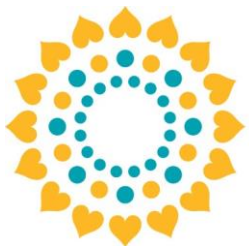


# Ovarian cancer prevention in high-risk population: the patient & previvor perspective

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Ovarian Cancer Canada  
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Family Practice Oncology Network  
Oncology CME Webcast for Primary Care  
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# Disclosures

❖ I have no conflicts of interests to disclose



# Learning objectives

- ❖ To review the pathway to prevention for individuals at high risk for ovarian cancer, including current gaps and inequities
- ❖ To introduce Ovarian Cancer Canada's national Prevention Task Force
- ❖ To highlight the important role that family doctors can play in preventing ovarian cancer

*"I'm frustrated that I didn't get genetic testing sooner. I would have moved forward with risk-reducing surgeries and maybe never would have gotten cancer."*

- Sheree, 44 years old -



# Audience poll

You have a new 39-year-old patient with no health complaints who tells you that her paternal aunt and paternal grandmother were diagnosed with breast cancer in their early 40s. She is talking with you about birth control and wants a tubal ligation for permanent contraception as soon as possible. What would you do first?

- a) Arrange booking for the tubal ligation
- b) Discuss opportunistic salpingectomy instead of a tubal ligation
- c) Refer this patient to genetic counselling



# Who is at risk for ovarian cancer?

- ❖ Anyone born with ovaries is at some risk for ovarian cancer (~1.4% in the general population)
- ❖ However, certain individuals may have an up to 40% lifetime risk due to:

- ❖ Family history of specific cancers (ovarian, breast, endometrial, colorectal, pancreatic, prostate)
- ❖ Ancestry e.g., Ashkenazi Jewish
- ❖ Inherited mutation in a hereditary cancer gene (e.g., BRCA1/2)
- ❖ Personal history of breast cancer
- ❖ Endometriosis
- ❖ Increasing age

