

# Delivering for ovarian cancer patients: how the new cancer plan can deliver improvements in ovarian cancer care in England



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HEALTH

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# SUMMARY INFOGRAPHIC<sup>1</sup>



**5,713**

people were diagnosed with ovarian cancer in England in 2022



**70.5%**

of cancers were diagnosed at either stage 3 or stage 4



**40.1%**

of women with ovarian cancer had an emergency admission within the 28 days prior to diagnosis. The data reveal a variation of 22.1% in the proportion of patients admitted as an emergency prior to diagnosis between NHS Trusts



**70.2%**

of women survived at least one year after diagnosis. There is an 18.7% variation in the one year survival rate recorded between NHS Trusts



Positively across the four indicators analysed there are marginal improvements recorded between 2021 and 2022. There has been a reduction in the number of emergency admissions prior to diagnosis, improvements in one year survival and treatment rates



**Over 1/4 women**

with stage 2 to 4 ovarian cancer received no treatment (surgery and/or chemotherapy) between one month before and nine months after the recorded date of diagnosis. There is a 25.8% variation in this treatment rate between NHS Trusts



**66%**

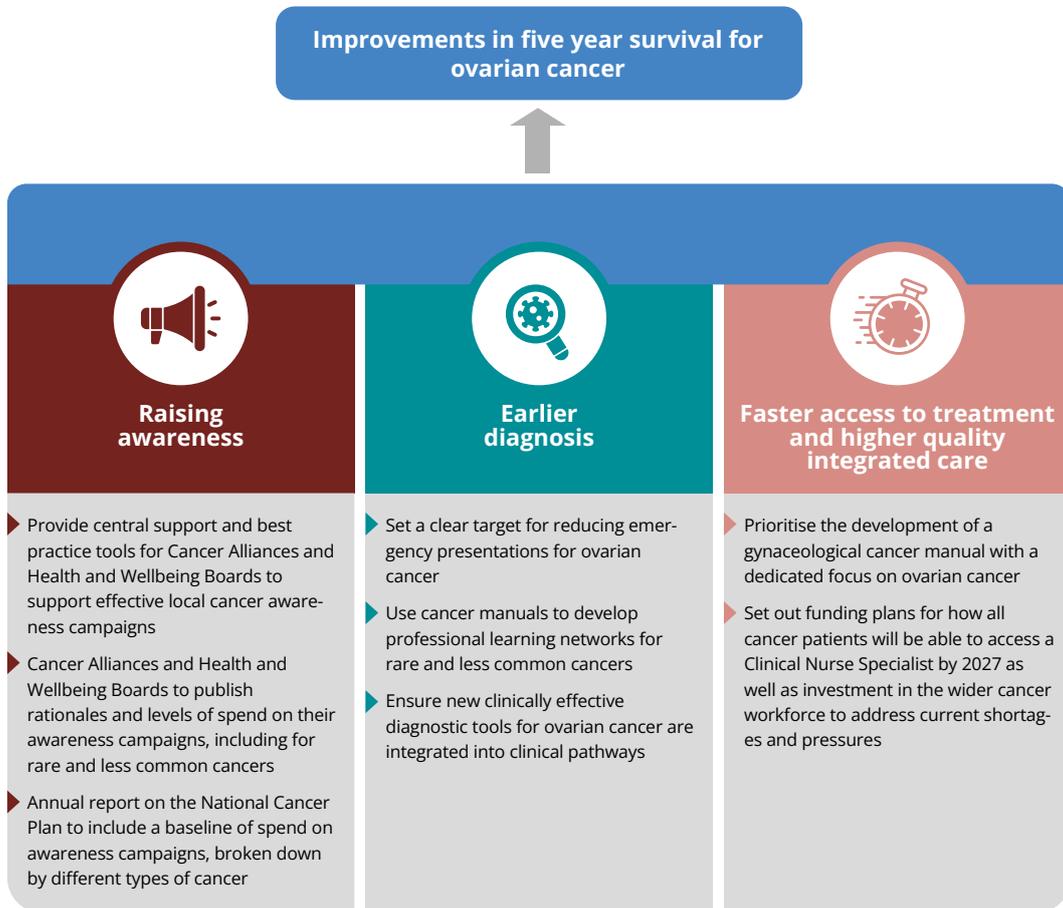
of women with stage 2 to 4 or unstaged epithelial ovarian cancer, received platinum-based chemotherapy between one month before and three months after the recorded date of diagnosis. There is a 39.1% difference in this treatment rate recorded between NHS Trusts



