



Spotlight on –

Clyde Sector

Ovarian Cancer and CA 125 measurement

March 2023 was Ovarian Cancer Awareness month. Ovarian cancer is the 5th most common malignancy in women. It is usually diagnosed late with approximately 30% of cases having a palpable pelvic mass at presentation. Presentation usually involves non specific abdominal symptoms which are characterised by their persistency and frequency. CA 125 measurement is part of the ovarian cancer pathway.

In order to promote appropriate CA 125 measurement we have provided some short guidance which was prepared for the Educational Toolkit within the Primary Care Atlas of Variation for Diagnostic Laboratory Tests.

Scottish Referral guidelines for suspected cancer recommend investigating patients who present with symptoms suspicious for ovarian cancer in:

- Women >50yrs with new symptoms of irritable bowel syndrome (IBS)
- Women >18yrs with recurrent/persistent symptoms
 - Bloating or abdominal distension
 - Loss of appetite
 - Feeling full quickly (early satiety) and/or loss of appetite
 - Pelvic/abdominal pain
 - Increased urinary frequency/urgency
 - Change in bowel habit

First line investigations include

- Abdominal palpation
- Urgent pelvic ultrasound scan **AND** serum CA 125 (DO NOT MEASURE DURING MENSTRUATION)

CA 125 should not be measured in any of the following situations:

- During menstruation or early pregnancy
- For the investigation of suspected endometriosis
- As part of a tumour marker screen
 - CA 125 in the reference range does not exclude ovarian cancer
 - CA 125 may be raised in other malignancies in addition to other non – malignant pathologies
- In a male patient

CA 125 should be repeated if:

- It is mildly elevated and initial sample was collected during menstruation
- Directed by secondary care
- Presentation of new symptoms which are suggestive of ovarian cancer

QFit Update

In response to a query from our Biochemistry User Satisfaction Survey:

Samples are accepted up to 7 days from collection. Please ensure date of collection is written on the form and sample with any manual (non-ICE) request.

We would be delighted with your feedback on issues that you would like us to address in the newsletter. Comments or suggestions can be sent to: Dr Iain Jones (Iain.Jones2@ggc.scot.nhs.uk), Martin Wight (Martin.Wight@ggc.scot.nhs.uk) or Lindsay Thomson (Lindsay.Thomson@ggc.scot.nhs.uk)