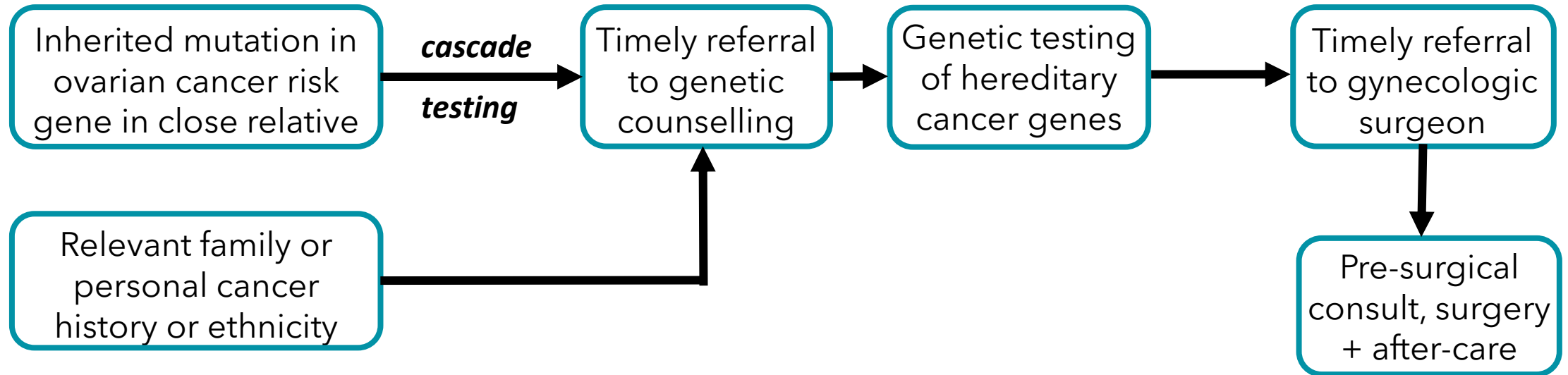


# Prevention in high-risk population: a simplified view

## 1) Identify individuals who may be at increased risk for ovarian cancer

## 2) Confirm ovarian cancer risk

## 3) Reduce ovarian cancer risk



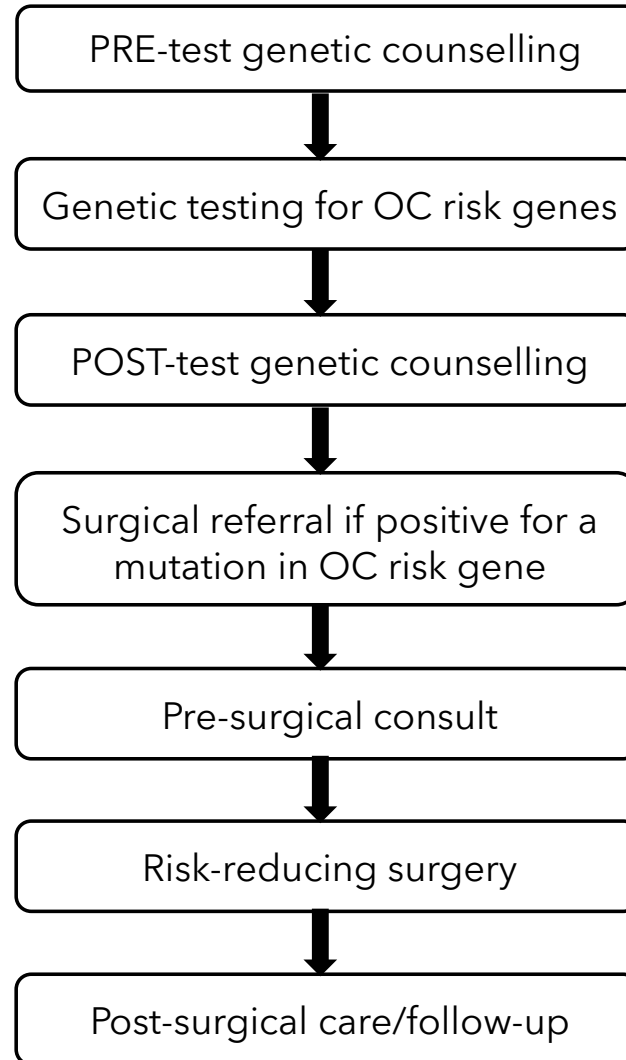
Interviews/surveys with 60+ previvors, 29 genetics clinics and 15 gynecologic surgeons from across Canada have identified many gaps and inequities along this pathway



# Gaps & inequities in pathway to OC prevention

## **Systemic Gaps**

- Lack of discussion on family history with family doctors
- Many not accessing counselling services?
- Limited counselling on psychosocial impact of testing
- Limited counselling on communicating genetic results with family members
- Lack of readily available information on surgeons performing risk-reducing surgery
- Limited counselling on recovery process, side effects of surgery and options for post-surgical care
- Few specialized clinics for risk-reducing surgery and menopausal management
- Need better adherence to age guidelines