However underneath the national picture there remain widespread variations in the quality of care and the improvement trajectory different Trusts are following

<sup>1</sup> Data for the most recent year are taken from the National Ovarian Cancer Audit 2025, available here: <https://www.natcan.org.uk/reports/noca-state-of-the-nation-report-2025/>. Comparisons are based on the 2025 and 2024 National Ovarian Cancer Audit data. The 2024 Audit is available here: <https://www.natcan.org.uk/reports/noca-state-of-the-nation-report-2024/>

# SUMMARY OF RECOMMENDATIONS



## ABOUT THIS REPORT

This short report analyses regional differences in the impact of ovarian cancer and seeks to understand the levels of progress made in the quality of care. It builds from a previous report *How the new cancer plan can improve outcomes for patients with ovarian cancer in England*, published in 2025. The data are taken from the National Ovarian Cancer Audit.<sup>2</sup>

The report was commissioned and funded by AbbVie. Future Health has independent editorial control of the report.

Future Health would like to thank the following who agreed to short interviews as part of this research: Victoria Clare (Ovacome), Rachel Downing and Tim Nicholls (Target Ovarian Cancer), Sasha Daly (Cancer52), Michael Armstrong (Greater Manchester Cancer Alliance) and Karina Biddiss (NHS Lancashire and South Cumbria Integrated Care Board). All views in this report are those of Future Health only and should be attributed as such.

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2 [https://www.natcan.org.uk/wp-content/uploads/2024/09/NOCA-State-of-the-Nation-Report-2024-v1.0\\_12.09.24.pdf](https://www.natcan.org.uk/wp-content/uploads/2024/09/NOCA-State-of-the-Nation-Report-2024-v1.0_12.09.24.pdf)

## INTRODUCTION

The UK has some of the poorest survival rates from ovarian cancer in Europe.<sup>3</sup> Late diagnosis and access to treatment are particular challenges.

Through the National Cancer Plan the Government has set an ambitious target to improve five year survival from cancer, including rare and less common cancers such as ovarian cancer to 75%.<sup>4</sup>

This will be highly challenging to meet for ovarian cancer, where the current two year survival rate in England is 57.8%.<sup>5</sup>

Future Health's previous research found widespread regional variation in the quality of care received by patients with ovarian cancer in England. The main findings, based on analysis from the National Ovarian Cancer Audit included:

- A 22% difference between Integrated Care Boards (ICBs) seeing patients with ovarian cancer admitted as an emergency 28 days prior to diagnosis with a similar range observed for one year survival rates
- A 34% range recorded between ICBs in rates of treatment at three months with a 21% range recorded for patients on any treatment at nine months
- Treatment rates three months after a diagnosis were generally highest in the South West, with rates generally much lower in the North of England. Treatment rates nine months after diagnosis were generally higher in the South West and London than in other regions

This research looks to assess what progress has been made over the most recent year of data, using the latest National Ovarian Cancer Audit again as the baseline.

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3 [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(13\)70546-1/abstract](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(13)70546-1/abstract); <https://digital.nhs.uk/data-and-information/publications/statistical/cancer-survival-in-england/cancers-diagnosed-2016-to-2020-followed-up-to-2021>

4 <https://www.gov.uk/government/publications/national-cancer-plan-for-england>

5 <https://www.natcan.org.uk/wp-content/uploads/2025/09/NOCA-State-of-the-Nation-Report-2025.pdf>

# OVARIAN CANCER OUTCOMES AND QUALITY OF CARE

The most recent National Ovarian Cancer Audit, published in September 2025 – covering care from 2022 – recorded 5,713 cases of ovarian cancer in England. The mean age of diagnosis was 66.3 – just 22.7% of women were diagnosed at stage 1, with 70.5% diagnosed at stage 3 or 4.<sup>6</sup>

The Audit tracks a number of data points seeking to assess the quality of ovarian cancer care across NHS Trusts in England.<sup>7</sup> These include:

