

MEDIA RELEASE

EMBARGOED: 7 MAY 2015

Delayed diagnoses common for women with ovarian cancer despite seeking regular medical advice

- **Almost half of women diagnosed with ovarian cancer present to GPs with symptoms at least twice before referral to a specialist**
- **Awareness of symptoms, family history and genetic testing among GPs and patients is a priority area to effect earlier diagnosis**
- **World Ovarian Cancer Day, 8 May 2015**

A new study of 183 women with ovarian cancer has shown that women want greater awareness of the disease's symptoms among general practitioners (GPs) and a more widespread understanding of family history and genetic risk factors of ovarian cancer as this could lead to earlier diagnosis, optimised treatment and greater prevention.

In a recent study conducted by Ovarian Cancer Australia (OCA), it was found that:

- 47 per cent of diagnosed women made two or more visits to a GP presenting with symptoms before being referred to a specialist;
- 21 per cent of diagnoses required three or more visits to a GP with concerns over common symptoms before being referred to a specialist;
- 18 per cent of diagnoses were initiated through presentation at emergency rooms with severe symptoms; and
- Of those presenting at emergency rooms, almost a third were preceded by three or more visits to the GP with concerns over common symptoms.

With World Ovarian Cancer Day on 8 May 2015, OCA's Director for Research and Advocacy Dr Katherine Nielsen said the results were an important reminder that women and GPs must learn the signs and symptoms for the best possible chance at an early diagnosis.

"GPs are the first port of call and are therefore crucial to enabling a timely diagnosis to achieve better outcomes for women with ovarian cancer. If GPs don't recognise the symptoms of ovarian cancer, diagnoses will continue to be unnecessarily delayed in many cases. GPs who were aware enabled a fast diagnosis and a short time to treatment," said Dr Nielsen.

"A number of respondents reported that their symptoms were often not recognised as relating to ovarian cancer. One respondent saw her GP four times and his response was to eat more fibre. Other women told of being repeatedly investigated for Irritable Bowel Syndrome," she continued.

Dr Nielsen said that for nearly 80 per cent of women with ovarian cancer, their pathway to diagnosis was initiated as a result of their concerns for symptoms being experienced, demonstrating it is not a "silent disease".

"Common symptoms of ovarian cancer – increased abdominal size or persistent abdominal bloating, abdominal or pelvic pain, the need to urinate often or urgently, feeling full after eating a small amount, tiredness and a change in bowel habits– were experienced by over 90 per cent of respondents and they felt an average of 3.3 symptoms each before diagnosis. These symptoms were experienced across all stages and types of ovarian cancer," said Dr Nielsen.

-MORE-

A number of women expressed a high level of frustration at the long timeframes leading to the diagnosis, despite seeking regular medical advice. In addition to the need for increased levels of symptom awareness, the pathway to diagnosis can also be improved by more GPs knowing the link between family history and breast and ovarian cancer.

According to previous estimates, up to one in five cases of ovarian cancer are inherited. As brought into the spotlight recently by Angelina Jolie, inheriting a faulty BRCA1 or BRCA2 gene significantly increases a woman's risk of developing ovarian cancer, as well as breast cancer. This study showed that more women should be offered genetic tests for ovarian cancer, sooner.

The number of women with ovarian cancer who were offered genetic testing was 36 per cent less than those who should have been, according to the referral guidelines as set out by the nationally recognised Cancer Institute NSW's eviQ resource.

GPs could play a greater role in accelerating diagnoses by asking about family history, especially for women presenting with symptoms. It was found that only a quarter of respondents were asked about their family history by a GP before diagnosis.

31 per cent of respondents were at a higher risk than the general population through having a family history, demonstrating the need for greater dialogue within families as well as between patients and doctors about family histories of breast and ovarian cancer, so that more referrals can be made when needed.

Although GPs can better evaluate a patient's risk of a hereditary cancer, make referrals for genetic testing and monitor a patient if better informed of a family history, specialists rather than GPs were more likely to ask about a patient's family history.

The attitudes of the study's respondents were largely positive towards genetic testing, with many finding that a positive result for the BRCA mutations enabled family members to receive counselling and genetic testing, and take preventative action.

Dr Nielsen stressed a clear need for better education for women and doctors.

"In the absence of an early detection test, we must all know the signs and symptoms of ovarian cancer and our family history. If ovarian cancer awareness is commonplace among GPs, more women will be referred to the right specialist earlier, and more women will be offered genetic testing when it is needed," said Dr Nielsen.

"Women must also know and recognise the signs and symptoms which will raise their confidence in asking for the appropriate tests for ovarian cancer, rather than have symptoms attributed to other causes.

"On World Ovarian Cancer Day, take the time to learn the signs and symptoms and talk to your family about your family history. Consult your GP if you are concerned. It might just save your life."

-ENDS-

For media enquiries please contact:

Yumeko Leung, Tel: 0402 127 903 or (03) 8628 9319 yumeko@royce.com.au

Nicolette Baxter, Tel: 0438 143 342 or (03) 8628 9320 nicolette@royce.com.au



For more information visit www.ovariancancer.net.au

Twitter & Instagram: @ovariancancerOz

Facebook: <https://www.facebook.com/OvarianCancerAustralia>

GPs can access Cancer Australia's resources on family history via their website:

<http://canceraustralia.gov.au/>

About Ovarian Cancer Australia:

Ovarian Cancer Australia is the national body for ovarian cancer and was founded in 2001 by a group of people who had been affected by ovarian cancer, either themselves or through someone they loved. Ovarian Cancer Australia provides support for women and their families, raises community awareness of ovarian cancer, advocates for improved services for women and funds and promotes and funds research. Ovarian Cancer Australia's vision is to save lives and ensure that no woman with ovarian cancer walks alone. Their work is guided by their core values of Optimism, Community and Accountability. In February 2015, Ovarian Cancer Australia announced their bold 25/25 Vision, a plan to achieve a 25 per cent improvement in the five year survival rate of ovarian cancer by 2025. For more information on the 25/25 Vision, please visit www.ovariancancer.net.au/2525vision