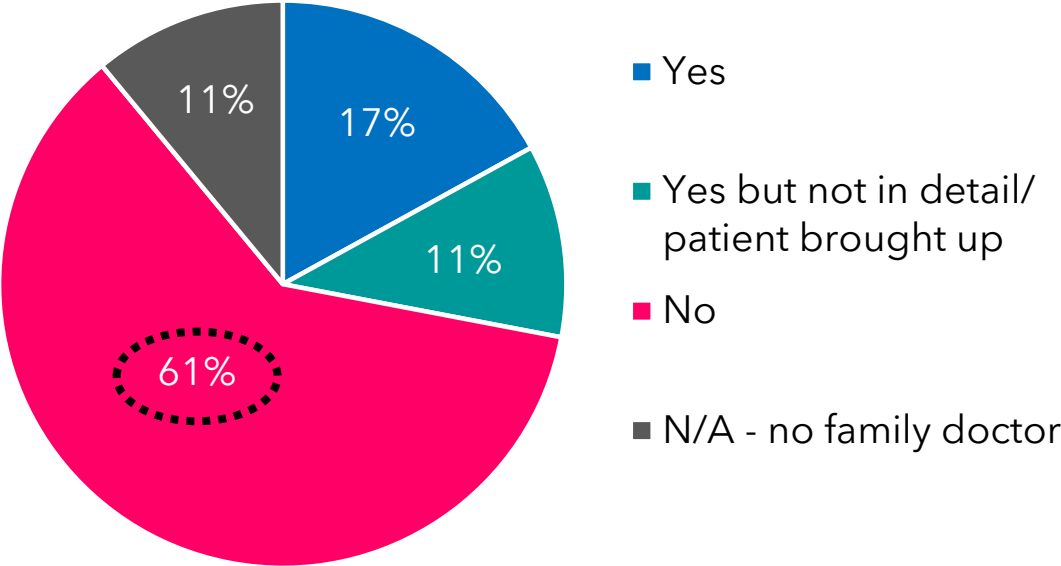


## **Regional Differences**

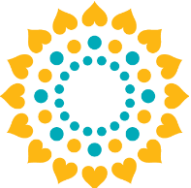
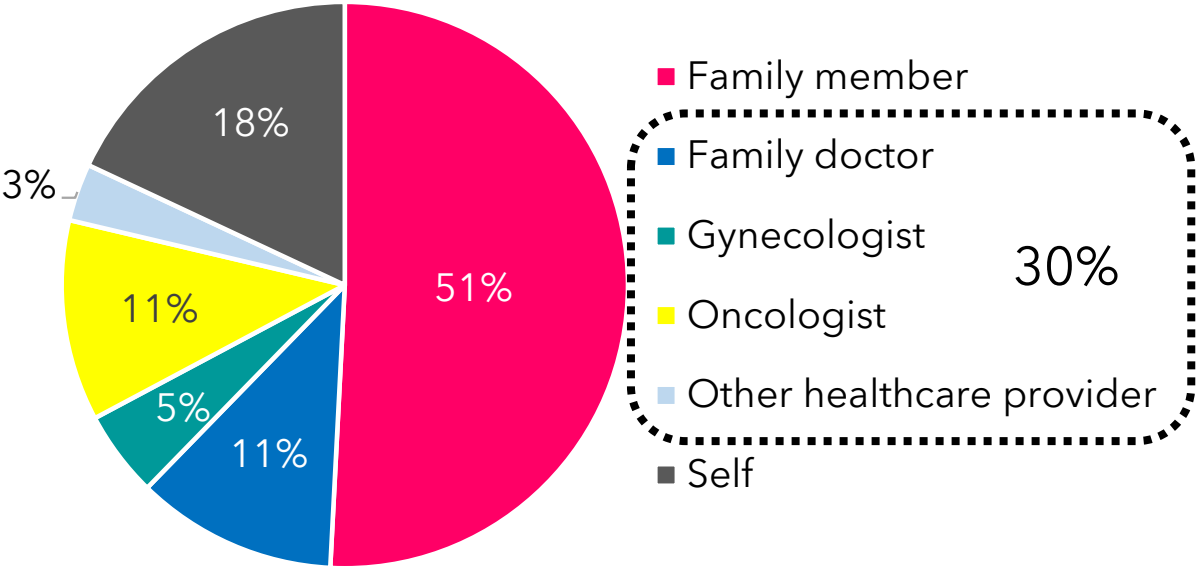
- Genetic testing criteria for women with OC and unaffected relatives
- Wait-times for genetic counselling and testing
- Unequal access to testing when no known familial mutation
- Path for Nunavut/NWT patients unclear
- Who refers patient for risk-reducing surgery
- Wait-times for consult and surgery
- Care of women found to have an isolated pre-cancer lesion

# Gaps & inequities: Lack of discussion on family history of ovarian or related cancers with family doctors

*Previvor discussed family history with their family doctor prior to genetic testing*



