



Ovarian Cancer Canada  
Cancer de l'ovaire Canada

# Ovarian Cancer – What a Family Physician Needs to Know

*From Case Finding to  
Managing Care*

In collaboration with, UBC CPD,  
BC Cancer Agency and  
McMaster University

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## Faculty Disclosure

The Faculty members have no competing interests to declare.

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## Learning Objectives

Following this event, participants will be able to:

- Inquire about family history, symptoms and examine for signs that may make you think of ovarian cancer in your differential diagnosis
- Identify and understand diagnostic tests that will impact the diagnosis and management of ovarian cancer.

## Learning Objectives

Following this event, participants will be able to:

- Identify when to refer the patient to a specialist and how to write a referral to reduce the wait times for the patient.
- Understand and describe the role of Family Physicians, Nurses and Gynecological Oncologists in the diagnosis of a patient who may be suspected of having ovarian cancer.

## Case 1

- 50 yr old G2T2 with known hypertension and high cholesterol presents with a two month history of vague abdominal complaints: flatulence, early satiety. Her exam is unremarkable.
- She returns two months later with the same complaints. Now she has left lower quadrant discomfort. Repeat exam normal. Referral for colonoscopy and shows diverticular disease.

## Case 1

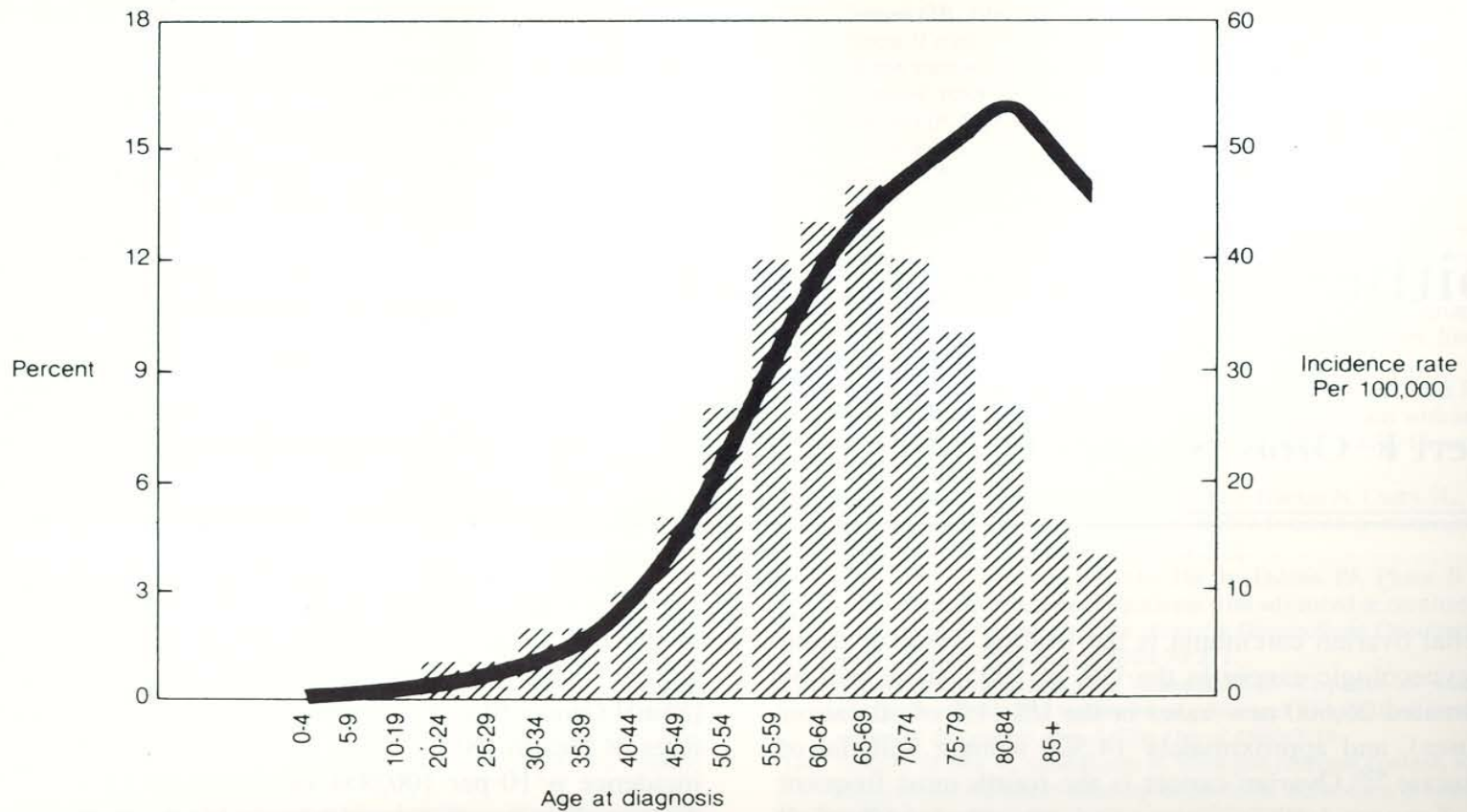
- She comes back in four months with bloating and indigestion. You start her on Ranitidine 150mg bid PO and an U/S is ordered.
- U/S shows ascites. No liver lesions. Spleen and kidneys normal. Uterus normal size with normal endometrial thickness. Ovarian mass (next slide)

