

# Frequently asked questions about screening for ovarian cancer



This information covers screening for ovarian cancer i.e. the testing of women at population risk who have no symptoms that might be ovarian cancer.

This information has been developed to support discussion with a woman about screening for ovarian cancer.

## Is there a screening test for ovarian cancer?

No. There is currently no evidence to support the use of any test, including pelvic examination, CA125 or other biomarkers, ultrasound (including transvaginal ultrasound), or a combination of tests, to screen for ovarian cancer.

**A Pap test does not detect ovarian cancer; it is only used to screen for cervical cancer.**

## What about the CA125 blood test?

CA125 is a protein found in the blood. It is known as a tumour or cancer marker. Increased levels of CA125 **may** indicate ovarian cancer. However, there are many other conditions that can affect CA125 levels such as ovulation, menstruation, endometriosis, benign ovarian cysts, liver or kidney disease, and other cancers such as breast or lung cancer.

If CA125 levels are not raised, this does not completely rule out ovarian cancer, as about 50% of women with early-stage ovarian cancer have normal CA125 levels.

**For these reasons, the CA125 test alone should not be used as a screening test for ovarian cancer. It can be used in the assessment of symptoms that may be ovarian cancer.**

*(See Assessment of symptoms that may be ovarian cancer: a guide for GPs)*

## Can an ultrasound be used as a screening test?

A transvaginal ultrasound (TVUS) gives the best picture of the ovaries but while able to detect the presence of ovarian disease, a TVUS cannot distinguish between benign and malignant disease.

**For this reason, transvaginal ultrasound should not be used as a screening test for ovarian cancer.**

## What if a woman decides she still wishes to have a CA125 blood test or ultrasound?

She should be informed that if either a CA125 or an ultrasound test is abnormal, it may be necessary to repeat the test, or to undertake further tests, which may include surgery to investigate the abnormal result.

**The discovery and investigation of abnormal findings can result in unnecessary anxiety and the investigations can carry significant risks.**

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## Statistics

- Ovarian cancer is the 9th most common cancer diagnosed in Australian women.
- The present life expectancy of Australian women is 84 years. One in 77 women will be diagnosed with ovarian cancer before the age of 85.
- In Australia in 2005, a total of 1,205 women were diagnosed with ovarian cancer. It is projected that there will be 1,378 new cases of ovarian cancer in 2010.
- The risk of ovarian cancer increases with age. About 83% of all new cases of ovarian cancer diagnosed in 2005 were in women 50 years or older. The median age of first diagnosis is 64 years.

## Mortality

- Ovarian cancer is the 6th most common cause of cancer death in Australian women.
- A total of 795 women died from ovarian cancer in Australia in 2006.

## Survival

- The five year relative survival rate for Australian women with ovarian cancer during 1998-2004 was 39.8 per cent, compared with 32.7 per cent in 1982-86.

See

## Symptoms

Most women with ovarian cancer experience at least one symptom of the disease in the year prior to their diagnosis. The following can all be signs of ovarian cancer:

- abdominal bloating
- abdominal or back pain
- appetite loss or feeling full quickly
- changes in bowel habit
- urinary frequency or incontinence
- unexplained weight loss or gain
- indigestion or heartburn
- fatigue.

## Family history

While having a family history of ovarian cancer increases a woman's risk of developing ovarian cancer, 90-95 per cent of all ovarian cancers occur in women who do not have a family history.

Key factors associated with increased risk include:

- multiple relatives on the same side of the family affected by breast cancer (male or female) or ovarian cancer
- younger age at cancer diagnosis in relatives
- relatives affected by both breast and ovarian cancer
- relatives affected with bilateral breast cancer
- Ashkenazi Jewish ancestry.

For information about assessing family history, risk categories and management see *Advice about familial aspects of breast and epithelial ovarian cancer: a guide for health professionals*

## Referral to a gynaecological oncologist

If a woman is suspected of having ovarian cancer, she should be referred to a gynaecological oncologist. Research shows survival for women with ovarian cancer is improved when their surgical care is directed by a gynaecological oncologist. The Risk of Malignancy Index (RMI) can be used to identify those women who should be referred to a gynaecological oncologist, based on CA125 level, ultrasound features and menopausal status.