Ovarian Cancer – Follow Up

Disclaimer

See also:

- Cancer Supportive Care
- Ovarian Cancer - Established

Contents

Red Flags

- Symptoms or signs of bowel obstruction
- New or enlarging pelvic or abdominal mass, or ascites
- Unexplained or progressive urinary symptoms
- Abnormal vaginal bleeding, unexplained weight loss, fatigue, or changes in bowel habit
- CA 125 level > 35 units/mL

Background

About ovarian cancer follow up

- *Ovarian cancer is more common in postmenopausal women.*
- *The overall lifetime incidence for women is 1.6%, and the mean age of diagnosis is 65 years.*
- *Epithelial ovarian cancer is the most common type of ovarian cancer.*
  - *Prognosis and survival rates depend on the stage.*
  - *For early disease, 5 year survival rates may be over 90%.*
- *Survivorship involves careful general practitioner surveillance and attention, especially after discharge from oncology treatment.*

Assessment

Practice Point - Do not routinely use CA 125

Do not routinely use CA 125. This is not recommended due to unfavourable harm-to-benefit ratio.

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1. Check the multidisciplinary discharge summaries:
   - Review the patient's ***cancer treatment summary letter*** from oncology services, which will outline a proposed protocol for ***follow-up.***

     Follow-up

     A common review schedule:
     - *Review every 3 months for 2 years*
     - *Review every 4 to 6 months for the next 2 years*
     - *Review every 6 months for a year before moving to an annual review*

     Cancer treatment summary letter

     Most importantly should include:
     - *risk of recurrence and intentions of treatment.*
     - *goals and quantitative benefit of proposed treatment.*
     - *risks of treatment.*
     - *what the patient has been told.*

     Usually includes:
     - *diagnostic tests performed and results.*

- *tumour characteristics and other factors determining prognosis.*
- *type and date of treatments and a treatment summary.*
- *expectations of disease course, including expected discharge from oncology services.*
- *interventions and treatment plans from other health professionals.*
- *a process for rapid re-entry to specialist medical services for suspected recurrence.*
- *a list of symptoms that might need prompt investigation.*
- *a list of supportive care services provided and a plan for community care services, including what each service is to provide.*
- *contact information for key care providers.*

- Contact the relevant treating specialist for queries about specialist general practitioner correspondence, or discharge summaries.

2. Establish the patient's understanding of the long-term prognosis – curative, quality of life, palliative. Offer appropriate information for patients from culturally and linguistically diverse backgrounds.

3. Ask about ***complications and side-effects*** specific to ovarian cancer. All patients require sensitive enquiry at an appropriate pace letting them guide the timing and depth of enquiry.

Complications and side-effects

Consider asking about:

- *premature menopause – night sweats, hot flushes, reduced libido, reduced bone density, and vasomotor symptoms. Symptoms can be:*
  - *severe, especially after surgical menopause.*
  - *induced by surgery, radiotherapy, or chemotherapy.*
- *sexual dysfunction – vaginal dryness, vaginal bleeding, stenosis, dyspareunia, atrophic vaginitis, and pain.*
- *bowel and bladder function, particularly symptoms of bowel obstruction, bowel or bladder incontinence, rectal bleeding, and haematuria.*
- *decline in mobility and/or functional status as a result of treatment.*
- *physical symptoms of pain and fatigue.*
- *cognitive changes as a result of treatment such as altered memory, attention, and concentration.*
- *financial and employment issues such as loss of income, assistance returning to work, and cost of treatment, travel, and accommodation.*

Sensitively explore feelings about:

- *any loss of fertility.*
- *other symptoms associated with treatment.*
- *surgically or chemically induced menopause.*

4. Examine and monitor for ***local recurrence, metastases, or second cancers***. Educate patient of limited usefulness of CA 125 monitoring for disease recurrence.

Local recurrence, metastases, or secondary cancers

- *Record the patient's weight and vital signs.*

- *Ask about general symptoms of malignancy, paying specific attention to red flags.*
- *Perform clinical enquiry and examination for metastases, especially liver and lungs.*
- *Perform clinical enquiry and examination for second cancers, especially haematological cancers after radiation therapy.*
- *If consistent with advice by the treating specialist, perform a careful pelvic examination, including:*
  - *abdomen and radiation fields.*
  - *abdomen for ascites.*
  - *for peripheral oedema*.

5. Assess for:
   - hair loss.
   - malnutrition risk – identified by validated malnutrition screening tool or unintentional weight loss > 5% usual body weight.

6. Screen for other medical and psychosocial late effects associated with post-cancer treatment. See Cancer Supportive Care.

Management

The main areas of focus are relapse prevention, including any medication, provision of psychosocial support, and management of any persisting physical symptoms.

1. If signs of bowel obstruction, phone **000** and arrange immediate transfer to the nearest Emergency Department.

2. Arrange immediate oncology referral or admission if:
   - enlarged pelvic or abdominal mass, abnormal abdominal distension, or ascites.
   - abdominal distension > 3 times per week, difficulty eating and/or feeling full, pelvic or abdominal pain, or increased urinary urgency and/or frequency.