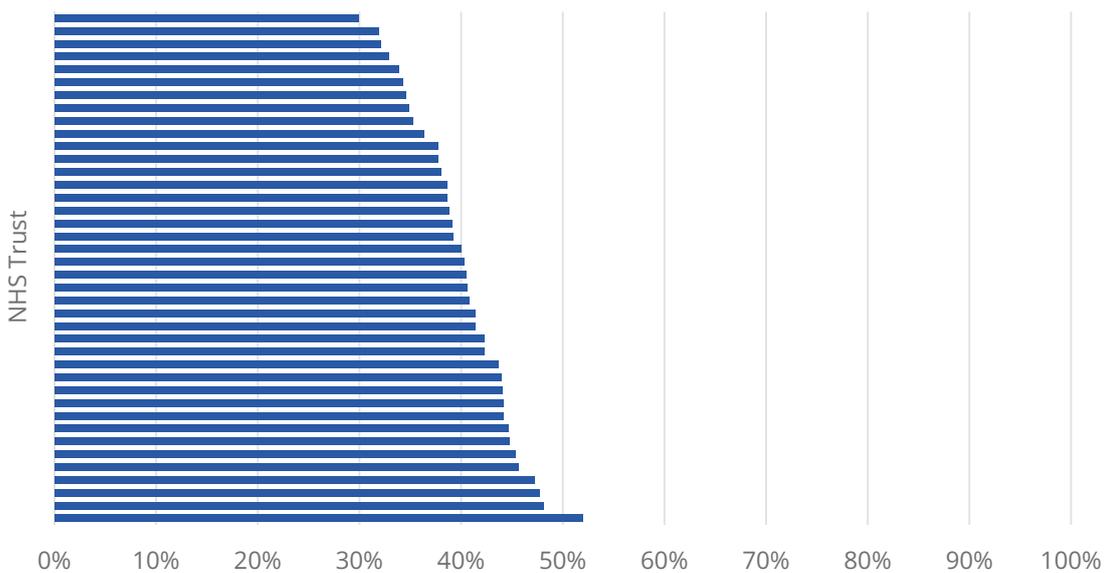
- Whether patients were admitted as an emergency 28 days before they were diagnosed
- Survival rates
- Treatment rates<sup>8</sup>

The following analysis looks at the level of variation in these data between NHS Trusts and also compares the latest performance with data from the previous year (2021).<sup>9</sup>

## Emergency admissions

Of the 5,713 women with ovarian cancer diagnosed in England in 2022, 2,288 (40.1%) had an emergency admission within 28 days prior to diagnosis. The data reveal a variation of 22.1% in the proportion of patients admitted as an emergency prior to diagnosis between NHS Trusts.

*Figure 1: Percentage of women with ovarian cancer who had an emergency admission prior to diagnosis by NHS Trust*

