

## **CG122 Ovarian cancer GP podcast: Dr Craig Dobson**

Podcast recording with Dr Craig Dobson, a General Practitioner and Senior Lecturer in Medical Education and General Practice - Hull/York Medical School and member of the GDG for the Ovarian Cancer Clinical Guideline..

This podcast focuses on issues for general practitioners, specifically the use of CA125 tests and how to manage patients who have negative results, plus using clinical judgement.

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### **Podcast transcript**

## **Ovarian cancer clinical guideline – Podcast on CA125 tests & using clinical judgement**

Podcast recording Dr Craig Dobson – A General practitioner and Senior Lecturer in Medical Education and General Practice - Hull/York Medical School and member of the GDG for the Ovarian Cancer Clinical Guideline.

(This transcript is a direct translation of the podcast).

Hello and welcome to this NICE podcast on the Ovarian Cancer Clinical Guideline. This podcast focuses on issues for general practitioners, specifically the use of CA125 tests and how to manage patients who have negative results, plus using clinical judgement.

I am Katie Perryman Ford the Implementation Adviser for this guideline and with me is Dr Craig Dobson, a General practitioner in Hull and a Senior Lecturer in Medical Education and General Practice at the Hull/York Medical School. Craig is also a member of the guideline development group for the Ovarian Cancer Clinical Guideline.

### **Q1 So Craig, could you explain why this guideline has been developed?**

Yes, Ovarian cancer is a very important condition to diagnose. It is the fifth commonest cancer in women in the UK and accounts for 6% of all deaths in women. These guidelines are designed to help clinicians to diagnose and treat ovarian cancer.

### **Q2 What will be the significant changes in practice for GPs?**

There are two major areas for changes. Firstly concerning diagnosis: ovarian cancer is often difficult to diagnose in general practice. This is because many of the symptoms are not specific. The guidelines make it clear that rather than rely simply on the presence or absence of symptoms we must take into account their duration and frequency. Thus an isolated episode of abdominal bloating may not be important but one that persists or recurs, particularly more than 12 times per month, should be investigated.

The second area concerns investigations that take place in primary care: The guidelines make clear recommendations for which investigations to undertake, and in what order. The first investigation in suspected ovarian cancer should be CA125 which if more than or equal to 35IU/ml should be followed up with an abdominal and pelvic ultrasound.

### **Q3 Do you have any practical suggestions on how GPs should start making these changes?**

Yes, it is to take into account, that there is often variability in the availability of investigations such as CA125 and ultrasound in different areas. It may be necessary for GPs to make laboratories and commissioning groups aware of these guidelines to help ensure the availability of these tests to primary care.

**Q4 What effect will the patient pathway have on patient care and particularly referral to secondary care?**

The guideline should help to ensure that women with the symptoms of ovarian cancer are investigated appropriately and referred to the appropriate specialist. This remains a problem because currently many people with ovarian cancer have their diagnosis made following for example, emergency admission to hospital through A & E or referral to a non gynaecological specialist.

**Q5 Many of the symptoms associated with ovarian cancer are non-specific and can also be linked to other conditions such as irritable bowel, what does the guidance say about this?**

Yes, ovarian cancer is difficult to diagnose from the symptoms alone. It is important for clinicians to remember, that irritable bowel syndrome rarely presents for the first time in patients over fifty. Conversely, most ovarian cancers present in women over the age of fifty. Recurrent or prolonged symptoms require a diagnosis at any age.

**Q6 So, what are CA125 tests and are there any practical issues about the tests that GPs need to be aware of?**

CA125 is a serum protein that can be measured in blood samples. It is raised ie above 35IU/ml in conditions that stimulate peritoneal synthesis. Thus it may be raised in a wide variety of conditions. These include non malignant conditions such as cirrhosis of the liver, renal failure, menstruation, endometriosis, peritoneal effusion or pulmonary effusion. As well as in malignant conditions, such as ovarian cancer, cervical cancer or endometrial cancer.

**Q7 So, what happens if a women's CA125 test is normal?**

CA125 is currently the most widely used and reliable ovarian cancer tumour marker. If a women has a normal CA125 result, that is less than 35 IU/ml. Then the women needs to be assessed carefully for other clinical causes of her signs and symptoms and investigated if appropriate. If no other clinical cause is apparent, advise her to return to you as her GP if her symptoms become more frequent and/or persistent.

**Q8 What happens if a women has raised levels of CA125 but a normal ultrasound?**

Women who have raised CA125 but normal ultrasound will still require further clinical evaluation to determine a possible cause. This may require further investigation and referral especially if a women is symptomatic. If their symptoms have resolved then they should return if they recur or new ones develop.

**Q9 Why does the guideline use the term 'especially over 50' years?**

The incidence rates of ovarian cancer are higher in postmenopausal women, with the highest in the age group 60-64 years of age. More than 90% of the ovarian cancer recorded in the UK in 2007 were in women aged 50 years and above.

**Q10 There are recommendations regarding the ‘support needs’ of women with newly diagnosed ovarian cancer, why is this important?**

It is important that anyone given a diagnosis is given sufficient information to allow them to understand the implications for them and their relations. This is especially true for serious conditions such as ovarian cancer. By making information available about a wide variety of issues including psychosocial and psychosexual as well as medical ones it is hoped to reduce the unmet needs or patients on their treatment journey.

Thank you very much Craig. We hope that you enjoyed this podcast and found the information useful and that it will help you when putting the guideline into practice. For more information about the ovarian cancer clinical guideline and for access to the implementation tools please visit the NICE website. [www.nice.org.uk](http://www.nice.org.uk)

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