

SIGN 135

Management of epithelial ovarian cancer

A national clinical guideline



Background

The SIGN guideline on the management of epithelial ovarian cancer will be published on 4 November 2013. In 2003, SIGN published a guideline on the management of epithelial ovarian cancer (SIGN 75) and since then new evidence has been published in many areas covered by the recommendations in that guideline resulting in the need for this selective update. New recommendations have been made relating to:

- screening and diagnosis, in primary and secondary care;
- surgical management of early disease, including systematic lymphadenectomy, lymph node sampling and fertility conserving surgery;
- surgical management of advanced disease, including neoadjuvant chemotherapy;
- surgical management of relapsed disease;
- chemotherapy and maintenance therapy in early disease;
- chemotherapy in advanced disease, including scheduling, maintenance therapies and intraperitoneal chemotherapy;
- chemotherapy in relapsed disease, including hormonal therapy;
- follow up.

Why we need a guideline

Ovarian cancer was the sixth most frequently diagnosed cancer in women in Scotland in 2011, representing 3.7% of all newly diagnosed cancers, and 583 new cases in 2011. Overall incidence has, however, fallen by 10.1% during the 10 years to 2011. Ovarian cancer occurs as either an epithelial or a non-epithelial tumour. Epithelial tumours account for over 90% of all ovarian cancers and are the focus of this guideline.

The disease is rare in girls and in women under the age of 30 years, with incidence increasing with age.

Among women in Scotland with no family history the lifetime risk of developing ovarian cancer is estimated to be 1 in 55. In 5% to 10% of women with the disease, an inherited predisposition is a major contributory cause.

In Scotland the overall five year survival rate improved from 25.7% among patients diagnosed in 1983-87 to 37.8% among patients diagnosed in 2003-2007 and mortality fell by 13.6% in the 10 years to 2011. In 2011, 363 women in Scotland died from the disease.

The challenge for healthcare professionals...

Most women with ovarian cancer are diagnosed when they already have advanced disease: in over 60% of cases advanced disease is found at initial diagnosis. On average, a GP will see only one new case every five years. Patients who present with non-specific gastrointestinal symptoms may be misdiagnosed as suffering from irritable bowel syndrome. Identification of symptoms at an early stage could lead to earlier detection of ovarian cancer. Survival is dependent on the stage of cancer at initial presentation.

Treatment is not usually curative. A typical patient will develop relapsed disease requiring repeated courses of chemotherapy. Relapsed disease is invariably fatal and its diagnosis has a huge impact on patients and their carers.

The absence of a recognisable preventable cause and of any effective screening programme means that prospects for improving survival lie with earlier diagnosis and optimal management after initial presentation. The goal for healthcare professionals must be to ensure that where cure is not possible a woman can have a good quality of life with judicious use of surgery and chemotherapy.

Remit

This guideline provides recommendations based on current evidence for best practice in the management of epithelial ovarian cancer.

It provides recommendations on:

- screening and the role of prophylactic salpingo-oophorectomy
- diagnosis, including the roles of primary and secondary care
- surgical management, including management of early disease, optimal surgery for advanced disease and relapsed disease
- chemotherapy, including chemotherapy for early disease, biological therapy in advanced disease and hormone therapy in relapsed disease
- follow up
- management of malignant bowel obstruction in relapsed disease
- provision of information to patients.

It excludes the management of borderline tumours.

Target users

This guideline will be of interest to primary care staff, medical and clinical oncologists, gynaecologists, specialist nurses, community nurses, allied health professionals, geneticists, pathologists, specialists in laboratory medicine, pharmacists, radiologists, and palliative care specialists.

Implementing this guideline

The implementation strategy for this guideline encompasses:

- identification of the key recommendations that should be prioritised for implementation
- description of recommendations likely to have significant resource implications
- key points for audit
- guideline and supporting materials available to download from the SIGN website
- dissemination of a quick reference guide to all appropriate healthcare professionals
- electronic dissemination of the full guideline to all NHS Boards
- iPhone, iPad and Android apps.

