

Ca125 and Ovarian Cancer Guidelines National Audit (SCBN)

Report January 2020

The Scottish Clinical Biochemistry Network (SCBN) is leading on a piece of National work “Audit of current practice in primary care for investigation of women presenting with symptoms which may be due to ovarian cancer”. This follows from the pilot work carried out in NHS GG&C, (<https://www.clinicalbiochemistry.scot.nhs.uk/wp-content/uploads/2019/01/2018-Ovarian-Cancer-Guidelines-Audit-v1-1.pdf>)

Aim of the audit: to assess the uptake of the Scottish Referral Guidelines for Suspected Cancer (patients without a prior history of ovarian cancer having a CA125 test are also recommended to have an urgent ultrasound test performed). The secondary aim: to assess the clinical effectiveness of including ultrasound with Ca125 testing at initial investigation.

- 6 month audit period, collecting data from January to July 2015. Data included Ca125 tests (SCBN), imaging data (SCIN) and the Scottish Cancer Registry (Socrates). Full Scotland wide data capture achieved.
- 288 new ovarian cancers recorded on Socrates during 6-month audit period
- 18, 502 symptomatic women had Ca 125 requested in primary care. 9009 also had urgent pelvic imaging carried out.
- **This represents 49% uptake of the new Primary care referral guideline**
- Noted Significant Regional variation of guideline uptake ranging 31% to 60%
- 20% new ovarian cancer diagnoses followed primary care referral pathway (i.e. Ca125 AND USS)
- 36% new ovarian cancers had primary care initiated Ca125
- Difficult to currently assess impact of including pelvic USS with Ca 125 testing on time to diagnosis, due to variation in how date of diagnosis is recorded in Cancer registry.

64% new ovarian cancer diagnoses are not following Primary Care referral pathway

- How are these women presenting?
- Is further education/awareness required?
- Can an optimal Ca125 cut-off be identified?
- Further investigation desirable to elicit information

Significant regional variation in rates of Ca125 requesting in primary care

- Ranged 229/100k population – 521/100k population
- How does this correlate with non Primary Care presentation (regional variation also noted)?
- Further investigation desirable to look at factors influencing differing rates, e.g deprivation

Ongoing active engagement with Gynaecological Oncology Clinicians and NHS NSS IMS to progress further investigation of data and inform future referral guidance. A formal application for extension to audit scope has been submitted to PBPP(February 2020).