Ovarian Cancer Symptoms

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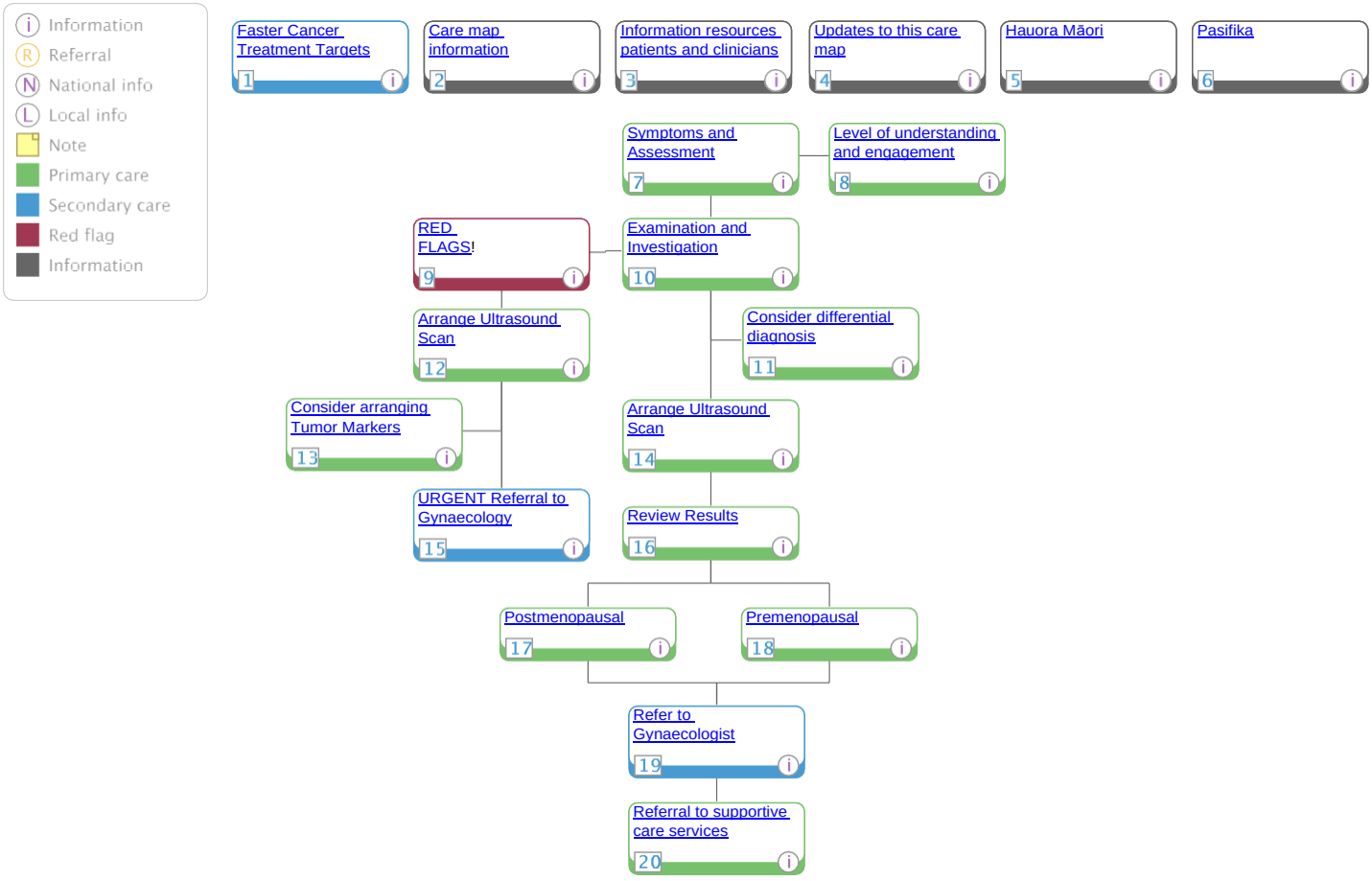

1 Faster Cancer Treatment Targets

1. Faster Cancer Treatment Targets

Faster Cancer Treatment:

- the Faster Cancer Treatment (FCT) health target builds on the significant improvements that have been made in the quality of cancer services over recent years. It provides a lens across the whole cancer pathway to ensure people have prompt access to excellent cancer services

Targets:

- 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017

Ministry of Health:

- Ministry of Health High Suspicion of Cancer Definitions
- National Tumour Standards - Gynaecology

2. Care map information

In scope:

- investigation, diagnosis, management and follow-up of ovarian cancer symptoms

Out of scope:

- Secondary level care

About ovarian cancer diagnosis:

- ovarian cancer is more common in postmenopausal women
- the mean age of diagnosis is 65 years
- the lifetime incidence for women is 1.6%
- in premenopausal women, ovarian cancer is uncommon but more likely if there is a strong family history of known HNPCC or BRCA mutations
- around 10% of ovarian cancer is caused by hereditary cancer syndromes
- non-specific symptoms make diagnosis difficult
- examination is important as there may be a mass and clinical evidence of abdominal disease
- patients with one first or second degree relative with ovarian cancer occurring when aged > 50 years have a 5% lifetime risk, which is slightly increased from the general female population lifetime risk of 1.6%. Patients with known genetic mutations e.g BRCA mutation have a much higher risk
- there is currently no proven role for Ca125 or ultrasound screening in asymptomatic women

3. Information resources patients and clinicians

Patients and Carers:

- The New Zealand Gynaecological Cancer Foundation
- Cancer Society (NZ)
- Women's Cancer Center of New Zealand
- Gynaecology Cancers - Information for all Women

Clinicians:

- Journal of Clinical Oncology – Risk Algorithm Using Serial Biomarker Measurements Doubles the Number of Screen-Detected Cancers Compared With a Single-Threshold Rule in the United Kingdom Collaborative Trial of Ovarian Cancer Screening
- NICE Guideline – Ovarian cancer: The recognition and initial management of ovarian cancer
- Cancer Society - Gynaecological Cancer Information

4. Updates to this care map

Date of publication: October 2017.

Review in 12 months post publication.

5. Hauora Māori

Māori are a diverse people and whilst there is no single Māori identity, it is vital practitioners offer culturally appropriate care when working with Māori Whānau. It is important for practitioners to have a baseline understanding of the issues surrounding Māori health.

This knowledge can be actualised by (not in any order of priority):

- acknowledging Te Whare Tapa Whā (Māori model of health) when working with Māori Whānau
- asking Māori clients if they would like their Whānau or significant others to be involved in assessment and treatment
- asking Māori clients about any particular cultural beliefs they or their Whānau have that might impact on assessment and treatment of the particular health issue (Cultural issues)
- consider the importance of whānaungatanga (making meaningful connections) with their Māori client / Whānau
- knowledge of Whānau Ora, Te Ara Whānau Ora and referring to Whānau Ora Navigators where appropriate
- having a historical overview of legislation that has impacted on Māori well-being

For further information:

- Hauora Māori
- Central PHO Māori Health website

6. Pasifika

Pacific Cultural Guidelines (Central PHO) 6MB file

Our Pasifika community:

- is a diverse and dynamic population:
  - more than 22 nations represented in New Zealand
  - each with their own unique culture, language, history, and health status
  - share many similarities which we have shared with you here in order to help you work with Pasifika patients more effectively

The main Pacific nations in New Zealand are:

- Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

Acknowledging *The FonoFale Model (pasifika model of health)* when working with Pasifika peoples and families.

Acknowledging general pacific guidelines when working with Pasifika peoples and families:

- Cultural protocols and greetings

- Building relationships with your pasifika patients
- Involving family support, involving religion, during assessments and in the hospital
- Home visits
- Contact information

Pasifika Health Service

The Pasifika Health Service is a service provided free of charge for:

- all Pasifika people living in Manawatu, Horowhenua, Tararua and Otaki who have long term conditions
  - all Pasifika mothers and children aged 0-5 years
- an appointment can be made by the patient, doctor or nurse
- the Pasifika Health Service contact details are:
  - Palmerston North Office - 06 354 9107
  - Horowhenua Office - 06 367 6433
- more information and referral

Additional resources:

- Ala Mo'ui - Pathways to Pacific Health and Wellbeing 2014-2018
- Primary care for pacific people: a pacific health systems approach

7. Symptoms and Assessment

NB: Māori and Pacific Island women have higher incidences of and mortality from endometrial and cervical cancers (Robson and Harris 2007; Harris et al 2012; McLeod et al 2011)

Symptoms and Assessment:

- sexual abuse (historical or current)
  - social
  - domestic violence
  - alcohol and drug use
- assess possible ovarian cancer if new abdominal or pelvic symptoms are present on a persistent or frequent basis – particularly > 12 times per month:
  - persistent abdominal distension or bloating
  - early satiety or loss of appetite
  - pelvic or abdominal pain without a known cause
  - increased urinary urgency or frequency
  - irritable bowel symptoms, especially if new onset and aged > 50 years
  - unexplained weight loss or fatigue
- consider genetic risk:
  - patients with one first or second degree relative with ovarian cancer occurring when aged > 50 years have a 5% lifetime risk,which is slightly increased from the general female population lifetime risk of 1.6%
  - patients with known genetic mutations e.g. BRCA mutation have a much higher risk
- consider dietry and lifestyle (consider wording and further content)

8. Level of understanding and engagement

Apply health literacy principles:

Is English their second language, ask what the patient understands:

- is an interpreter required?

