Ovarian cancer diagnostic pathways in practice

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TARGET OVARIAN CANCER

Background

The Target Ovarian Cancer GP Advisory Board 2017 report *Regional variation in the diagnosis of ovarian cancer in England* used quantitative data (NHS Atlas, Diagnostic Imaging Dataset and National Cancer Registration and Analysis Service) to map local diagnostic pathways in England.

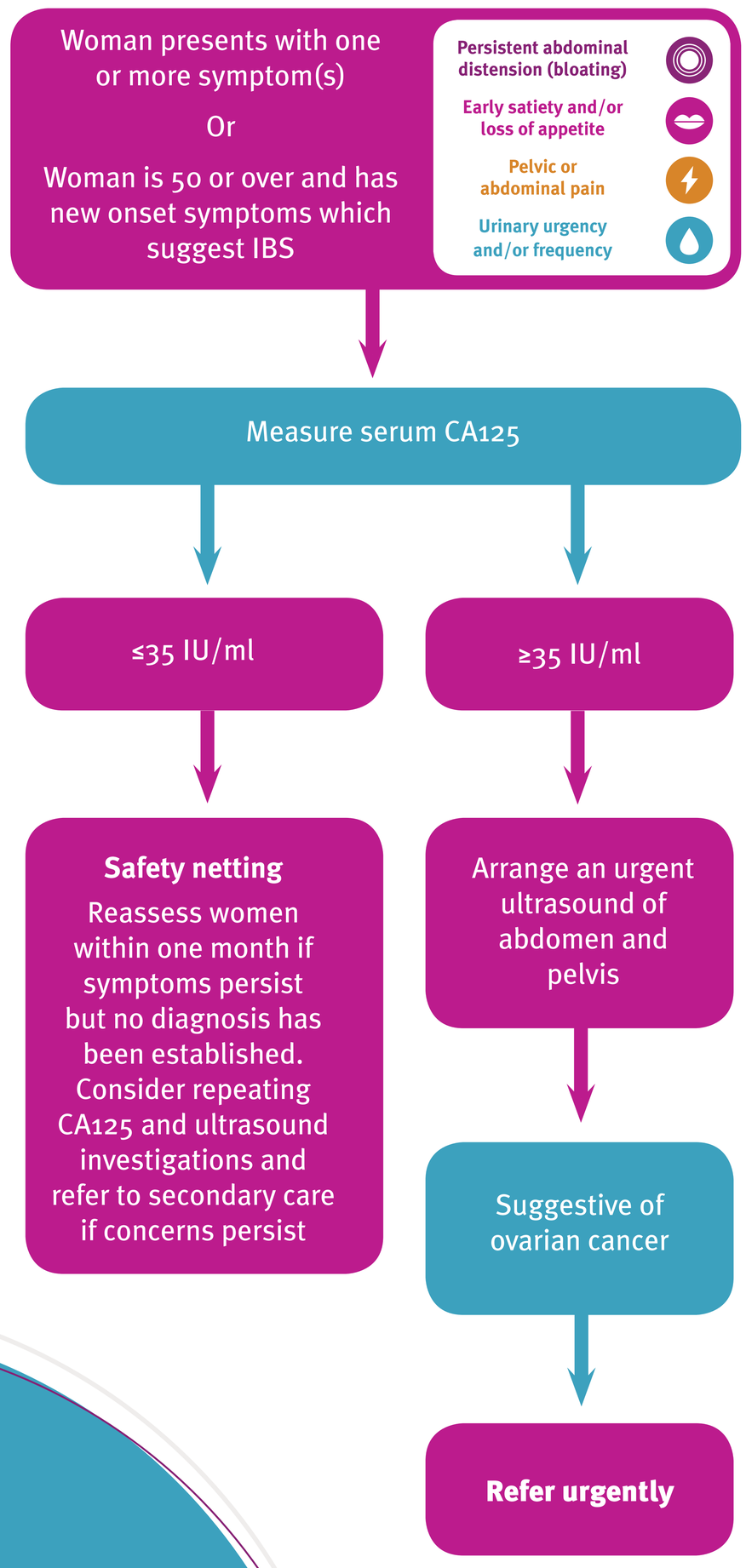
It found substantial variation in the use of diagnostic tests, stage at diagnosis and one-year survival rates.

To understand this variation further, the Board carried out qualitative research with a series of in-depth interviews with GPs to provide a more comprehensive examination of local diagnostic pathways.

Methods

Semi-structured telephone interviews were conducted with four GPs across four CCGs covering their experience of the ovarian cancer diagnostic pathway in their area. All interviews were recorded and transcribed. Grounded theory analysis was used to identify emerging themes.

NICE Guideline on ovarian cancer*



*Primary care pathway adapted from NICE clinical guideline [CG122] Ovarian cancer: recognition and initial management of ovarian cancer

Findings

Presentation

GPs show confidence in dealing with textbook cases but readily acknowledged occasions when women had been referred down a different pathway, or where symptoms were potentially mistaken for another condition, for example a urinary tract infection.

"I think she was actually admitted as an emergency with abdominal pain and the diagnosis was made on that admission"

"I think one (that) isn't quite so good, is women … presenting with urinary symptoms, we see so much of ladies with recurring urinary tract infections"

"She didn't have any bleeding or anything so where to go, GI or ovarian?"

Pathway

NICE Clinical Guideline 122 presents the diagnostic pathway for ovarian cancer; interviews showed how this is interpreted and delivered on the ground varies in different areas.

"Anybody above 40 who presents with bloating, increased abdominal girth, increased wind…then we would investigate ovarian cancer."

"My first test would have to be ultrasound because we have good access to ultrasound…I'm very happy that that would be the gold standard"

"So if somebody had a high CA125 or a suspected ovarian cancer, I would just refer them on a two-week wait pathway and probably request an ultrasound scan at the same time and hedge my bets as to what comes up first."

Working with secondary care

There was a clear need to be able to draw on more specialist secondary care expertise, with this done in a number of ways.

"… if it's something urgent we can ring the hospital and it's called Clinician Connect. Or within our normal e-Referral, electronic referral system, there is a facility to just ask the consultant's advice."

"We've got something called acute oncology service, which is nurse-led, and they do have an oncologist who works very closely with them. So we would probably ask their advice as to where to go next."

"… we're getting a vague symptom pathway … one of the required tests if … they're a woman is the CA125 to be done prior to referring them."

Conclusions

- **GPs' confidence in symptoms is tempered by the reality that cases rarely present as clear cut.**
- **While national guidelines present a clear diagnostic pathway, local interpretation can lead to variation in how these are implemented.**
- **There is a clear need for support from secondary care but the way in which this is accessed varies, as does the time taken to receive advice.**

Next steps

Our qualitative findings through GP interviews reinforce the quantitative findings from our report *Regional variation in the diagnosis of ovarian cancer in England*.

We now propose working with selected CCGs to examine whether it is possible to develop tools and methods for addressing these differences to ensure all areas deliver the highest standard in ovarian cancer diagnosis.

Special thanks to the GPs who gave up their time to share their experiences of ovarian cancer diagnostic pathways in primary care. We are grateful to the Target Ovarian Cancer GP Advisory Board for their ongoing advice and guidance.