetic and predictive testing. March 2023.
8) North Bristol NHS Trust. Guidelines for Ca125 requesting.
9) Gandhi T, Zubair M, Bhatt H. Cancer Antigen 125. [Updated 2024 May 2]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-.
10) CRUK. An existing blood test for ovarian cancer has been re-evaluated. The results are in. Oct 2020.
11) Zhong Y, Liu Z, Ma J et al. Tumour-associated antigens in systemic lupus erythematosus: association with clinical manifestations and serological indicators. Rheumatology (Oxford). 2024 Jan 4;63(1):235-241
12) Bergamaschi S, Morato E, Bazzo M et al. Tumor markers are elevated in patients with rheumatoid arthritis and do not indicate presence of cancer. Int J Rheum Dis. 2012 Apr;15(2):179-82.
13) UKNSC. Ovarian cancer. 2017.
14) NICE. NG241. Ovarian cancer: identifying and managing familial and genetic risk – visual summary. March 2024.

For more resources, visit www.pcwhs.co.uk. Date of publication: June 2025. Date of next review: June 2028.