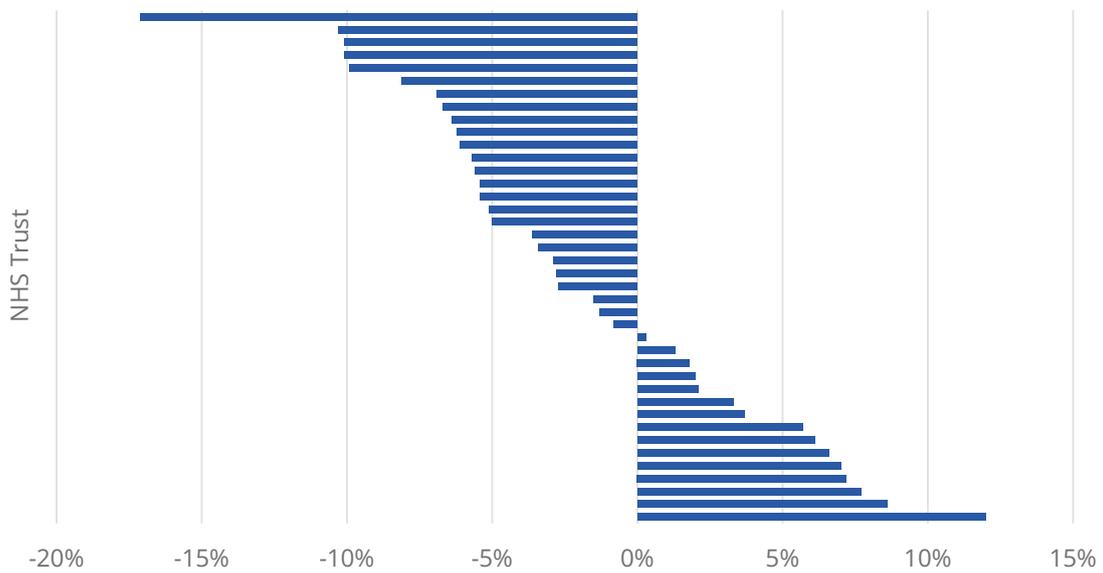


6 <https://www.natcan.org.uk/reports/noca-state-of-the-nation-report-2025/>  
 7 Data is published in the National Ovarian Cancer Audit, by Gynaecological Cancer System  
 8 The National Ovarian Cancer Audit currently includes data only on one and two year survival rates  
 9 The most recent data are taken from the National Ovarian Cancer Audit published in 2025 and available here: <https://www.natcan.org.uk/reports/noca-state-of-the-nation-report-2025/>. Comparisons are based on the 2025 and 2024 National Ovarian Cancer Audit data. The 2024 Audit is available here: <https://www.natcan.org.uk/reports/noca-state-of-the-nation-report-2024/>

The previous Audit for 2021 found that 41.4% of women had been admitted as an emergency 28 days prior to diagnosis. The 2022 Audit data shows a 1.3% fall from this.

At a Trust level 19 Trusts record an increase in emergency admissions 28 days prior to diagnosis, while 21 Trusts record a decrease in emergency admissions prior to diagnosis. The range of change year on year between the Trust with the largest increase in emergency admissions prior to diagnosis when compared with the Trust recording the largest reduction is 29.1%.

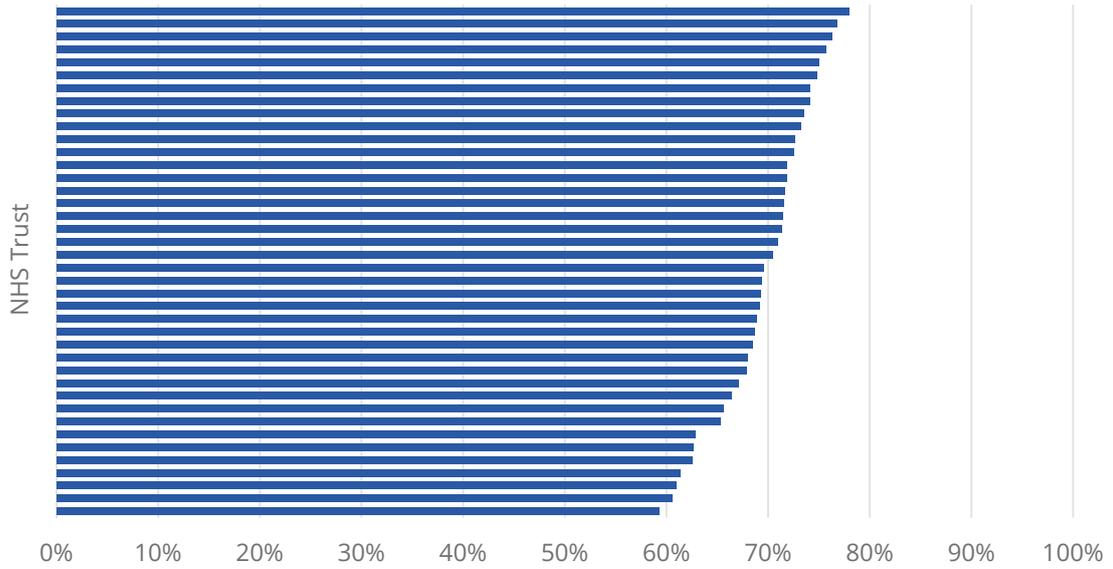
Figure 2: Change in percentage of emergency admissions prior to diagnosis 2021 to 2022 by NHS Trust



### One year survival

Of the 5,713 women diagnosed with ovarian cancer in England in 2022, 4,009 (70.2%) survived at least one year after diagnosis. There is an 18.7% variation in the one year survival rate recorded between NHS Trusts.

