

Why we don't
screen for
ovarian cancer



Health
Central Coast
Local Health District

Dr. Jason Mak
PHN night
1/6/23



1815

**AUSTRALIANS WILL BE
DIAGNOSED WITH OVARIAN
CANCER THIS YEAR**



49%

**OF THOSE DIAGNOSED WITH
OVARIAN CANCER WILL
SURVIVE FIVE YEARS FROM
DIAGNOSIS**



1016

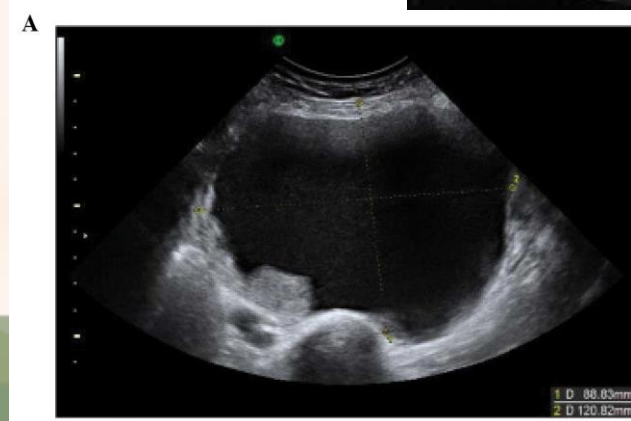
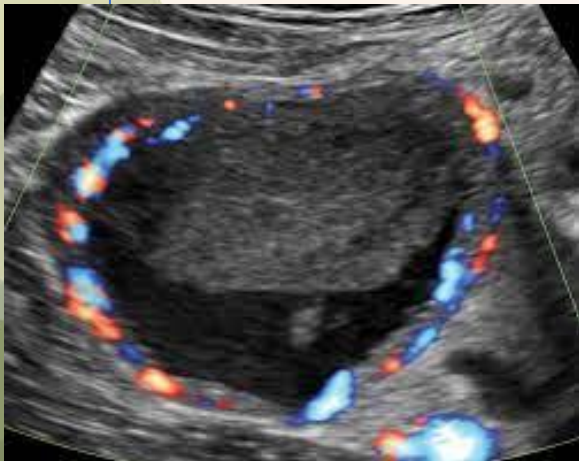
**AUSTRALIANS WILL LOSE THEIR
LIVES TO OVARIAN CANCER
THIS YEAR**

Risk factors

- Age
- Endometriosis
- Infertility
- PCOS
- Smoking
- BRCA 1&2, Lynch Syndrome
- Protective #'s: Pregnancy, breastfeeding, hormonal contraception, tubal ligation or salpingectomy

Screening:

- Ca125
- Others? Ca 19.9, CEA, HE4
- Ultrasound (Solid, projections, vascular)



But why not??

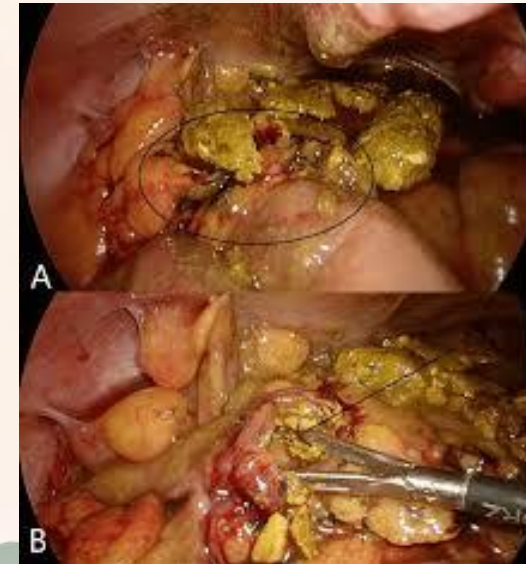
- Poor sensitivity (50% of stage 1 do not have elevated Ca125)
- Poor specificity
- Low incidence, therefore low pre-test probability
- High NNT
- Risk

PLCO trial

- After 15 years of follow up, no benefit shown to ovarian cancer screening
- N = 40k each arm
- 187 vs 176 deaths intervention vs usual care (RR 0.87 – 1.30)
- No difference when stratified for risk factors
- No difference US, or Ca 125, or combination
- UKCTOKS trial, smaller, initial follow up promising, 16 year follow up = no difference
- Prevalence of +ve screening test result:
 - UKCTOCS Ca125= 1:9.1
 - UKCTOCS US = 1:12.0
 - PLCO = 1:5.9

Risks of screening

- Anxiety/stress
- Surgical risk
- Anaesthetic risk
- Recovery
- \$
- Surgical menopause



CASE 1:

3 years in denial

IOTA - ADNEX model

1. Age of the patient at examination (years)
2. Oncology center (referral center for gyn-oncol)?
3. Maximal diameter of the lesion (mm)
4. Maximal diameter of the largest solid part (mm)
5. More than 10 locules?
6. Number of papillations (papillary projections)
7. Acoustic shadows present?
8. Ascites (fluid outside pelvis) present?
9. Serum CA-125 (U/ml)

calculate

Clear

CASE 2:

