

Trends in Ovarian Cancer and its Treatment in N. Ireland 1996-2010

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Ovarian Cancer (ICD C56)

- 6th most common female cancer
- 3% of all cancers, 4% excluding non-melanoma skin
- Average 159 cases, 121 deaths per year in N. Ireland
- Age standardised rates falling overall by 1%/year driven by reductions in younger women aged 0-49 by (3.2% but small numbers) and 50-64 age group by 1.7%
- 4th most common cancer death among women (6.5% of deaths)
- Death trends overall stable but increased 3.3% in those aged over 75 years
- 886 prevalent cases (1993-2010) , 29% diagnosed over 10 years ago, 27% diagnosed 5-10 years ago

RESULTS

Study patients: Tumour type

Tumour type	1996 (n=136)	2001 (n=146)	2010 (n=195)
Ovarian cancer (C56)	121	122	128
Cancer of the fallopian tubes (C57.0)	-	-	6
Primary peritoneal cancer (C48.2)	-	-	9
Borderline ovarian tumours (D39.1)	15	24	52
Exclusions	9	34	5

- 97.5% of patients in audit
- High presentation rate to A&E (24%)
- 60% ovary 25% borderline seen by specialist gynae-oncology surgeon
- 93% ovary, 100% borderline seen by gynaecologist

Diagnosis

- 96% diagnosed histologically, 65% of ovarian cancers were poorly differentiated, 88% malignant & 92% borderline tumours were epithelial
- 94% CA125 Level measured
- 71% CEA level measured
- 83% CT Scan
- Proportion staged improved from 80% in 2001 to 93% in 2010 – 66% advanced stage (Fig III /IV)
- Age was a factor in stage at presentation. Among those under 50 (excluding borderline tumours) 65% were stage I (10.5% stage IV) compared with 6% stage I of those aged 70-99 (23% stage IV) and 4% of those aged 80 and over (32% stage IV).

Specialty first seen - 2010

Specialty first seen	2010	
	Ovarian cancer* (n=143)	Borderline ovarian tumours (n=52)
Gynaecology	71 (49.6%)	40 (77.0%)
General Medicine	23 (16.1%)	1 (1.9%)
General Surgery	39 (27.3%)	4 (7.7%)
Urology	1 (0.7%)	1 (1.9%)
Gastroenterology	2 (1.4%)	0 (0.0%)
Other	4 (2.8%)	5 (9.6%)
Not recorded	3 (2.0%)	3 (5.8%)

* Includes ovarian cancer, cancer of the fallopian tubes and primary peritoneal cancer

- Half of ovarian cancers and 77% of borderline tumours presented at gynaecology

Presenting symptoms 2010

Symptom	2010	
	Ovarian cancer* (n=143)	Borderline ovarian tumours (n=52)
Abdominal Pain	78 (54.5%)	26 (50.0%)
Abdominal distension	77 (53.8%)	24 (46.2%)
Anorexia	50 (35.0%)	5 (9.6%)
Altered bowel habit	46 (32.2%)	11 (21.2%)
Weight loss	46 (32.2%)	7 (13.5%)
Shortness of breath	30 (21.0%)	0 (0.0%)
Post menopausal bleeding	18 (12.6%)	6 (11.5%)
Urinary symptoms	17 (11.9%)	6 (11.5%)
Dyspepsia	9 (6.3%)	1 (1.9%)
Weight gain	4 (2.8%)	1 (1.9%)
Asymptomatic	5 (3.5%)	5 (9.6%)
Incidental finding	15 (10.5%)	7 (13.5%)

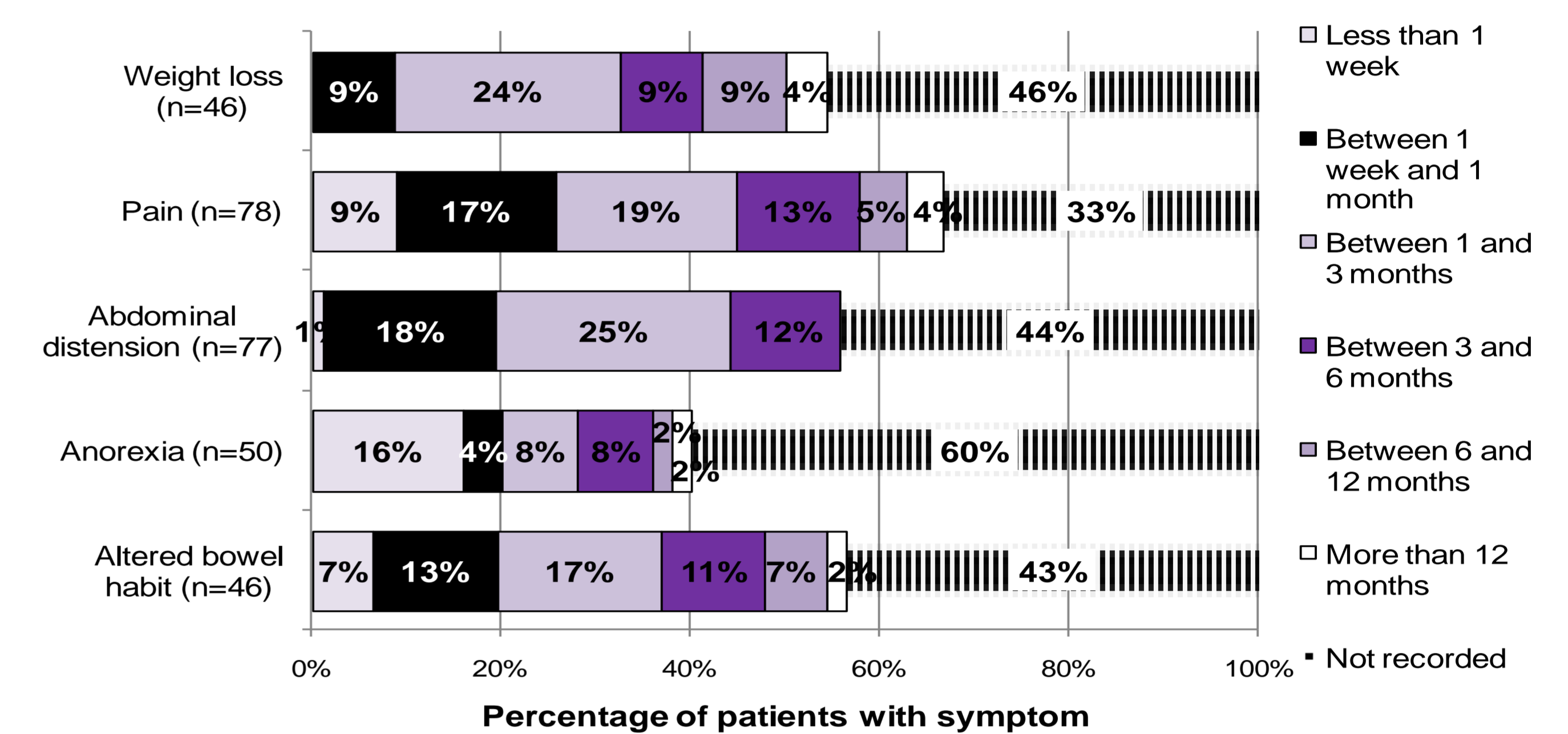
* Includes ovarian cancer, cancer of the fallopian tubes and primary peritoneal cancer