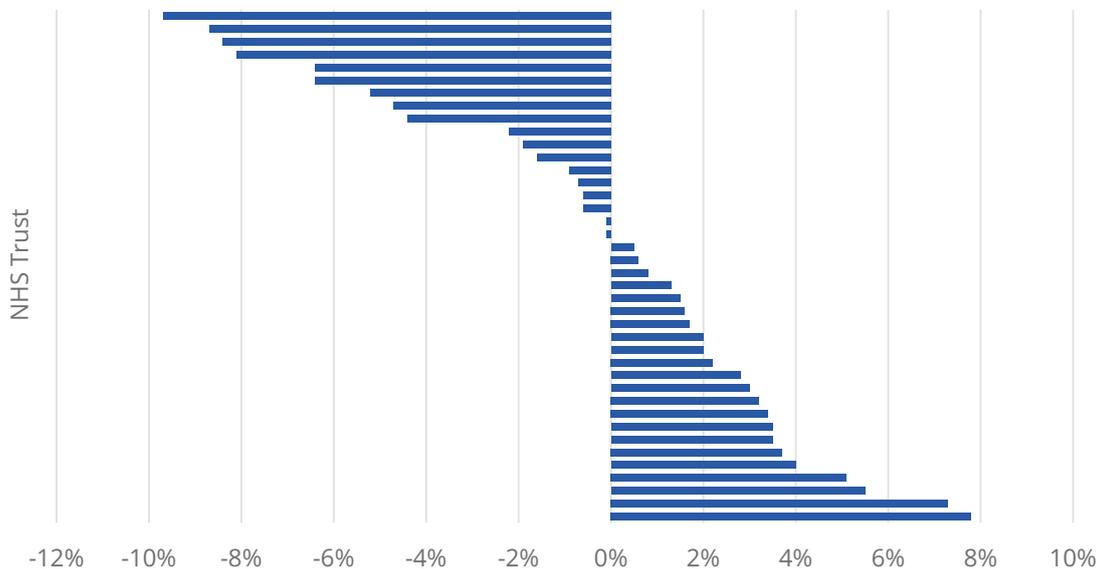
Figure 3: Percentage of women with ovarian cancer surviving at least one year after diagnosis by NHS Trust



The previous Audit for 2021 found 69.4% of women surviving one year after diagnosis. The 2022 data shows a 0.8% improvement in this.

At a Trust level 22 Trusts have seen an improvement in one year survival over the last year, while 18 Trusts record a decrease in one year survival rates. The range of change year on year between the Trust with the largest increase in one year survival when compared with the Trust recording the largest reduction is 17.5%.

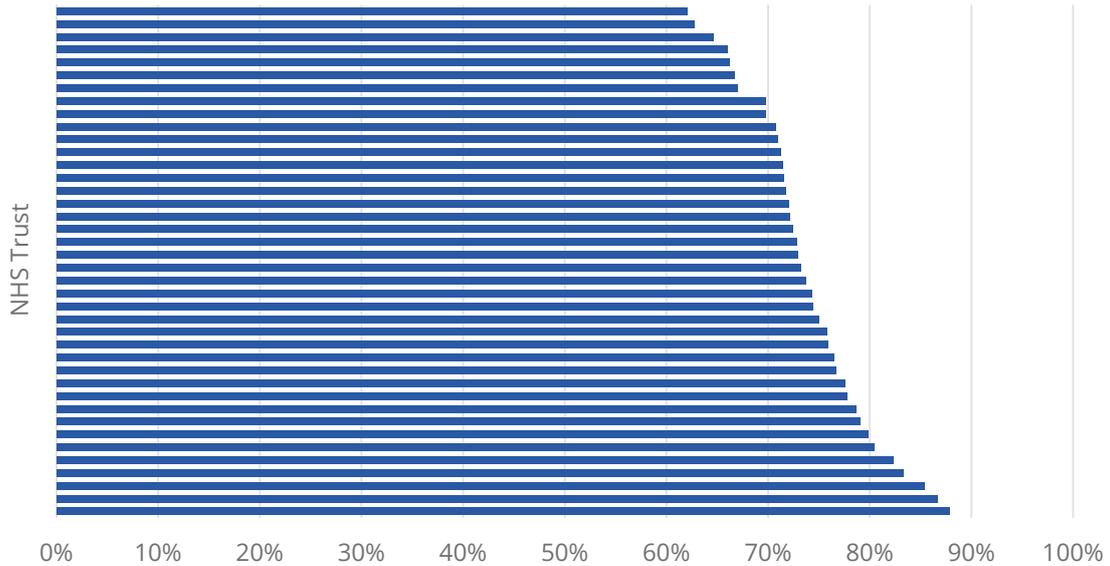
Figure 4: Change in percentage of one year survival rates between 2021 to 2022 by NHS Trust



