Table 2 Ovarian cancer screening: key points

- Ovarian cancer is the leading cause of death from gynaecological malignancy in the Western world.
- No precancerous lesions have been identified.
- Bimanual examination is of no value as a screening test.
- Transvaginal screening has a high sensitivity for ovarian cancer; however, the detection of benign lesions may lead to unnecessary operations.
- High CA125 levels may be caused by many benign and physiological conditions. Measuring CA125 is of more benefit when used as part of a multimodal strategy.
- Women in the general population should not be screened unless they are taking part in clinical trials.
- Although there is currently no evidence of any benefit, screening is currently recommended for high-risk women.

other issues such as health economics, patient compliance and psychological and physical mortality associated with screening will also be addressed.

In UKFOCSS, a single-arm prospective study, 5000 high-risk women have an annual TVS scan and CA125. Additional 4-monthly blood samples are analysed retrospectively for CA125 and novel tumour markers with the aim of deriving a familial risk of ovarian cancer (FROC) index similar to the ROC used in the general population. Criteria for defining high-risk families in UKFOCSS are summarised in Table 1.

The results of these trials will not only provide evidence for whether screening provides a survival benefit at an acceptable financial cost, but will also address other issues such as the optimal age for the commencement of screening, optimal screening intervals, physical and psychological morbidity, and acceptability.

Conclusions

Progress into the early detection and treatment of ovarian cancer has been hampered by the lack of precursor lesions and the uncertainty regarding the duration of the preclinical phase of the disease. However, our understanding of ovarian cancer progression and detection will be improved by the large randomised trials that are currently in progress. Until these data become available, women in the general population should not be screened unless they are taking part in clinical trials. For high-risk women, screening is currently recommended as part of ongoing research, but these women need to be counselled that there is, as yet, no evidence of any benefit (Table 2).

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References


ERRATUM

Due to a typesetting error on page 107, the title of Box 1 was incorrect. The correct title is: Box 1: Glossary of terms.

The Journal wishes to apologise for this inadvertent error and for any inconvenience caused to readers or to the authors of the article in question.