- Presentation symptom rates were similar to other years of audit.
- Abdominal pain and abdominal distension were most common symptoms with 50% having these symptoms over 3 months (see Fig).
- 11% of ovarian cancer and 14% of borderline tumours were found incidentally.
- 90% of ovarian cancer patients discussed at specialist regional Multidisciplinary Team Meeting.

METHOD

- Ovarian cancers diagnosed 2010 were identified from N. Ireland Cancer Registry (NICR) records
- Data were collected electronically from:
 1. The hospital electronic cancer patient record and
 2. The Clinical Oncology Information System
- Hospital records were then checked to complete the missing information
- Data were entered to an electronic proforma – with data fields agreed by relevant clinicians
- Data were compared with similar data collected on patients diagnosed 1996 and 2001 to compare service

Symptom duration – 2010 – Ovarian cancer



- Some patients delayed presenting with symptoms

Contents of letter to General Practitioner – 2010

Contents of letter to GP	2010	
	Ovarian cancer* (n=143)	Borderline ovarian tumours (n=52)
Management plan	140 (97.9%)	48 (92.3%)
Patient prognosis	24 (16.8%)	9 (17.3%)
Diagnosis discussed with patient	99 (69.2%)	32 (61.5%)
Diagnosis discussed with patients family	60 (42.0%)	7 (13.5%)

* Includes ovarian cancer, cancer of the fallopian tubes and primary peritoneal cancer

- 93% of patients had record of letter to GP
- Communication to the General Practitioner was good for management plan but not for other areas measured, improvements noted from 1996 to 2001

Treatment

- Treatment modality was strongly related to FIGO stage at diagnosis.
- All patients with stage I or II disease received active treatment compared to just two thirds (66.6%) of stage IV patients.
- Just under two thirds of ovarian cancer patients had surgical resection 75% of whom had their surgery performed by a specialist gynae-oncology surgeon reflecting improved surgical specialisation.
- A high proportion (87%) of patients underwent comprehensive surgical staging as per regional clinical management guidelines.
- Surgery followed by adjuvant chemotherapy was the most common treatment while 20% of patients received palliative supportive care.
- In keeping with the regional clinical management guidelines none of the patients with early FIGO stage IA or IB well differentiated tumours received adjuvant chemotherapy.

Treatment by audit year

Treatment type	1996	2001	2010		
	Ovarian cancer (n=121)	Ovarian cancer (n=122)	Ovarian cancer (n=128)	Ovarian cancer* (n=143)	Borderline ovarian tumours (n=52)
Surgical resection	95 (78.5%)	94 (77.0%)	77 (60.1%)	86 (60.1%)	50 (96.2%)
Chemotherapy	68 (56.2%)	74 (60.7%)	81 (63.3%)	91 (63.6%)	0 (0.0%)
Radiotherapy	5 (4.1%)	5 (4.1%)	1 (0.8%)	1 (0.7%)	0 (0.0%)

* Includes ovarian cancer, cancer of the fallopian tubes and primary peritoneal cancer

- Rates for surgery decreased, chemotherapy increased slightly.

Survival

- Survival unchanged 1996-2010 but related to stage and age at diagnosis.

Summary

- High rate of emergency presentation (25%) reflecting advanced stage of disease
- 20% patients aged over 80
- 66% advanced disease
- Some significant patient delays in presentation
- Investigation and treatment as per guidelines
- Good communication with patient
- Increased numbers discussed at multi-disciplinary team
- Waiting times improved with 38% seen in secondary care with 2 weeks of referral
- No detectable survival improvement (1 year observed 59%)