### Treatment rates

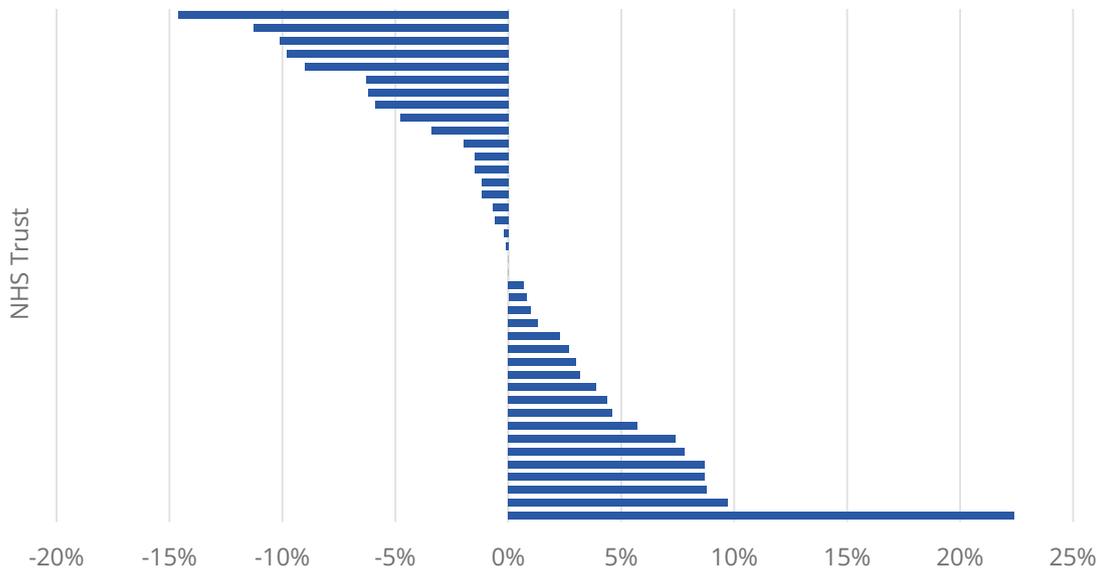
For women with stage 2 to 4 or unstaged ovarian cancer, 3,496 of 4,714 (74.2%) received any type of treatment (surgery and/or chemotherapy) between one month before and nine months after the recorded date of diagnosis. There is a 25.8% variation between NHS Trusts.

Figure 5: Patients in receipt of treatment (surgery and/or chemotherapy) between one and nine months after diagnosis by NHS Trust



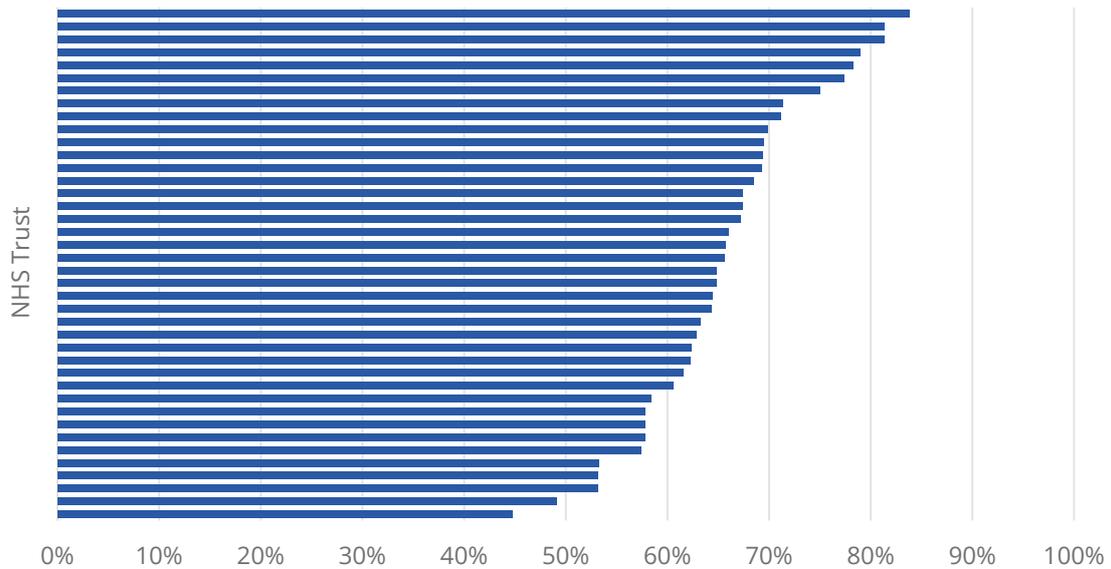
The 2022 Audit shows an increase from the previous year in patients receiving any treatment one month before and nine months after diagnosis of 1.5% (72.7% to 74.2%). The range of change year on year between the Trust with the largest increase in patients receiving treatment between one month before and nine months after diagnosis and the Trust recording the largest reduction is 37%.