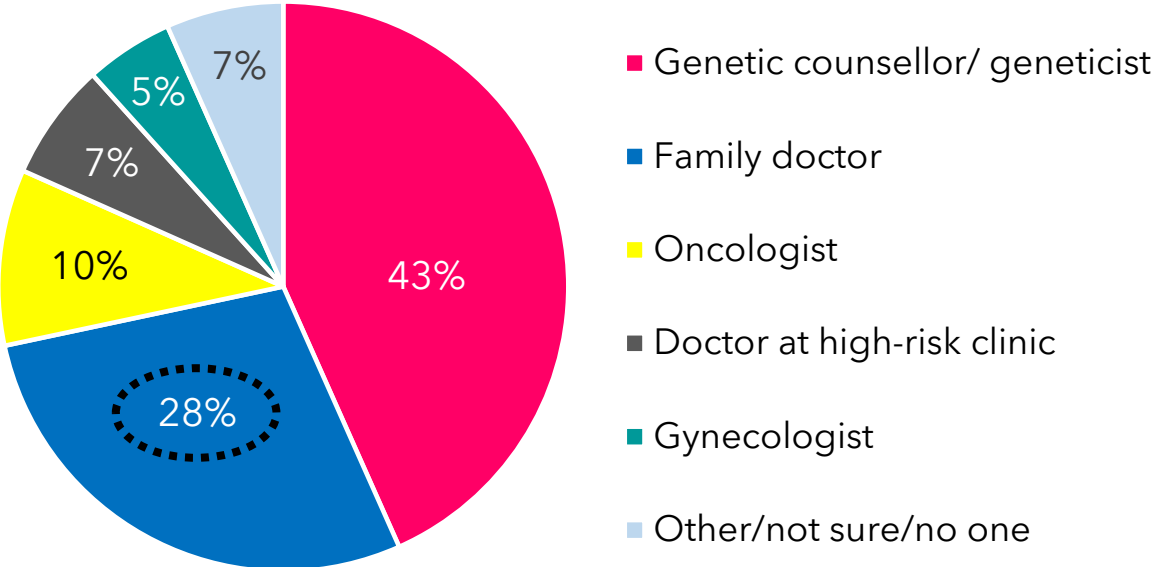
*Who recommended genetic testing*



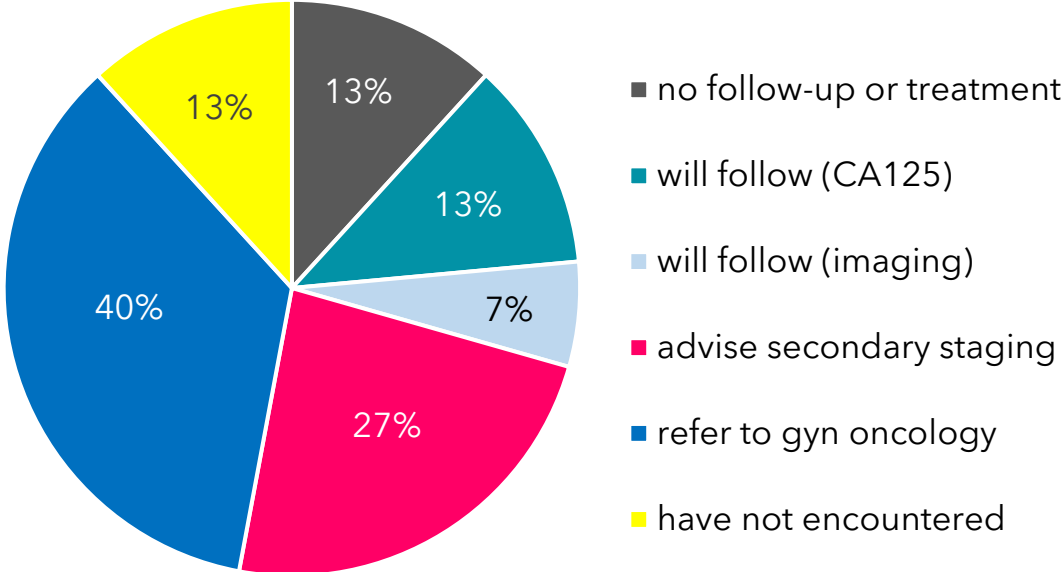


# Gaps & inequities: Risk-reducing surgery in high-risk population

*Who sent referral for risk-reducing surgery*

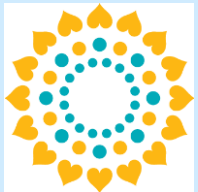


*Management of women with pre-cancer lesion detected during risk-reducing surgery*



