

General Commissioning Policy

Treatment	Investigation of Possible Ovarian Cancer
For the treatment of	Investigation of Possible Ovarian Cancer
Background	<p>NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This commissioning policy is needed in order to clarify the criteria for referral for investigation of possible ovarian cancer.</p>
Commissioning position	<p>Definition</p> <p>Ovarian cancer should be considered in any woman (especially over 50) who has the following symptoms persistently and frequently (more than 12 times a month):</p> <ul style="list-style-type: none"> • Abdominal distension (bloating) • Feeling full (early satiety) and / or loss of appetite • Pelvic or abdominal pain • Increased urinary urgency and/or frequency • New symptoms of IBS <p>Also consider in women with:</p> <ul style="list-style-type: none"> • Unexplained weight loss • Fatigue • Change in bowel habit <p>Exclude Red Flag Symptoms</p> <ul style="list-style-type: none"> • Ascites or pelvic/abdominal mass (not obviously fibroids) on examination – refer 2WW • USS suggestion of ovarian cancer – refer 2WW <p>General points</p> <p>Family history of ovarian cancer</p> <ul style="list-style-type: none"> • Ask about family history breast cancer. Hereditary risks of Ovarian cancer • Macmillan OPERA Self assessment risk of Breast/Ovarian Cancer

Responsible GP – Dr Omnia Hefni	Approved: February 2017
Responsible Consultant – Ms Louise Hayes	Date published: February 2017
Responsible Pharmacist – Ms Rachel Ainger	NHS Scarborough & Ryedale Clinical Commissioning Group

Management	<ul style="list-style-type: none"> • Measure serum CA125 and wait for results before ordering ultrasound • If CA125 > 35IU/ml – arrange urgent USS of abdomen and pelvis • If CA125 <35IU/ml – consider other causes of symptoms and investigations. Patient to return if symptoms not settling. • Other causes for raised CA125. Causes of raised CA125 • If USS abnormal – refer 2WW
Investigations prior to referral	<ul style="list-style-type: none"> • CA125 and USS if indicated
Information to include in referral letter	<ul style="list-style-type: none"> • Description of symptoms and duration • Any family history of ovarian or breast cancer • Current contraception/hormone therapy • Abdominal, speculum and pelvic examination • Smear history • Drug history (prescribed and non-prescribed) • Relevant past medical / surgical history • Current regular medication • BMI • Smoking status • Alcohol consumption
Date reviewed	January 2017
Next Review Date	2019
Patient information	Ovarian Cancer Screening – signs, symptoms and treatment. Click here
Contact for this policy	CCG Service Improvement Team scrccg.rssifr@nhs.net

References:

1. [NICE Ovarian Cancer Clinical Guideline 122, 2011](#)
2. [SIGN Epithelial Ovarian Cancer 75 2003](#)

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