Figure 6: Change in percentage of patients from 2021 to 2022 receiving any treatment between one month before and nine months after diagnosis by NHS Trust



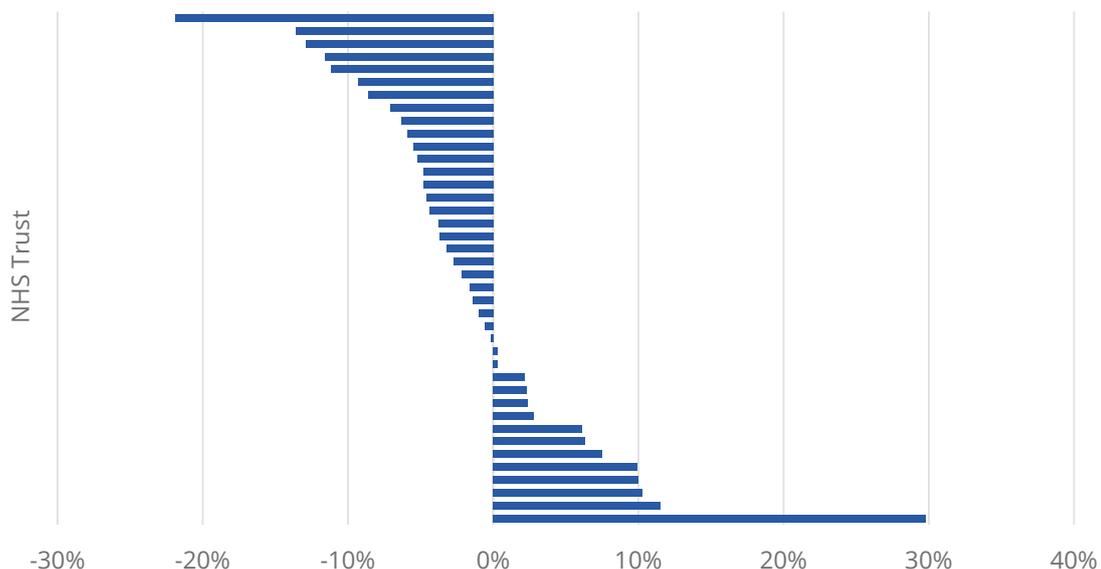
With respect to women with stage 2 to 4 or unstaged epithelial ovarian cancer, 2,594 of 3,931 (66%) received platinum-based chemotherapy in England in 2022 between one month before and three months after the recorded date of diagnosis. There is a 39.1% difference between NHS Trusts.

Figure 7: Percentage of patients with stage 2 to 4, or unstaged ovarian cancer in receipt of platinum based chemotherapy three months after diagnosis by NHS Trust



The 2022 Audit shows a slight increase from the previous year of 0.3% in the percentage of women receiving platinum based chemotherapy within three months of a diagnosis (65.7% to 66%). The range of change year on year between the Trust with the largest increase in patients receiving chemotherapy three months after diagnosis and the Trust recording the largest reduction is 51.7%.

Figure 8: Change in percentage in patients with stage 2 to 4, or unstaged ovarian cancer in receipt of platinum based chemotherapy three months after diagnosis by NHS Trust



## Summary

Positively across the four indicators analysed there are marginal improvements recorded between 2021 and 2022. There has been a reduction in the number of emergency admissions prior to diagnosis, improvements in one year survival and treatment rates.