# Previvors: an underserved population

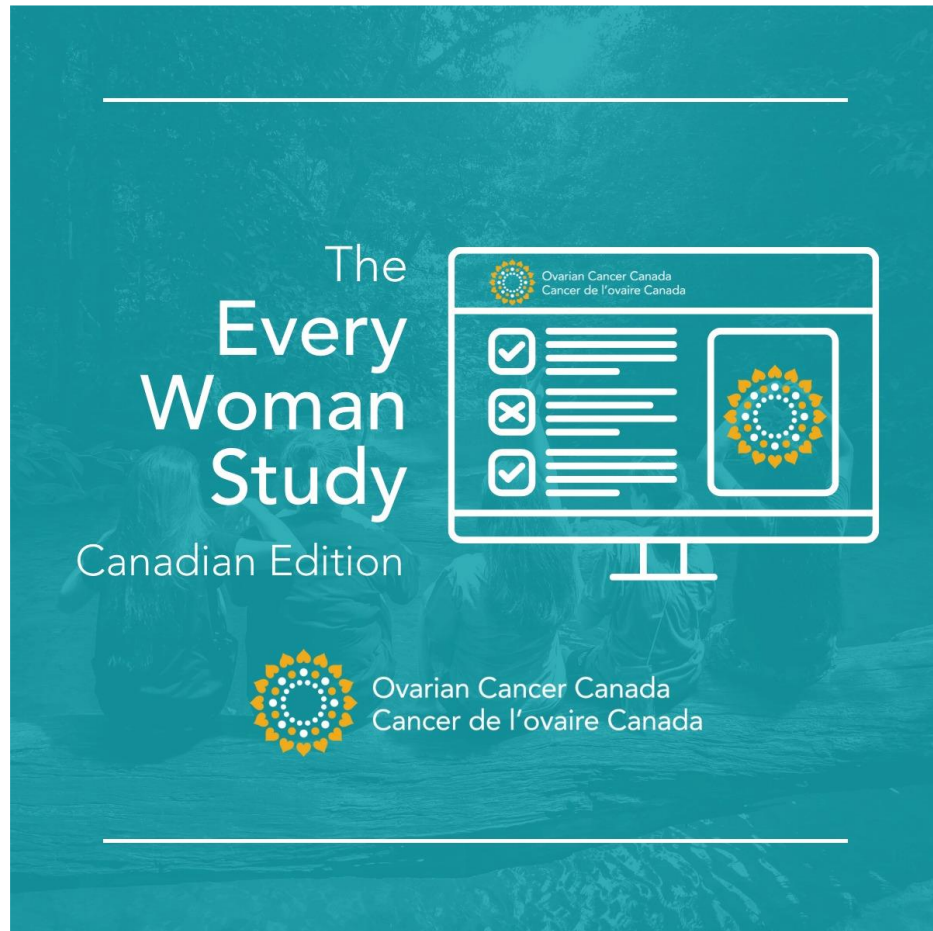
Lack of programmatic follow-up of high-risk patients in most Canadian jurisdictions, to ensure that previvors are referred to the appropriate specialists or pursue prevention strategies. Individuals are essentially “orphaned” after discovering they are at high risk for cancer (*Dr. Lesa Dawson and colleagues, PLoS One, 2022 Dec 22*)



“Every breast or ovarian cancer patient with a *BRCA1* or *BRCA2* mutation detected after diagnosis is a missed opportunity to prevent a cancer. No woman with a mutation in *BRCA1* or *BRCA2* should die of breast or ovarian cancer.”

- Dr. Mary-Claire King, 2018 -

# Gaps & inequities: Missed opportunities for prevention revealed through the Every Woman Study



Open Access Article

## Understanding the Experience of Canadian Women Living with Ovarian Cancer through the Every Woman Study™

by  Alicia Tone <sup>1,\*</sup>   Talin Boghosian <sup>1</sup>  Alison Ross <sup>1</sup>  Elisabeth Baugh <sup>2</sup>   
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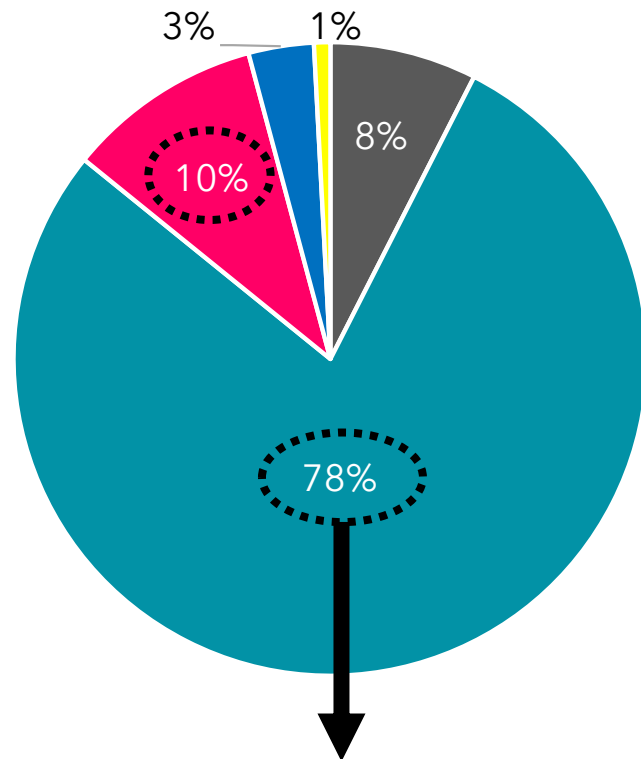
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# Gaps & inequities: Genetic testing among ovarian cancer patients with a family history

