What is ovarian cancer?

Ovarian cancer only affects women. It mainly affects women who have been through the menopause but it can sometimes affect younger women.¹

Over 7,300 women are diagnosed with ovarian cancer in the UK each year.² Symptoms for ovarian cancer are not always easy to spot and depend on the stage of the cancer. At an early stage, symptoms can include pain in the lower abdomen or side, feeling full and feeling bloated.³ Once the cancer has spread, symptoms can include: loss of appetite or feeling of fullness in the abdomen; feeling or being sick; constipation; tiredness; and noticeable swelling of the abdomen.² Treatment options can include surgery or chemotherapy, or a combination of both depending on the stage of the cancer.⁴

This briefing provides an overview of ovarian cancer outcomes in the UK and Europe informed by the findings from the Institute of Health Economics’ (IHE) Comparator Report on Access to cancer medicines in Europe revisited.⁵

Patient outcomes for ovarian cancer

The UK’s ovarian cancer statistics compare poorly in relation to those of its European neighbours. The rate of newly diagnosed cases of ovarian cancer in the UK is 16 per 100,000 population compared to a European average of 12.6 per 100,000.⁵

Incidence of cancer is increasing across Europe. The IHE report states that demographic factors contribute to this increase. However, this alone does not explain the relatively higher incidence rate in the UK, where similar demographic changes to Europe are taking place.⁶

In England, three out of ten women with ovarian cancer are diagnosed via the ‘two-week wait’ referral route and about four out of ten of these cases are diagnosed at an early stage.⁷

The five-year age standardised survival for ovarian cancer in the UK is the lowest in Europe.⁵ Chances of survival for UK patients five years after diagnosis are 6% lower than the European average and the likelihood of dying from ovarian cancer is 8.4 out of 100,000 compared to the European average of 7.4 per 100,000.⁵ Factors such as timely referral and patient access to treatment and care are likely to play a part in the UK’s poorer outcomes for ovarian cancer.
Cancer spending

The UK’s overall spending on healthcare as well as on cancer falls below the European average. According to the IHE, UK spending on healthcare as a percentage of GDP, and per capita spending on cancer are 1% and €41 lower than the European average respectively.5

The UK spends €248 million per year, equating to €3.84 per capita, on gynaecological cancers, including ovarian cancer. This is significantly lower than Germany, the highest spending country in Europe, which spends three times as much per capita on this group of cancers.5

The patient journey

Diagnosis

In 2013, the main route of diagnosis for ovarian cancer in England was referral by a GP to a specialist via the ‘two-week wait’ by which 31% of patients are identified. 8 Compared to other cancers, diagnosis via emergency presentation is high for ovarian cancer, with 26% of patients diagnosed through this route compared to 20% of all cancer patients.

As with all cancers, earlier diagnosis equates to better outcomes. For ovarian cancer, those patients who are diagnosed at stage I have a 99% chance of surviving at least one year, so timely diagnosis is particularly crucial.9

Five-year age standardised survival, ovarian cancer

UK per capita spending on gynaecological cancers in 2014 was €3.84 whilst Germany’s per capita spending on cancer in 2014 was €10.715

In the UK, 11 women die from ovarian cancer every day8
Access to new treatments

Traditionally, the UK’s uptake of new medicines has been relatively low compared to other European countries, which has meant that treatment options for cancer patients in the UK have lagged behind those in other European countries.\(^5\)

Since 2000 the UK has approved twelve treatments through NICE and further treatments through the Cancer Drugs Fund (CDF) for ovarian cancer.\(^10\)\(^,\)\(^11\)

In recent years, gaining access to treatments for ovarian cancer through NICE has become more difficult. There has been a noticeable deceleration in the rate of access through NICE, as shown by the fact that between 2000-2011, nine treatments were approved for use on different indications by NICE, whereas since 2011, only three have been approved and three have been rejected.

There is scope for ovarian cancer outcomes in the UK to improve as a result of better access to the new treatments through NICE and timely diagnosis.\(^12\) Recent reforms introduced to the CDF should be monitored to ensure patients continue to have timely access to new ovarian cancer treatments.

The future of ovarian cancer care

In the UK, 11 women die from ovarian cancer every day.\(^2\) Outcomes for people with ovarian cancer in the UK are worse than the rest of Europe, and better access to innovative treatments has the potential to help address some of the issues patients face.

However, in order to ensure the system is ready to tackle the future challenges that the UK faces for ovarian cancer, it is important that:

- **Focus on early diagnosis** is increased to ensure that patients are identified early and have access to high quality care and treatment
- **Identification of other factors influencing the low survival rate** is ensured so that funding can be directed to health services in such a way that increases survival
- **Reimbursement, funding and uptake** pathways for innovative treatments are optimised and that access to treatments is secured in a timely and comprehensive manner

About this briefing

This briefing has been developed following the publication of the *Comparator Report on patient access to cancer medicines in Europe revisited* by the Swedish Institute for Health Economics. It aims to highlight the key findings of the report in relation to the UK’s ovarian cancer outcomes in the European context. Whilst the briefing primarily draws on the findings of the report, it also brings together additional relevant data sources.

References