

National Audit of Scottish Cancer Referral Guidelines for Ovarian Cancer

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Introduction

The Scottish Clinical Biochemistry Network (SCBN) has lead on a national audit of current practice in primary care, for the investigation of women presenting with symptoms which may be due to ovarian cancer.

In 2014 the Scottish Referral Guidelines for suspicion of cancer (SRGSC) were updated to include pelvic ultrasound in addition to serum CA125, for the investigation of women presenting to primary care with symptoms associated with ovarian cancer.

This varies with current NICE guidance where pelvic ultrasound is a second-line investigation

For Women presenting to primary care with symptoms:

- **NICE** : CA125, if raised pelvic USS, refer if **both** abnormal
- **SRGSC**: CA125 and Pelvic USS, refer if **either** abnormal

Aims

Assess uptake of new guidance across Scotland

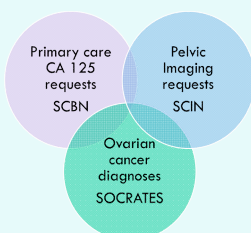
- Is there regional variation?

Assess clinical effectiveness of including imaging in the first line investigations

- Does inclusion of imaging impact on time to diagnosis?

Method

During a six month audit period of January to July 2015 data was gathered from all NHS Scotland Boards



The three strands of data collection were merged via CHI and anonymised then analysed by NHS National Services Scotland IMS team and SCBN

Audit output parameters

N° women >18yrs- no previous diagnosis ovarian Ca- with Ca125 only

N° women >18yrs- no previous diagnosis ovarian Ca- with both Ca125 + Ultrasound scan

N° new ovarian Ca diagnoses

N° days between Ca125 result and diagnosis of ovarian cancer

Results

288 new ovarian cancers recorded on Socrates during audit period

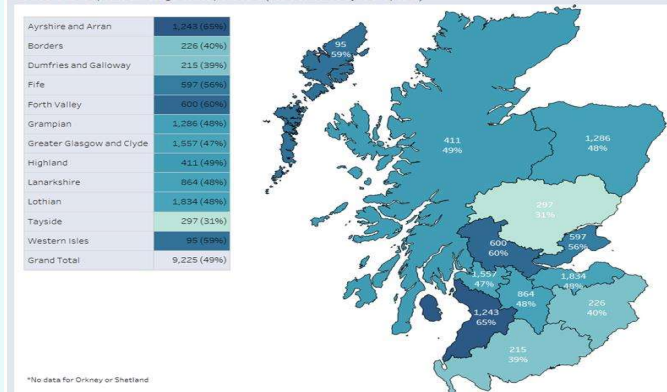
18, 502 symptomatic women had Ca 125 requested in primary care.

9009 also had urgent pelvic imaging carried out

This represents 49% uptake of the new Primary care referral guideline

Significant regional variation noted in guideline uptake

Number and % uptake of new guidance per board (scale coloured by % of uptake)



Testing initiated in primary care for patients diagnosed with ovarian cancer

NHS Region (by cancer network)	Number where NO testing initiated by primary care	CA 125 requested in primary care	Pelvic ultrasound (USS) requested in primary care	No. of new diagnosis of ovarian cancer	% with acute/other presentation (non-primary care)
North	86	16	29	131	66 %
West	55	13	16	84	65 %
South-East	44	15	14	73	60 %

North (Grampian, Highland, Orkney, Shetland, Tayside, Western Isles)
West (Ayrshire & Arran, Forth Valley, Greater Glasgow & Clyde, Lanarkshire)
South-East (Borders, Dumfries & Galloway, Fife, Lothian)

Only 20% of new ovarian cancer diagnoses followed the updated primary care referral guidance

Conclusions

Significant regional variation in uptake of guideline (31-60%)

Majority of new ovarian Ca diagnoses were NOT identified in primary care and instead presented to acute/other specialities

Impact of concurrent USS still to be confirmed (variation in recording of date of diagnosis in Socrates, also small numbers from 6 month audit)

Next steps- extend audit scope to determine how these women presented and better determine date of diagnosis, thus informing ongoing refinement to clinical pathways.

Acknowledgements

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- Data collection approved by Public Benefit and Privacy Panel for Health and Social Care (PBPP)

