

The background features a series of concentric circles in light grey, some solid and some dashed. A large, solid red oval is positioned in the center, containing the main title and speaker information. A dark grey, curved shape is visible on the left side, partially overlapping the red oval.

# Ovarian and Endometrial cancer pathways

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# **Working together to improve outcomes**

**Ovarian  
cancer  
cases 160  
– 200/year**



**Endometrial  
cancer  
300/year**

# Endometrial cancer

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Most common gynae malignancy > 9000 new diagnoses a year in UK, in SYB ~ 300 annually

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Endometrial cancer has the strongest association with obesity for top 20 most common malignancies

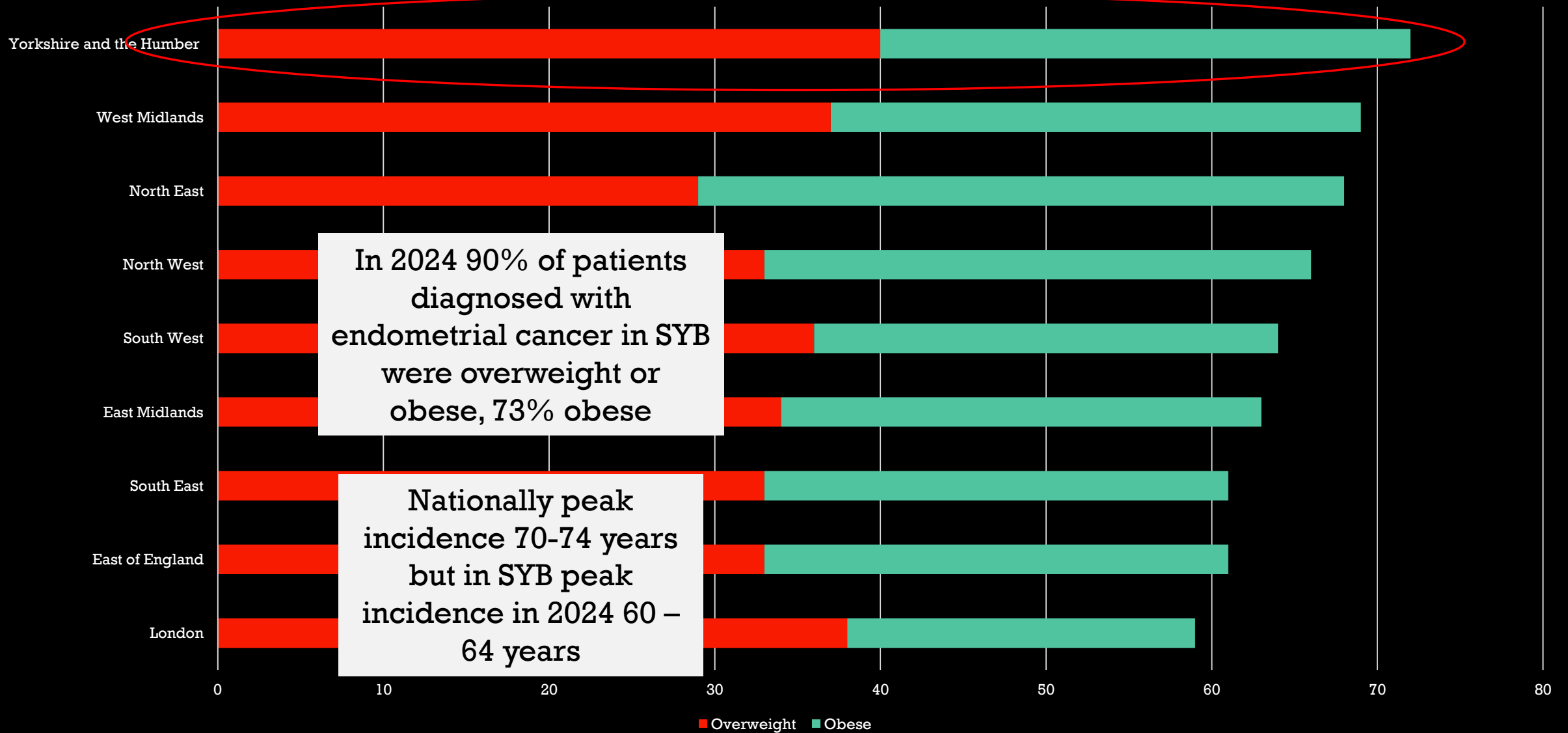
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for every 5kg/m<sup>2</sup> increase in BMI, 60% increase in risk of endometrial cancer

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High BMI is likely to directly effect prognosis, although remains uncertain if this is directly attributable to the disease or the additional co-morbidities patients with obesity also suffer from

## Percentage Overweight and Obese By Region

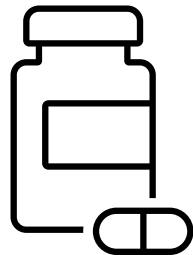


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## Obesity and Menopause – the perfect storm

- Obesity is associated with an increased risk and severity of menopausal symptoms particularly vasomotor symptoms like hot flashes and night sweats .
- Obesity may also worsen other menopausal symptoms, such as sleep disturbance, bloating and GU symptoms
- As a consequence, more obese women seek help and prescriptions for HRT

## HRT use over the last decade



- Over the last decade a rise of over 13% each year in prescriptions for HRT
- **Unscheduled bleeding on HRT is common**, up to 41% of those taking combined continuous (ccHRT) and 38% of those using sequential preparations (sHRT)

