

# Differences in treatment for advanced ovarian cancer could explain why UK survival lags behind other countries

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The main reason women are less likely to survive ovarian cancer in the UK than in other comparable countries appears to be due to very low survival in those with more advanced stages of the disease, shows new research published in the journal *Gynecologic Oncology*.

This research is part of the [International Cancer Benchmarking Partnership](#) (ICBP) - a unique global collaboration funded by the Department of Health.

Overall, the UK had similar proportions of [women](#) diagnosed at each stage of the disease as in the other participating countries (Australia, Canada, Denmark and Norway). This indicates that differences in access to treatment, or in the quality of care, could play the largest role in the UK's lower survival for [ovarian cancer](#), along with other factors such as having another illness which may prevent some women from receiving or completing a specific treatment.

Researchers from Cancer Research UK's [Cancer Survival](#) Group at the London School of Hygiene and Tropical Medicine examined the records of 20,073 women diagnosed with ovarian cancer between 2004 and 2007 to see how many survived

for at least one year, and how this compared with the other four countries.

They found that in the UK, 69 per cent survived for at least a year compared to 72 per cent in Denmark and 74-75 per cent in Australia, Canada and Norway.

Survival in the UK was lower among women whose ovarian cancer was diagnosed at a late stage, and for those whose disease stage had not been recorded. This difference for late-stage cancer was greatest for women diagnosed at age 70 years or more, among whom just 35 per cent survived for at least a year, compared to 45 per cent in Canada.

The UK was also much worse at actually recording the stage at diagnosis.

Dr Bernard Rachet, lead author from the Cancer Survival Group at the London School of Hygiene and Tropical Medicine, said: "Our research is the first population-based study to examine whether low ovarian cancer survival in the UK is due to more women being diagnosed with advanced disease, or to the outcome of treatment in the UK being inferior at each stage. The results show that the proportion of women with advanced disease is similar to that in other countries, but that survival for women with advanced disease is much lower. This suggests that the success of treatment is lower in the UK, and more effort should be made to ensure that UK women with ovarian cancer have the same access to the best treatments."

Dr John Butler, study author and Cancer Research UK clinical advisor for the ICBP project from the Royal Marsden Hospital, said: "Ovarian cancer can be very difficult to treat, because it's not just one disease but several different diseases, depending on the type of the tumour. The most common form,

high grade serous ovarian cancer, is thought to develop in the fallopian tube, rather than the ovary, and it often spreads rapidly before a woman notices any symptoms. This is why many ovarian cancers are not detected until they are more advanced. But in order for us to understand why we have lower ovarian cancer survival and how we can focus on improving treatment for later stage disease, the UK must get better at recording the stage of disease at diagnosis."

Sara Hiom, director of information at Cancer Research UK, said: "This disturbing research advances our knowledge about what needs to be done to tackle lower ovarian cancer survival in the UK. The results show that achieving earlier diagnosis remains vital for improving overall survival. If women are diagnosed when the cancer is still in its early stages, before it has spread to other parts of the body, it is far more likely that treatment will be successful. In addition treatment must be improved for advanced stage cancers."

**More information:** Maringe et al. Stage at diagnosis and ovarian cancer survival: Evidence from the International Cancer Benchmarking Partnership. *Gynecologic Oncology*. doi: [10.1016/j.ygyno.2012.06.033](https://doi.org/10.1016/j.ygyno.2012.06.033)

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