## Investigations

- Pelvic or transvaginal U/S



“Dianne’s rule” 50/50 at age 50 –  
50% chance an adnexal mass at age 50 represents a malignancy



**FIG. 32-1.** Incidence rates by age for ovarian cancer. (From Yancik R, Ries LG, Yates JW. Ovarian cancer in the elderly: an analysis of surveillance. *Am J Obstet Gynecol* 1986;154:639, with permission.)

## Case 1: Work-up

- What do you do next?

## Case 1: Work-up

- CXR
- CA125, C19-9, CEA, CA15-3
- Transvaginal U/S and/or abdominal ultrasound

## Symptoms

- Recurrent, unresolved or unexplained symptoms should not exclude ovarian cancer as an etiology

Klee, MG. Mayo Clin Proc 2004;79(10):1277-1282

## Symptoms

- GI:
  - Abdominal discomfort, bloating, gas
  - Nausea, indigestion, loss of appetite, early satiety
  - Weight loss
  - Change in bowel habits (constipation, obstipation)
- Gyn:
  - Pelvic pain
  - Abnormal vaginal bleeding
- GU:
  - Frequent urination

## Signs

- What aspects of the physical exam would be helpful?

- Chest
  - Effusion
- Abdominal exam
  - Ascites
  - LUQ mass (omentum)
- Pelvic exam
  - Irregular Mass
  - Cul de sac nodularity

**Chest X-Ray with Pleural Effusion on the Left**



## Referral to BCCA

\*\*\* No need to refer through a general gynecologist if you suspect cancer.....can refer directly to gynecologic oncology!

## Referral to BCCA

- Phone: 604 877 6000 x2353
- Fax: 604 877 6179
  - Include:
    - Demographics
      - Patient name, age, DOB, address, phone
      - Physician name, address, phone, FAX
    - Patient's Problem
      - Note indicating the issue
      - Copy of X-ray results and labs
      - Refer to Gyn Onc or a specific doctor

# Referral to BCCA



## PATIENT REFERRAL FORM

BC Cancer Agency

Referral  Re-Referral (Patient previously seen at BCCA) Date of Referral \_\_\_\_\_

*In order to process this referral/re-referral, a completed form with essential documentation should be directed to the Cancer Centre or Clinic\**

**For Urgent Referrals, please directly contact an Oncologist at your Regional Cancer Centre. If oncologist contacted, please provide name**

Abbotsford Centre (604) 851-4710 Centre for Southern Interior (250) 712-3900 Fraser Valley Centre (604) 930-2098  
 Vancouver Centre (604) 877-6098 Vancouver Island Centre (250) 519-5500

HAS PATIENT BEEN INFORMED OF CANCER DIAGNOSIS?  YES  NO

### CLINICAL/PATHOLOGICAL DIAGNOSIS \_\_\_\_\_

Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		D.O.B.		
<small>Last Name</small>		<small>First Name</small>		<small>Initial</small>		<small>Day</small> / <small>Month</small> / <small>Year</small>
Address						
<small>Street</small>		<small>City</small>		<small>Province</small>		<small>Postal Code</small>
Home Phone		Work Phone		Contact/Message Phone		
PHN #		Self Pay		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Referring Physician		Phone #		Billing #		
Family Physician		Phone #		Billing #		
Consultant		Phone #		Billing #		