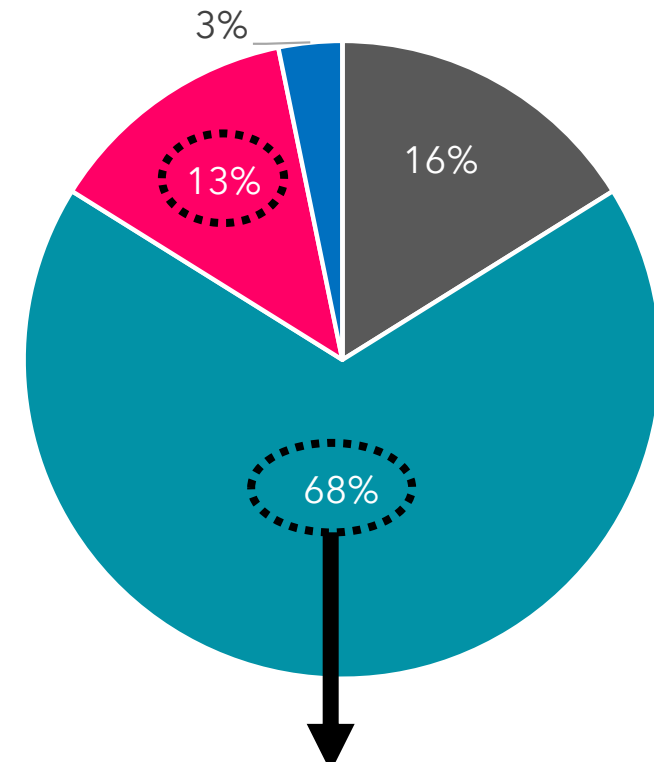
Genetic testing among respondents with a family history of ovarian cancer



- Tested before diagnosis
- Tested after diagnosis
- Not offered testing
- Not interested in testing
- Not sure/can't remember

**Mutation in *BRCA1/2* (39%)**  
Mutation in other gene (9%)  
Variant of uncertain significance (13%)

Genetic testing among respondents with a first-degree relative with ovarian cancer



**Mutation in *BRCA1/2* (62%)**  
Mutation in other gene (14%)  
Variant of uncertain significance (5%)



# Ovarian Cancer Canada's Prevention Task Force



Ovarian Cancer Canada staff, researchers, oncologists, gynecologists, genetic counsellors, family doctors, patients and previvors working together to decrease the incidence of ovarian cancer in Canada, by maximizing opportunities for prevention

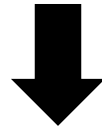
# Collaborative research projects in the pipeline (2023-2025)



# How family doctors can help prevent ovarian cancer: **identifying patients at high risk**

## **If your patient:**

- ✓ Has a family history (on either the maternal or paternal side) of ovarian, breast, pancreatic, prostate, colorectal and/or endometrial cancer; AND/OR
- ✓ Has a personal history of breast cancer



Send referral to genetic counselling



Additional consideration - ancestry:

- ❖ Ashkenazi Jewish
- ❖ French-Canadian
- ❖ Icelandic/Dutch
- ❖ others

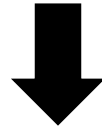
[www.cagc-accg.ca](http://www.cagc-accg.ca)



# How family doctors can help prevent ovarian cancer: **management of previvors**

## **If your patient:**

- ✓ Has been found to have an inherited mutation in an ovarian cancer risk gene; AND
- ✓ Has not been diagnosed with ovarian cancer



- 1) Discuss risks and benefits of RRSO (risk-reducing salpingo-oophorectomy)
- 2) Refer patient to high-risk clinic or gynecologic surgeon who has experience performing RRSO

# How family doctors can help prevent ovarian cancer: **cascade testing**

## **If your patient:**

✓ Has been diagnosed with ovarian cancer; AND

✓ Has not had genetic testing

✓ Has had an inherited mutation revealed through genetic testing

Reinforce potential benefits of genetic testing for both the patient themselves (treatment, prevention of other cancers) and their family members (prevention)

Advise/encourage the patient to discuss their genetic result with their family members, and the importance of cascade testing to understand their own risks

