

# GYNAECOLOGY & OBSTETRICS UPDATE

Issue 14

April, 2001

Author

**T.M.Malak**

MB, BCh., M.Sc.,  
Ph.D., DFFP,  
FRCOG

Consultant  
Obstetrician &  
Gynaecologist  
(Urogynaecologist)

Eastbourne  
District General  
Hospital

Address

Esperance House  
Esperance Hospital  
Hartington Place  
BN21 3BG

Tel: 01323 410717/  
410929

Fax: 01323 730313

e-mail: R1TMM @  
Yahoo.com

## Screening for Ovarian Cancer

**O**varian Cancer is the 4th most common cause of cancer deaths in women in UK, causing 4,500 deaths each year. Its incidence is 1-4/10,000, with lifetime risk of 1 in 70 (a GP may see 1 case/5 years).

**Screening: Why it is needed?, What are the available methods? How accurate are they?**

- \* In general, 25% of women survive 5 or more years after diagnosis of ovarian cancer,. However survival rate with early stages is significantly higher than that with advanced disease. Unfortunately, 75% of ovarian cancer cases are diagnosed with advanced disease because symptoms are rarely evident in early stages. The goal of screening is detecting early disease (stage I).
  - \* Screening methods include Annual CA125 serum tumour marker (Detection rate: 80% and only 50% of cases in stage I) and pelvic ultrasound to detect volume of the ovaries (Detection rate: 100% and 75% of cases in stage I).
  - \* Although 90% of cases have a palpable pelvic mass; pelvic exam is not accurate for screening
- Screening for Asymptomatic General Population** No evidence that it can reduce mortality.

**Risk Factors and Screening for High Risk Population**

- \* The most significant risk factor is a positive family history: A woman who has one affected 1st degree relative the lifetime ovarian cancer risk is 3-5%. For those with 2 or more affected 1st degree relatives the lifetime risk is 14%. There is no evidence to support actively seeking these women out in the community, as benefit cannot be guaranteed. If a woman with this history presents requesting screening, she should be referred to Gynaecologist or to the UKCCCR Familial Ovarian Cancer Study (see criteria of referral).
- \* Women with 2 or more affected 1st degree relatives also have 3% risk of having a hereditary ovarian cancer syndrome (familial ovarian cancer only or with other cancers: breast, colorectal, endometrial) with lifetime ovarian cancer risk of 40%. These patients should be positively identified from the family history. There is no data demonstrating that screening these women reduces their mortality from ovarian cancer. Nonetheless referral to UKCCCR or a gynaecologist for annual CA125 and pelvic scan are recommended. When childbearing is completed, or by age 35, prophylactic oophorectomy may reduce this significant risk. This does not preclude a small risk of peritoneal carcinomatosis which is clinically similar to advanced ovarian cancer.
- \* In women over 45 years with persistent abdominal pain or distension, ovarian cancer should be considered and a pelvic examination performed followed by pelvic scan if indicated.
- \* UKCCCR study criteria (Box 238, Addenbrookes' Hospital, Hills Rd, Cambridge, CB2 2QQ): The individual must be over the age of 25 and a first-degree relative of an affected member of a high-risk family in which all the affected members should be connected by first degree relationships and defined by one of the following criteria :  
1. Two or more individuals with ovarian cancer. 2. One individual with ovarian cancer and one with breast cancer diagnosed before the age of 50. 3. One individual with ovarian cancer and two with breast cancer diagnosed before the age of 60. 4. Three individuals with colorectal cancer with at least one diagnosed below the age of 50 years, and one case of ovarian cancer. Or 5. An affected individual with a mutation of one of the genes known to predispose to ovarian cancer.

**References:** The NHS Cancer Plan, 2000 — Improving Outcomes in Gynaecological Cancers, NHS, 1999 — HTA (Health Technology Assessment), NHS, 1998 — NIH Consensus Statement, 1994

**Happy Easter**

