

Assessment of Symptoms

that may be

Ovarian Cancer: A Guide for GPs

The information in this guide is intended to assist general practitioners assess if a woman with persistent, unexplained symptoms may have a gynecologic cancer. This guide is based on the Clinical Practice Guidelines for the Management of Women with Epithelial Ovarian Cancer, National Breast Cancer Centre, Australia, www.ovariancancerprogram.org.au and has been adapted for use in Saskatchewan.



Ovarian Cancer
Awareness & Treatment
in Saskatchewan

SYMPTOMS

Most women diagnosed with ovarian cancer report symptoms.

Symptoms of ovarian cancer are often vague and generalized and not gynecologic in nature.

Types of symptoms reported by women diagnosed with ovarian cancer

- Abdominal bleeding
- Increased abdominal girth
- Indigestion
- Lack of appetite
- Feeling full after only a small amount of food
- Weight gain or weight loss
- Change in bowel habits
- Fatigue
- Urinary frequency or incontinence
- Abdominal and/or pelvic pain
- Feeling of pressure in the abdomen

Frequency of reporting of symptom categories

Abdominal symptoms	77%
Gastro-intestinal	70%
Constitutional (i.e. fatigue)	50%
Urinary	34%
Pelvic	26%

ASSESSMENT OF SYMPTOMS

If vague abdominal symptoms persist for more than one month consider ovarian cancer and undertake further assessment.

Checklist for assessment of symptoms

Patient history: A relevant patient history should include: age, parity, menopausal status, family history on both sides of the family (including ovarian, breast cancer, prostate and bowel cancer), any recent tests and test results (i.e. blood tests or imaging).

History of presenting symptoms: Type of symptom, site, nature of symptoms (persistent/recurring), when first noticed, duration, actions that relieve symptoms.

Physical examination: Abdominal palpation, vaginal/rectal examination. (The woman must be sufficiently undressed to allow access to the whole abdomen unrestricted by clothing).

Findings to note: Firm resistance on abdominal palpation, unexpected fullness, fullness with shifting dullness on percussion, hard, irregular mass in the Pouch of Douglas, adnexal masses.

If findings on clinical examination are suspicious refer for:

Transvaginal ultrasound & CA125

OR,

Abdominal ultrasound & CA125

OR,

CT & CA125

CA125

CA125 alone should not be used to either rule in or rule out ovarian cancer. While a very high value may assist in confirming the diagnosis, a low value is not helpful because of the non-specific nature of the test.

Factors that may elevate CA125

GYNECOLOGIC

- Ovarian cancer
- Acute PID
- Uterine fibroids
- Uterine adenomyosis
- Benign ovarian neoplasm
- Endometriosis
- Functional ovarian cyst

- Meig's syndrome
- Ovarian hyper stimulation
- Menstruation

NON-GYNECOLOGIC

- Active hepatitis
- Acute pancreatitis
- Chronic liver disease
- Cirrhosis of the liver

- Congestive heart failure
- Diverticulitis
- Non-malignant ascites
- Pericarditis
- Pneumonia
- Polyarteritis nodosa
- Systemic lupus
- Erythematosis
- Renal Disease

OTHER MALIGNANT CONDITIONS

- Any disseminated intra-abdominal cancer
- Any gastrointestinal cancer
- Breast cancer especially metastasis
- Mesothelioma

Assessment of Symptoms

that may be

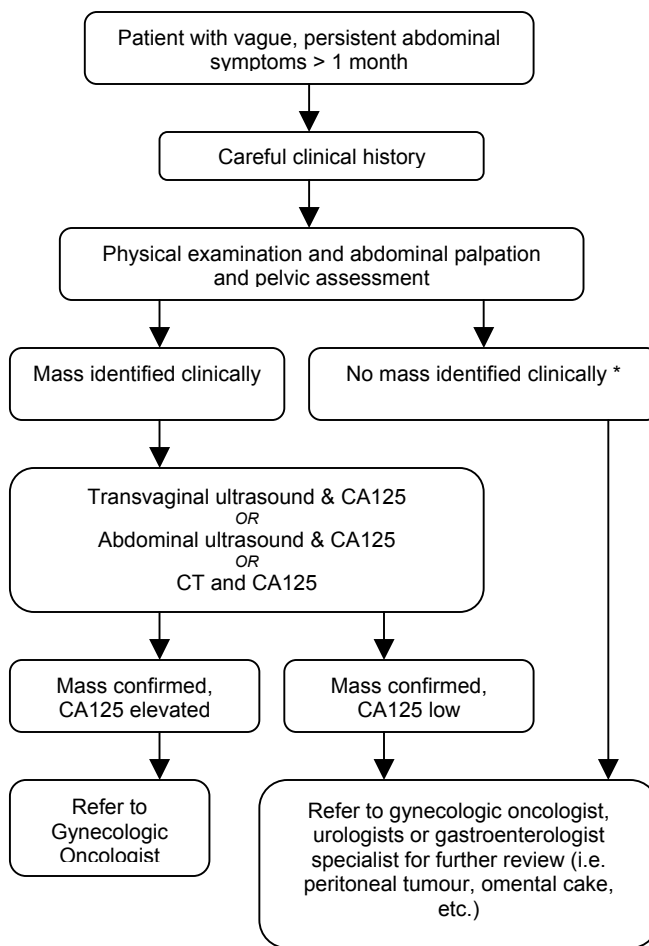
Ovarian Cancer: A Guide for GPs

The information in this guide is intended to assist general practitioners assess if a woman with persistent, unexplained symptoms may have a gynecologic cancer. This guide is based on the Clinical Practice Guidelines for the Management of Women with Epithelial Ovarian Cancer, National Breast Cancer Centre, Australia, www.ovariancancerprogram.org.au and has been adapted for use in Saskatchewan.



Ovarian Cancer
Awareness & Treatment
in Saskatchewan

Assessment of women with vague and persistent abdominal symptoms



* Where clinical examination is negative a review of symptoms and radiological examination of the whole abdomen may suggest appropriate referral line.

Checklist for assessing symptoms

Patient history

- Age (higher risk = 45 or more)
- Parity (higher risk = nulliparous)
- Menopausal status (higher risk = postmenopausal)
- Family history, including breast, ovarian, bowel & prostate cancer.
- Any recent tests.

Type of Symptoms

- Abdominal bloating
- Increased abdominal girth
- Indigestion
- Lack of appetite
- Feeling full after only a small amount of food
- Weight gain or loss
- Change in bowel habits
- Fatigue
- Urinary frequency or incontinence
- Abdominal and/or pelvic pain
- Feeling of pressure in the abdomen

History of Presenting Symptoms

- Type of symptoms
- Site
- Nature of symptoms (persistent/recurring)
- When first noticed
- Duration
- Actions that relieve symptoms

Findings to Note

- Firm resistance on abdominal palpation
- Unexpected fullness
- Fullness with shifting dullness on percussion
- Hard, irregular mass in the Pouch of Douglas
- Adnexal Masses



Ovarian Cancer Awareness & Treatment in Saskatchewan
A SUPPORT & ACTION GROUP FOR PEOPLE AFFECTED BY GYNECOLOGICAL CANCERS

RPO Box 35067, Regina, SK, S4X 4C6,
Phone 306-775-1848, Fax 306-775-1853
www.ocats.ca
info@ocats.ca