# How family doctors can help prevent ovarian cancer: resources for patients

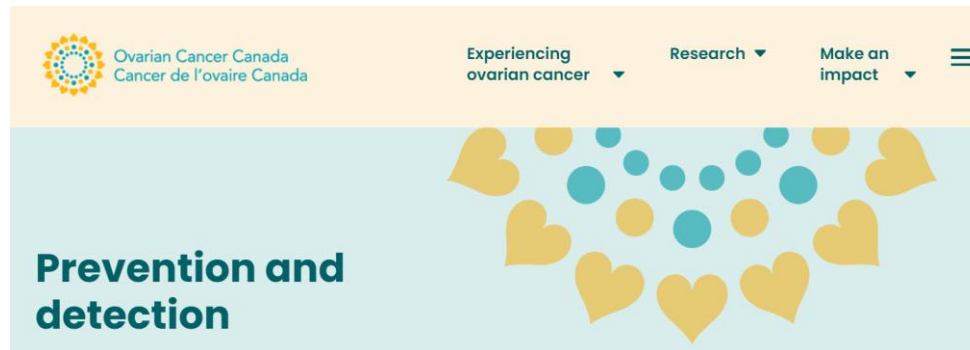
## Online tools

- ✓ **Talking to your family doctor about ovarian cancer: risk factors, family history, symptoms**
- ✓ The power of genetics
- ✓ Clinical trials
- ✓ Understanding ovarian cancer follow-up care

## By Your Side guide

- ✓ Includes information on prevention

Go to: [ovariancanada.org](http://ovariancanada.org)



Ovarian Cancer Canada  
Cancer de l'ovaire Canada

Talking to your doctor about  
ovarian cancer

Use this **worksheet** to track symptoms and potential risk factors before meeting with your doctor.

Ovarian cancer is a relatively rare cancer. There is no effective screening test, no reliable diagnostic test, and no "red-flag" symptoms. In light of these challenges, it may be difficult to have an effective conversation with your primary care physician about ovarian cancer. Therefore, this guide has been designed to support you in having a helpful conversation with your doctor about your risk for ovarian cancer.

This guide is a general template to help facilitate a conversation with your family doctor about ovarian cancer. There are many opportunities to adapt this guide to your unique values, preferences, and experiences.

If you do not have a family doctor, the following options may be available to you:

- Gynecologist
- Walk-in clinic
- Community health center
- Emergency room or urgent care center

If you have questions about your care, or about your risk for ovarian cancer, please connect with Ovarian Cancer Canada for more information.

### Risk factors for ovarian cancer

Anyone born with ovaries is at some risk for ovarian cancer. However, there are some distinct factors that might increase your risk. As you read the following risk factors for ovarian cancer, place a check mark in the box next to any statements that apply to you:

- I am over the age of 50.
- I have never been pregnant.
- I have never used birth control pills.
- I have a family history of cancer.
- I have a family history of ovarian, breast, prostate, pancreatic, endometrial, and/or colorectal cancer (on either side of your family)
- I have been told that I have an inherited genetic mutation related to certain cancers.
- I belong to one of the following ethnic communities: Ashkenazi Jewish, French Canadian, Icelandic, Dutch, Norwegian, and/or Eastern European.
- I have a history of endometriosis.

### Symptoms of ovarian cancer

If you are experiencing any severe symptoms, including but not limited to pain, fever, or heavy bleeding, visit your local emergency room or urgent care.

The symptoms most associated with ovarian cancer are very common and most of the time, they are the result of a much less serious condition.

# We want to hear from you

## FPON webinar survey: role of family doctors in ovarian cancer prevention and diagnosis

As a family physician, you can provide Ovarian Cancer Canada with valuable input about what stands in your way in preventing and diagnosing ovarian cancer.

1. What barriers /gaps in the system have you faced in identifying those at high risk of ovarian cancer? (ex: reviewing family history, referring to genetic counseling, etc.)
2. What barriers /gaps in the system have you faced in diagnosing patients with ovarian cancer? (ex: identifying symptoms, referrals for diagnostic tests, referrals to cancer centres, etc.)
3. Would you be willing to speak directly with Ovarian Cancer Canada about the role family doctors play, and the challenges they experience, in ovarian cancer prevention and diagnosis? If yes, please provide your email in the space provided.



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*\*family doctor*

As the only registered Canadian charity solely dedicated to overcoming ovarian cancer, Ovarian Cancer Canada provides leadership in research, advocacy, and support, so that women live fuller, better, longer lives.

## Connect with us...



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