### PROCEDURES/IMAGING RELATIVE TO CONDITION & PENDING PROCEDURES/TESTS

Operations/Procedures/Imaging	Hospital/Office	Date

### SPECIAL PATIENT NEEDS/TREATMENT

<input type="checkbox"/> Needs accommodation: (CSI/VC/VIC only)	<input type="checkbox"/> Needs interpreter/dialect	<input type="checkbox"/> Patient & Family Counseling referral
Other special needs (include sight, hearing/physical impairments, oxygen, infection control such as MRSA, latex allergy)		
<input type="checkbox"/> Hospital bed required (physician must contact BCCA oncologist)	<input type="checkbox"/> Patient currently in facility (Name _____)	

**\* ESSENTIAL REFERRAL INFORMATION:** Please fax your referral letter, pathology reports, radiology reports, patient history, related consultations, and procedure reports to the appropriate Cancer Centre (fax number below). Please send additional documents as per the essential information list referred to at the BCCA website [www.bccancer.bc.ca/HPI/CancerManagementGuidelines/ReferralInformation/default.htm](http://www.bccancer.bc.ca/HPI/CancerManagementGuidelines/ReferralInformation/default.htm)  
 Forms are available at the BCCA website <http://www.bccancer.bc.ca/HPI/ReferaPatient.htm>

### Please choose Centre or Clinic:

- Abbotsford Centre Phone: (604) 851-4732 or (604) 851-4737 Fax: (604) 675-7204
- Centre for the Southern Interior Phone: (250) 712-3969 or 712-3970 Fax: (250) 979-4001
- Fraser Valley Centre Phone: (604) 930-4004 or (604) 930-4016 or (604) 587-4301 Fax: (604) 675-7222
- Kamloops Clinic (250) 314-2734 Fax: (250) 979-4002
- Nanaimo Clinic (250) 716-7706 Fax: (250) 755-7676
- Pentiction Clinic (250) 492-9032 Fax: (250) 492-9036
- Vancouver Centre Phone: (604) 877-6098 Fax: (604) 708-2005
- Vancouver Island Centre Phone: (250) 519-5585 or 519-5586 or 519-5587 Fax: (250) 519-2001
- Vernon Clinic (250) 558-1235 Fax: (250) 558-4113

**Confidential Fax Warning:** Documents accompanying this transmission contain confidential information intended for a specific individual and purpose. This information is private and protected by law. If you are not the intended recipient and have received this communication, please notify sender by phone. Number of pages faxed \_\_\_\_\_  
(revised June 25 08)

## Referral to BCCA

- Gynecologic Oncology directly
  - Pelvic mass with ascites or omental cake or elevated CA125 or family history of ovarian or breast cancer
  - Bowel obstruction in addition to these findings
  - Complex cystic-solid pelvic mass especially in a post-menopausal woman
  - Lymphadenopathy
  - Liver metastasis
- Gynecologist
  - Simple unilocular cyst

## Treatment for ovarian cancer

- Most patients will undergo 6 cycles of outpatient intravenous and/or intraperitoneal chemotherapy
- Most common agents used:
  - carboplatin and paclitaxel
- ~3-5 hours to administer