3. If abnormal vaginal bleeding, unexplained weight loss, fatigue, or changes in bowel habit, arrange urgent or routine oncology referral.

4. Arrange immediate gynaecology referral or admission if:
   - rising CA 125 levels.
   - CA 125 level > 35 units/mL.

5. Use this ***Follow-up schedule*** after discharge from oncology services.

   Follow-up schedule

Year/s	Frequency	By
1 to 2	Every 3 months	Medical and gynaecological oncology multidisciplinary team
2 to 4	Every 4 to 6 months	Medical and gynaecological oncology multidisciplinary team
5	Every 6 months	Medical and gynaecological oncology multidisciplinary team
> 5 years	Annually	General Practitioner

6. If decline in mobility and/or functional status as a result of treatment, consider referring to physiotherapist, occupational therapist, or exercise physiologist.
7. If menopausal symptoms:
    - and considering use of menopausal hormone therapy (MHT), discuss with treating gynaecologist or oncologist before commencing MHT.
        - Non-hormonal treatment options are preferred.
        - Consider referral to specialist Menopause Symptoms After Cancer clinic at The Royal Women's Hospital.
    - see Jean Hailes Menopause management GP tool.
8. Manage bowel or bladder symptoms.
9. If lower limb lymphoedema, manage and refer to lymphoedema service.
10. Manage ***vaginal dryness.***

    Vaginal dryness

    - *Non-hormonal treatments are strongly preferred in oestrogen-sensitive cancers of the breast, ovaries, and endometrium.*
    - *Discuss with oncologist before commencing vaginal oestrogen.*
    - *Consider lubricant with intercourse, and Replens as first-line moisturiser. Only prescribe short bursts of vaginal oestrogen if needed and be mindful of the potential increased cancer risk.*
11. If Tamoxifen or aromatase inhibitors have been used, assess ***bone mineral density (BMD) and vitamin D levels.***

    Indications for bone mineral density (BMD) and vitamin D

    Postmenopausal women:

    - *Baseline BMD and vitamin D testing with repeat at 18 months to 2 years if:*
        - *on or about to commence aromatase inhibitors.*
        - *aged > 65 years, or*
        - *aged > 60 years with risk factors for osteoporosis.*
    - *Repeat screening as indicated according to baseline results.*
        - *If BMD is normal 2 years after menopause, revert to usual osteoporosis screening guidelines.*
        - *If BMD is stable or improved after 2 years, less frequent monitoring is required.*
        - *If significant or rapid bone loss, consider using bisphosphonates, or refer back to medical oncologist for alternative hormonal management.*

    Premenopausal women:

    - *Baseline BMD and vitamin D testing with repeat at 18 months to 2 years if:*
        - *commencing ovarian suppression treatment*
        - *prior to oophorectomy*
        - *presence of premature chemotherapy-induced amenorrhoea.*
    - *Repeat screening every 2 years.*

12. Advise patients about possible symptoms of bowel obstruction and to seek immediate medical assessment.
13. Encourage sustained lifestyle changes to minimise recurrence risk and attend to physical and psychosocial needs. For resources and advice on meeting the patient's physical, psychosocial, sexual, and lifestyle needs, see Cancer Supportive Care.

Referral

- If signs of bowel obstruction, phone **000** and arrange immediate transfer to the nearest Emergency Department.
- Arrange immediate oncology referral or admission if:
  - enlarged pelvic or abdominal mass, abnormal abdominal distension, or ascites.
  - abdominal distension > 3 times per week, difficulty eating and/or feeling full, pelvic or abdominal pain, or increased urinary urgency and/or frequency.
- Arrange immediate gynaecology referral or admission if:
  - rising CA 125 levels.
  - CA 125 level > 35 units/mL
- Arrange urgent or routine oncology referral if abnormal vaginal bleeding, unexplained weight loss, fatigue, or changes in bowel habit.
- If lower limb lymphoedema, refer to lymphoedema service.
- Consider referring to physiotherapist, occupational therapist, or exercise physiologist if decline in mobility and/or functional status as a result of treatment.
- Consider referral to specialist Menopause Symptoms After Cancer clinic at The Royal Women's Hospital if considering use of MHT.
- Discuss with oncologist before commencing vaginal oestrogen.

Information

For health professionals

Further information

- Cancer Australia – Gynaecological Cancers: A Handbook for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners
- Cancer Council – Optimal Care Pathway for Women with Ovarian Cancer
- NICE Guideline – Ovarian Cancer: Recognition and Initial Management

For patients

- Australian Government, Cancer Australia:
  - Epithelial Ovarian Cancer: Understanding your Diagnosis and Treatment
  - What is Ovarian Cancer?
- Cancer Council:
  - Checking for Cancer: What to Expect
  - What to Expect: Ovarian Cancer
- Cancer Council Victoria – Aboriginal Communities: Information
- National Indigenous Cancer Network – About Cancer

References

1. Follow up of women with epithelial ovarian cancer. [place unknown]: Cancer Australia; 2012.

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