- call ***Interpreter Services – Language Line*** (Nationwide) 0800 656 656 Monday to Friday, 9am to 6pm, Saturday 9am to 2pm

- build on what the patient already knows
- translate medical terminology into lay language (do they have a support person)
- draw diagrams or write key phrases and messages down and give it to the patient to take with them
- provide educational material
- check the patient's understanding to confirm that they understand the key messages (or confirm with support person if required)
- encourage patient to bring trusted support people to future consultations
- consider other health literacy resources as appropriate:

  - Local community Māori Health Services
  - Best practices when providing care to Māori patients and their whānau
  - Local community Pasifika Health Services
  - LETS PLAN is a resource to help plan your next health care visit. It will help you understand more about your health and treatment for an illness or injury

Barriers to effective care:

Factors that could stop the patient from getting further tests or treatment can include:

- complexity of care pathway not knowing when or where to go next
- cost
- locality and geographical access to health and hospital services (travel)
- no Whānau / family support
- family obligations including dependents
- work responsibilities (can't take time off)

9. RED FLAGS!

Red Flag Symptoms:

- genetic risk – strong family history or known HNPCC or BRCA mutation
- patients with a palpable or incidentally-found pelvic mass (including any large complex ovarian mass > 5 cm) unless investigations (ultrasound and tumour markers) suggest benign disease:
  - patients with a documented genetic risk who have a suspicious pelvic abnormality or symptoms

Ministry of Health

Faster Cancer Treatment: High suspicion of cancer definitions April 2016

10. Examination and Investigation

Examination:

- examine the abdomen and pelvis for signs suggesting ovarian cancer, including a pelvic or abdominal mass or ascites
- if signs of pelvic or abdominal mass or ascites arrange an ultrasound scan within 2 weeks

Investigation:

- initial blood tests: LFT, CBC, CRP, Ca125, calcium, creatinine, electrolyte

11. Consider differential diagnosis

Conditions commonly associated with chronic pelvic pain:

- gynaecological:
  - endometriosis
  - adenomyosis
  - chronic PID
  - Vulvodynia, vaginismus and sexual dysfunction
  - pelvic congestion syndrome
  - adhesions
  - previous surgery
  - pelvic infection
  - urological
  - interstitial cystitis
  - recurrent UTI
  - gastrointestinal
  - irritable bowel syndrome
  - diverticular disease
  - coeliac disease
  - inflammatory bowel disease
  - musculoskeletal
  - pelvic floor tension myalgia
  - coccydynia
  - fibromyalgia
  - chronic abdominal wall pain
  - neurologic
  - neuralgia which may be associated with previous surgery
  - psychological
  - depression and/or anxiety
  - sexual abuse
  - somatisation
  - opiate dependency

12. Arrange Ultrasound Scan

Arrange Ultrasound Scan.

13. Consider arranging Tumor Markers

Tumour markers:

- consider arranging Tumor Markers if clinically large ovarian mass/cyst abnormality on scan
- CA125
- if the woman is under age 40 years measure the following to identify non-epithelial ovarian cancer:
  - beta human chorionic gonadotrophin (beta-hCG); and alpha fetoprotein (AFP)
- CEA and CA19.9 to exclude a gastrointestinal primary tumour, or a mucinous ovarian tumour

14. Arrange Ultrasound Scan

Request ultrasound of abdomen and pelvis.

15. URGENT Referral to Gynaecology

NB: Offer patient option of referring to support services (see 'referral to support services' box within pathway)

Refer urgently to Gynaecologist.
Include relevant information:

- sexual abuse (historical or current)
  - social
  - domestic violence
  - alcohol and drug use
- reason for referral
- expectation of referral
- history and co-morbidities
- current management and/or options already pursued
- examination findings
- investigation results
- current medication
- allergies and adverse drug reactions
- any other relevant clinical information

Please complete the ***High Suspicion of Cancer referral form*** in your patient management system.
A copy of the form can also be printed here.

NB: Timely feedback (by way of a phone call and/or followed up with a written report) to the person being referred to specialist services will be appreciated.

16. Review Results

Review results:

17. Postmenopausal

Management of postmenopausal women.