### As a consequence ...

- 40% increase in referrals on Urgent Suspicion of Cancer pathway to Gynaecology rapid access clinics by over 40% over the last 3 years, in part attributed to increased HRT use and the common side effect of unscheduled bleeding

### But

- no increase in the rate of endometrial cancer related to the increase in number of referrals

**HRT and risk of  
endometrial cancer  
— it's all about the  
progesterone!**

- If the dose of progesterone is too low, the risk of endometrial cancer increases (The Newson clinic)
- After 5 years of sHRT use, endometrial cancer risk has also been shown to increase
- At the Sheffield Gynae Diagnostic clinic patients <60 taking HRT (897) had a significant lower risk of developing endometrial cancer than those <60 years of age not on HRT (2257).
- Cancer detection rate for those on HRT versus those not on HRT 2.53% vs 0.67% ( $p=0.0001$ )

# GLP-1 receptor agonists

- Semaglutide (Ozempic) and Tirzepatide (Mounjaro) both reduce the effectiveness of oral progesterone.
- Slow down gastric emptying, reduces absorption of oral medication
- **BMS recommendations:**
  - No change for those using a combined patch or for those with a LNG-IUD, or those already using the progesterone vaginally.
  - consider changing to LNG-IUD or increasing the dose of the progesterone for 4 weeks after initiating the injections and for 4 weeks every time the dose is increased, but at present there is no data on how much to increase the dose by



## Managing Unscheduled Bleeding

- Regional guidance regarding unscheduled bleeding on HRT
- In line with the British Menopause Society Guidance **WITH ONE EXCEPTION**
  - any patient 60 or over regardless of HRT status presenting with abnormal bleeding in SYB should be referred on a Suspected Cancer Pathway

Only 5% of patients diagnosed with an endometrial cancer in 2024 were taking HRT at the time or within the three months prior to their presentation.

In all cases risk factors for endometrial cancer were present such as high BMI and insufficient progesterone for endometrial protection.

# Take away messages

Appropriate use of HRT does not cause endometrial cancer

## **Always consider the risk factors:**

raised BMI,

heavy irregular bleeding,

Type 2 diabetes,

Lynch syndrome,

PCOS,

hypertension

chronic liver disease

**When determining whether to refer on an urgent suspected cancer pathway regardless of HRT status**

## A quick note on Cervical cancer

Proportion of people  
diagnosed < 30 is  
decreasing in line with  
expectations following  
vaccination

Proportion of people over  
aged 65 with stage II or  
worse cancer is increasing  
due to less screening at  
ages 50-64 years  
compared to those without  
cancer



Ovarian cancer

# Ovarian cancer

## The challenges

- Early diagnosis
- Non-specific symptoms
- No good diagnostic tests
- No screening tests
- Emergency presentations
- Treatments – arduous for patients

## NG12 guidance for referral;

- examination identifies ascites/pelvic or abdominal mass (which is not obviously uterine fibroids).
- Carry out tests in primary care if patient (especially if aged 50+) reports any symptoms on a persistent or frequent basis
  - persistent abdominal distension, feeling full and/or loss of appetite
  - pelvic or abdominal pain
  - increased urinary urgency and frequency
- Consider carrying out tests in primary care if patient reports any of the following symptoms, fatigue or changes in bowel habit.
- Advise any woman who is not satisfied with her symptoms becoming more frequent/persistent.
- Carry out appropriate tests in a primary care setting if patient reports any of the following symptoms within the last 12 months that suggest irritable bowel syndrome (IBS)
- Measure CA125 in primary care if patient reports any of the following symptoms within the last 12 months that suggest ovarian cancer
- If CA125 is 35+, arrange an ultrasound scan
- If the ultrasound suggests ovarian cancer, refer on an Urgent Suspected Cancer Pathway
- If normal CA125 or CA125 35+ but a normal ultrasound:
  - assess her carefully for other clinical causes of her symptoms and investigate if appropriate
  - if no other clinical cause is apparent, advise her to return to her GP if her symptoms become more frequent/persistent.

Macmillian identified by the time many women attend their GP with symptoms they have already visited a pharmacy to buy medications and remedies for symptoms at least 3 times in the previous 3 months

## The vexing issue of CA125

**50 – 60% of Stage 1 and 2 ovarian cancers have normal CA125 levels, therefore risk of false reassurance**

Multiple other gynae and non-gynae causes of a raised CA125

NIHR study published 2021;

- Over 50,000 women, 18 years and over who had a CA125 taken in primary care
- pointed towards using age specific levels to try to triage patients, currently under consideration by NICE
- those with a CA125 > 35 who were over 50 had a 15% chance of ovarian cancer whereas for those under 50 there was a 3% chance of ovarian cancer
- 1 in 3 over 50s with a raised CA125 were diagnosed with a cancer; 10% had ovarian but 12% had a non-gynae malignancy

## Where are we now

- SYB has one of the worse 1 year mortality rates for Ovarian Cancer in England and Wales
- SYB also has some of the highest Emergency presentation rates in England and Wales
- Patients who present as an emergency significantly less likely to receive any anticancer therapy for Ovarian Cancer

Yet we know at least 70% of patients will have some response to single agent Carboplatin leading to an improvement in symptoms and quality of life





**Involve employers  
in education and  
awareness**

**'fit to fight cancer'**

Optimise other co-  
morbidities when referred  
on an urgent cancer  
pathway?

**Information on  
supermarket  
shelves/pharmacies**