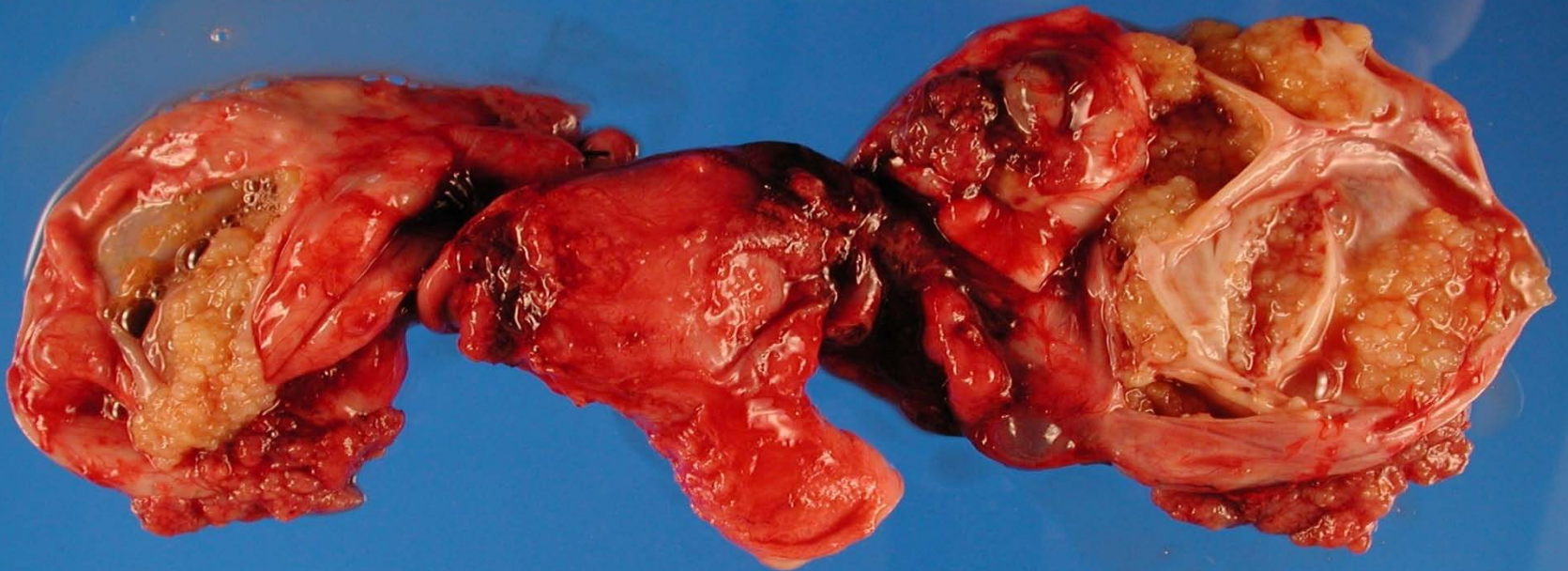
## Treatment for ovarian cancer

- First few days post Rx: fatigue, nausea, bony aches
- Nausea WELL managed with current medication options
- 7-12 days post Rx: nadirs, hence susceptible to infection, anemia
- Loss of hair after 1<sup>st</sup> or 2<sup>nd</sup> cycle
- Tingling/paresthesias in stocking-glove distribution can be longstanding

# Ovarian cancer



# Ovarian cancer



V507-29630

VANCOUVER GENERAL HOSPITAL  
A Site of Vancouver Hospital & Health Sciences Centre  
Department of Pathology

## Treatment for ovarian cancer

- Continuing involvement from their primary care MD's needed and greatly appreciated!

## Living with ovarian cancer

- Can be curable disease!
- Patients will have a period of **NORMAL** functioning in the majority of cases

## Survival and ovarian cancer

- Stage III/IV: 15-20% 5 year survival
- Most recurrences within the first 2 years

## If patients recur?

- No longer “curative” = chronic disease
- Bowel obstructive symptoms and sequelae are the most common challenges

## End of life care

- Palliative care
  - Community caregivers
  - BCCA specialists
  - BCCA Website - Coping with Cancer page

[www.bccancer.bc.ca/PPI/copingwithcancer/palliative/default.htm](http://www.bccancer.bc.ca/PPI/copingwithcancer/palliative/default.htm)

## Case 2

- A 30 year old woman who has a mother with breast cancer, an aunt with colon cancer and is otherwise asymptomatic

## General Risk of Acquiring Ovarian Cancer – Asymptomatic Patient

History, specifically family history

- General pop lifetime risk: 1.6%
- If only one first-degree relative is affected by ovarian cancer: 5%
- BRCA I: 40-63% by age 70
- BRCA II: 20-27% risk by age 75
- HNPCC: 10-12% lifetime risk

## General risk - asymptomatic patient

- Action:
  - Refer to familial cancer counseling service at BCCA
  - There is no screening test that lowers the risk of dying of ovarian cancer
  - We recommend to NOT prescribe CA125 and/or ultrasound in the absence of specific symptoms suggesting presence of disease

## When does a patient require action regarding ovarian cancer risk?

- BCCA Hereditary Cancer program-when to refer, who, how.....
- Link:  
<http://www.bccancer.bc.ca/HPI/CancerManagementGuidelines/HereditaryCancerProgram/referralinformation/default.htm>

## General risk - asymptomatic patient

- Action con't:
  - Consider risk reducing interventions:
    - Tubal ligation or
    - OCP or
    - BSO
  - Maintain high index of suspicion with new symptoms

## Specific risk – symptomatic patient

- Detailed history and family history
- Pelvic examination and general physical

## Specific risk – symptomatic patient

- Action:
  - Pelvic/transvaginal ultrasound look for:
    - Simple vs. complex pelvic mass, ascites, peritoneal studding, omental cake
  - CA 125, CA 15-3, CA 19-9, CEA
  - CXR
  - We recommend to NOT do CT scans before referral

## Management Of Women in the General Population

- There is NO DATA to support routine screening of patients for ovarian cancer!!!