If the results indicate abnormalities arrange the following:

- tumour markers - arrange at the same time as referal to Gynaecologist
- if the woman is under age 40 years measure the following to identify non-epithelial ovarian cancer
  - beta human chorionic gonadotrophin (beta-hCG); and
  - alpha fetoprotein (AFP)
- CEA and CA19.9 to exclude a gastrointestinal primary tumour or a mucinous ovarian tumour

18. Premenopausal

If Ultrasound is normal:

- carefully assess for other clinical causes of symptoms and investigate as appropriate
- if there is no confirmed diagnosis but continuing symptoms, reassess in 1 month from the normal ultrasound result, if results

indicate abnormalities, refer to gynaecologist within 2 weeks

- if the patient is not symptomatic, advise them to reattend at any time if there is recurrence or persistence of symptoms
- ensure appropriate safety netting for reattendance
- specific symptom diaries may be helpful to support accurate reporting of symptoms

19. Refer to Gynaecologist

Refer to Gynaecologist.
Include relevant information:

- sexual abuse (historical or current)
  - social
  - domestic violence
  - alcohol and drug use
- reason for referral
- expectation of referral
- history and co-morbidities
- current management and/or options already pursued
- examination findings
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Please complete the ***High Suspicion of Cancer referral form*** in your patient management system.
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20. Referral to supportive care services

He Anga Whakaahuru - Supportive Care Framework [5]

Improving the quality of life for those with cancer, their family and whānau through support, rehabilitation and palliative care - the essential services required to meet a person's physical, social, cultural, emotional, nutritional, informational, psychological, spiritual and practical needs throughout their experience with cancer.

Further information on the Standards and Competencies

Support Services:
1. **Community Cancer Nurses** Community-based cancer support service is provided to:

- anyone with a possible, probable or definite diagnosis of cancer and are enrolled with a PHO and/or is a resident in the PHO area

Māori Community Cancer Coordinators - community-based Māori cancer support services:

- Te Wakahuia (Palmerston North, Manawatu) Phone: 06 3573400
- Best Care Whakapai Hauora (Palmerston North)06 3536385 Ext 773
- Te Rānanga o Raukawa (Otaki, Horowhenua) Phone: 06 3688679
- Te Kete Hauora (Tararua)Phone: 06 3746860
- referral form

2. Pae Ora Māori Health Service:

- kaupapa Māori community and hospital based navigation service
- referral form and contact details

3. MidCentral CNS Gynaecology Nurse:

- 06 356 9169 Ext 9608

4. Cancer Society:

- for additional support services phone the cancer information nurses on the Cancer Information Helpline 0800 226 2374

5. Central Region Cancer Services Directory:

The directory provides a list of cancer support services available across MidCentral, Whanganui and Hawke's Bay including:

- ethnic and cultural
- accommodation
- disability support
- government health services
- medication
- legal advice

6. Social Workers Oncology

- We can support you and your family/whānau as you come to terms with your diagnosis and the impact it may have in your day-to-day life, now and in the future
- for more information and contact details

7. Cancer Psychology Service (Massey): Te Ara Whatumanawa.

We work with people and their whānau/family at all stages of the cancer journey, from diagnosis to treatment and beyond.

- free service
- 06 3505180
- referral form

8. Regional Cancer Treatment Service (RCTS):

Cancer treatment services are provided to patients in Taranaki, Whanganui, Tarawhiti, Hawkes Bay and MidCentral District Health Boards by the Regional Cancer Treatment Service (RCTS):

- for more information go to website

Reference: He Anga Whakaahuru - Supportive Care Framework [5]

Ovarian Cancer Suspected

Provenance Certificate

Overview | Editorial methodology | References | Contributors | Disclaimers

Overview

This document describes the provenance of the Sub-region Districts (MidCentral, Whanganui and Hawke's Bay District Health Boards) Ovarian Cancer Suspected Pathway.

The purpose of implementing cancer pathways in our Districts is to:

- Reduce barriers so that all people with cancer are able to access the same quality care within the same timeframes, irrespective of their ethnicity, gender, locality or socio-economic status
- Achieve the faster cancer treatment (FCT) health target – 85% of patient receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90% by June 2017
- Implement the national tumour standards of service provision, developed as part of the FCT programme, to support the delivery of standardised quality care for all people with cancer
- Improve equity along the cancer pathway
- Clarify expectations across providers
- Improve communications and follow up care for cancer patients

To cite this pathway, use the following format:
Oncology/Oncology/Ovarian Cancer Symptoms

Editorial methodology

This care map was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of medicine editorial methodology. It has been checked by individuals with front-line clinical experience (see Contributors section of this document).

Map of Medicine pathways are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle.

References

This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. This sub-region version of the evidence-based, practice-informed care map has been peer-reviewed by stakeholder groups and the CCP Programme Clinical Lead.

1. Canterbury Health Pathways
2. Faster Cancer Treatment, High Suspicion of Cancer Definitions 2016

Contributors

MidCentral DHB's Collaborative Clinical Pathway editors and facilitators worked with clinical stakeholders such as front-line clinicians and pharmacists to gather practice-based knowledge for its care maps.

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Disclaimers

Clinical Board Central PHO, MidCentral DHB

It is not the function of the Clinical Board Central PHO, MidCentral DHB to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.