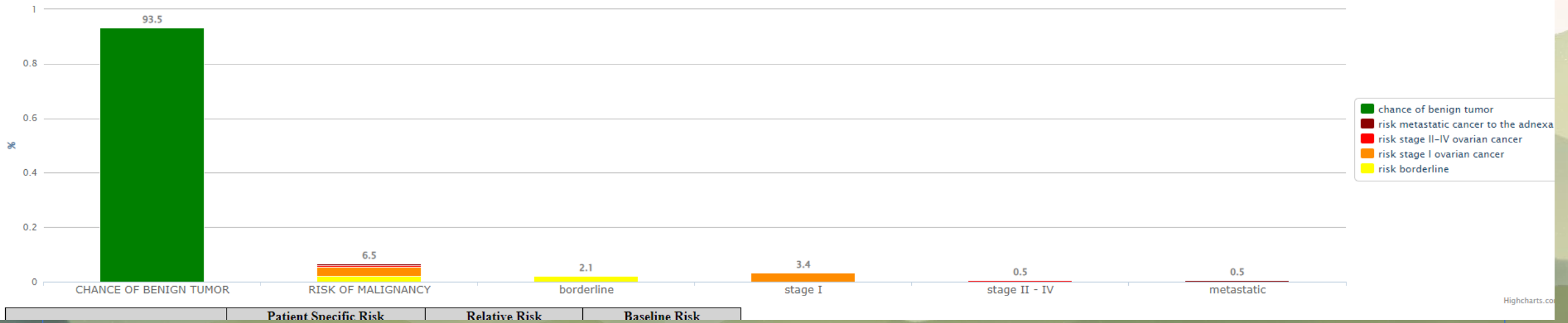
The breathatarian

IOTA - ADNEX model

1. Age of the patient at examination (years)
2. Oncology center (referral center for gyn-oncol)?
3. Maximal diameter of the lesion (mm)
4. Maximal diameter of the largest solid part (mm)
5. More than 10 locules?
6. Number of papillations (papillary projections)
7. Acoustic shadows present?
8. Ascites (fluid outside pelvis) present?
9. Serum CA-125 (U/ml)

Additional information is given when moving the mouse pointer over the variable names.

Results



CASE 3:

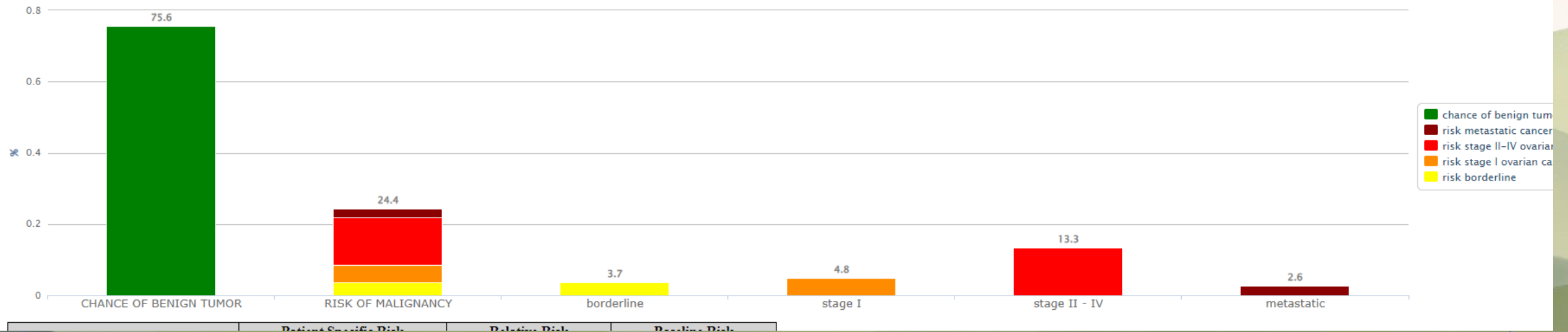
The anaesthetic bay

IOTA - ADNEX model

1. Age of the patient at examination (years)
2. Oncology center (referral center for gyn-oncol)?
3. Maximal diameter of the lesion (mm)
4. Maximal diameter of the largest solid part (mm)
5. More than 10 locules?
6. Number of papillations (papillary projections)
7. Acoustic shadows present?
8. Ascites (fluid outside pelvis) present?
9. Serum CA-125 (U/ml)

Additional information is given when moving the mouse pointer over the variable names.

Results



CASE 4:

The traveller

IOTA - ADNEX model

1. Age of the patient at examination (years)
2. Oncology center (referral center for gyn-oncol)? no yes
3. Maximal diameter of the lesion (mm)
4. Maximal diameter of the largest solid part (mm)
5. More than 10 locules? no yes
6. Number of papillations (papillary projections) none small large
7. Acoustic shadows present? no yes
8. Ascites (fluid outside pelvis) present? no yes
9. Serum CA-125 (U/ml)

Additional information is given when moving the mouse pointer over the variable names.

Results