## Management Of Women At Increased Risk For Ovarian Cancer

- Annual abdominal and pelvic examination
- Risk reduction with oral contraceptive pill
- Risk reducing BSO at completion of childbearing

## Considerations for family members of your patient with a familial syndrome

- Both HNPCC and BRCA mutations are inherited in an autosomal dominant fashion
- This means a child who has a parent with a mutation has a 50% chance of inheriting that mutation. A brother, sister, or parent of a person who has a mutation also has a 50% chance of having the same mutation.

## Considerations for family members of your patient with a familial syndrome

- **HNPPCC/Lynch II**: 20-60% lifetime risk endometrial cancer, 60-80% lifetime risk colorectal cancer, increased ovary (11%), gastric (11-19%) GU (4%), biliary tract (3-7%)
- **BRCA1 and 2**: 60-80% lifetime risk breast cancer, increased risk male breast cancer, prostate, pancreatic ca etc

Thank You

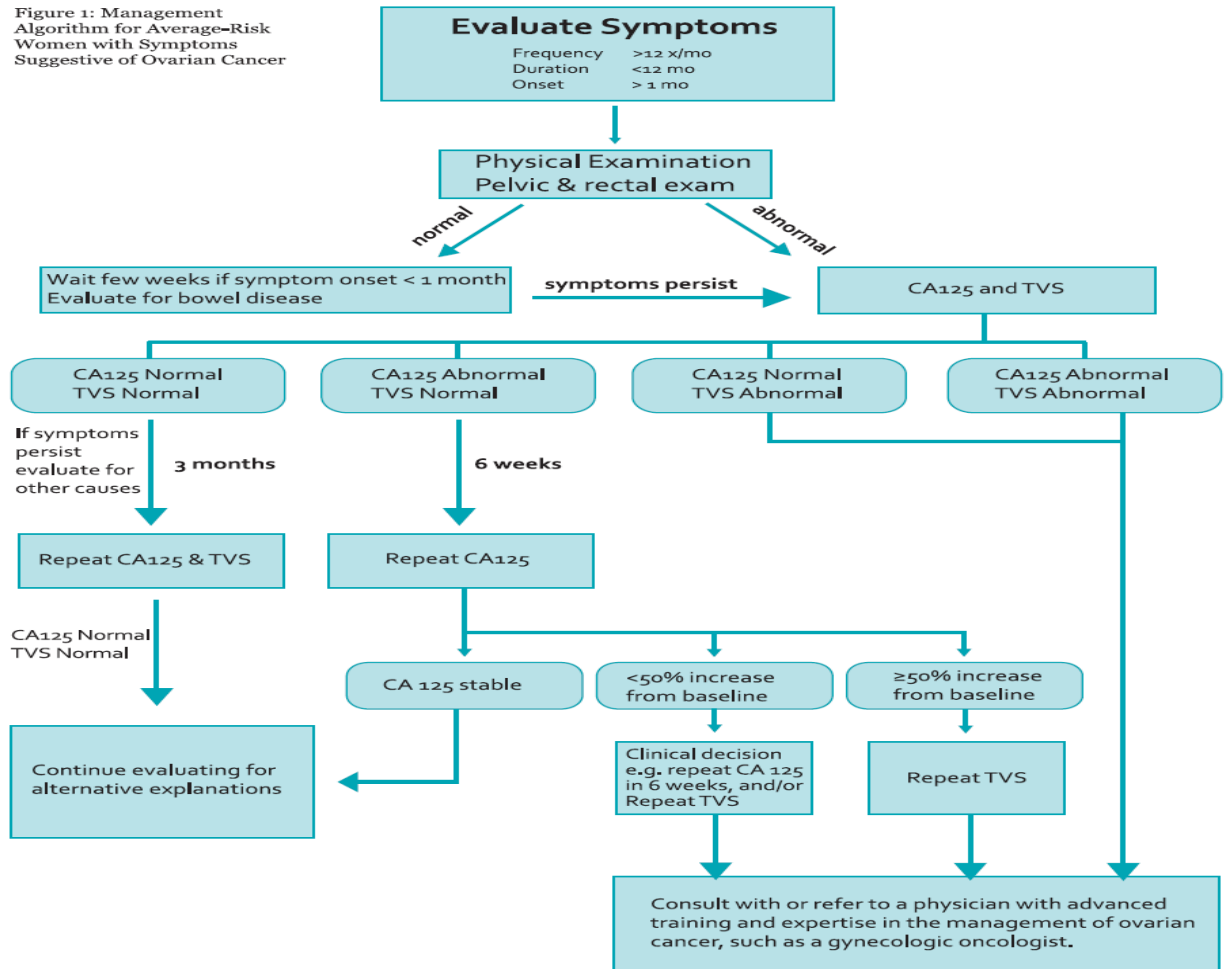


Ovarian Cancer Canada  
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101 – 145 Front Street East  
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Tel: 416-962-2700  
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# Management Algorithm

Figure 1: Management Algorithm for Average-Risk Women with Symptoms Suggestive of Ovarian Cancer



# Ovarian Cancer Symptom Diary



## The Ovarian Cancer Symptom Diary (based on Professor B Goff's Symptom Index)

Helping doctors help women who may have ovarian cancer

Ovarian cancer action are working to help GPs consider ovarian cancer as part of their differential diagnosis where appropriate. The diary sheets you can access here (on the 2nd page of this PDF file) are based on Barbara Goff's research (see below). We hope the diaries may help to improve conversion rates (false positives) of ovarian cancer referrals and help GPs to adopt a best practice approach to monitoring women presenting with the symptoms found to be linked with ovarian cancer, in particular **where a woman experiences any of the symptoms more than 12 times during a 4 week period:**

1. Bloating/increase in abdominal size
2. Pelvic/Abdominal Pain
3. Difficulty Eating/Feeling full quickly
4. Frequent or urgent urination\*

*\*Although it is acknowledged that this is a classic urinary infection symptom Goff says "persistent urinary trouble despite treatment is a particular cause for concern".*

Please note where a high index of suspicion exists you should continue to follow your Trust's guidelines on gynae cancer referrals and/or the 2 Week Wait suspected cancer referrals as per NICE guidelines.

In other cases the diary sheets may help you ascertain the frequency and persistency of the patient's symptoms. **Where a woman experiences any of the symptoms more than 12 times during a 4 week period**, research concludes that you should consider ovarian cancer as part of your differential diagnosis. On the basis of the diary results you should then decide whether to refer under the 2 Week Wait or another care pathway. Appropriate follow up care would include CA125 and referral for transvaginal ultrasound.

**Goff Details:-**

Goff B, A, Mandel L S, Drescher CW, Urban N, Gough S, Schuman KM, Patena J, Mahony BS, Robyn Andersen M. Development of an Ovarian Cancer Symptom Index: Possibilities for Earlier Detection CANCER, 2007 Jan 15;109(2):221-7 PMID:17154394

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Tel: 020 6200 7600 www.ovarian.org.uk Registered charity no. 1109743



## the symptom diary

Please tick a box each day you experience symptoms

	WEEK ONE	WEEK TWO	WEEK THREE	WEEK FOUR	RATE SYMPTOMS:
<b>Pelvic Pain</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	How would you rate your symptoms? (1 is mild and 10 severe) Rate <input type="text"/>
<b>Abdominal Pain</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	How would you rate your symptoms? (1 is mild and 10 severe) Rate <input type="text"/>
<b>Urinary Frequency / Urgency</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	How would you rate your symptoms? (1 is mild and 10 severe) Rate <input type="text"/>
<b>Increased Abdomen Size / Bloating</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	How would you rate your symptoms? (1 is mild and 10 severe) Rate <input type="text"/>
<b>Difficulty Eating / Feeling Full</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	How would you rate your symptoms? (1 is mild and 10 severe) Rate <input type="text"/>

**Comments:**

List other symptoms such as changes in bowel habits e.g. constipation or bleeding between periods or anything else that is different from usual for you.

Have your symptoms stopped you from doing anything else that is normal for you? If yes please explain.