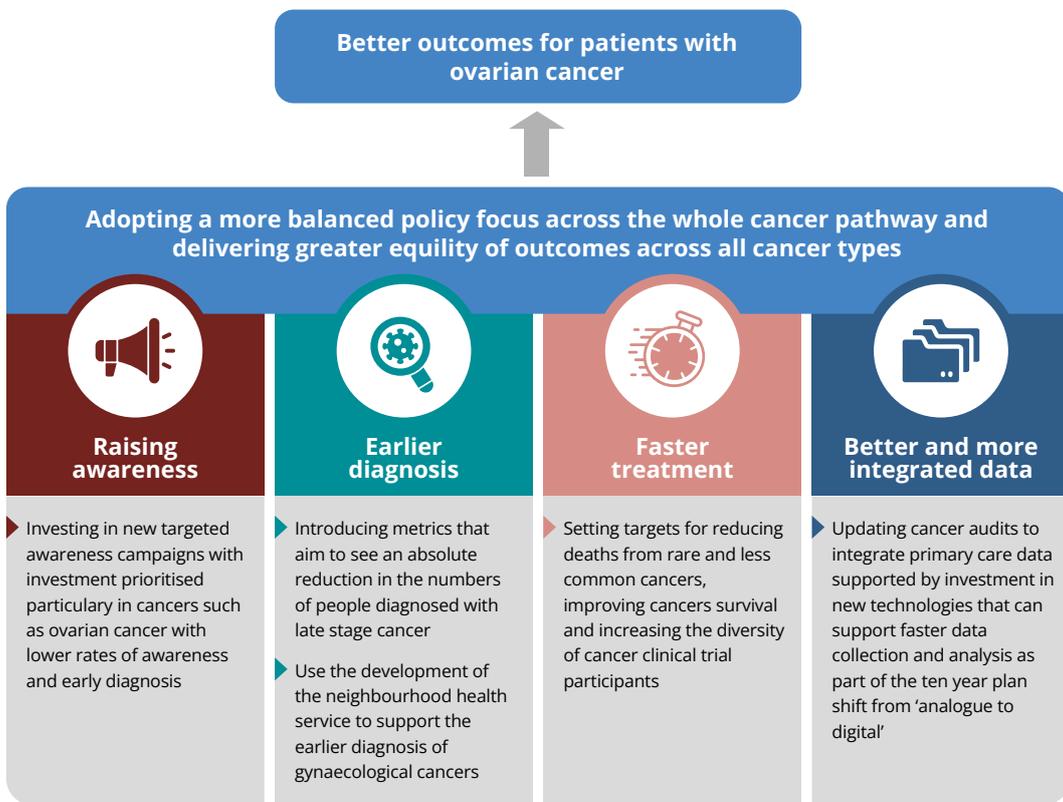
However underneath the national picture there remain widespread variations in the quality of care and the improvement trajectory different Trusts are following.

The reasons for these year on year changes by Trusts is fundamentally unclear from the Audit and could be the product of a myriad of factors (workforce and funding pressures, wider service pressures, data reporting changes etc). Understanding these changes and variations between services however should be a priority for policymakers overseeing the rollout of the National Cancer Plan.

# HOW THE NATIONAL CANCER PLAN CAN DELIVER IMPROVED OUTCOMES FOR PATIENTS WITH OVARIAN CANCER

Future Health’s previous research identified a set of recommendations for policymakers within Government and the NHS to ensure the National Cancer Plan was set up to successfully improve outcomes for patients with ovarian cancer. These are summarised in figure 9 below.

Figure 9: Future Health 2025 policy recommendations



On 4 February 2026 the Government published the National Cancer Plan. The Plan is set up to deliver ‘three burning priorities’ for patients:

- Delivering core performance standards
- Improving survival rates
- Ensuring patients receive high quality care<sup>10</sup>

<sup>10</sup> <https://assets.publishing.service.gov.uk/media/698315a35a7e802e96d343a4/national-cancer-plan-for-england-delivering-world-class-cancer-care.pdf>

In line with Future Health's previous report the Plan includes a step change in the prioritisation of rare and less common cancers, including ovarian cancer. This includes specific commitments to improve survival rates, reduce late diagnoses in emergency settings, improvements in data and the use of innovation to improve the diagnosis and identification of rare and less common cancers in primary care. A summary of the chapter commitments on rare and less common cancers in the Plan is include in Box 1 below.

### **Box 1: Chapter commitments in the National Cancer Plan on rare and less common cancers**

- Appoint a national clinical lead for rare cancers
- Improve data on rare cancers to ensure transparency and support the NHS to speed up diagnosis and treatment
- Define and count recurrent cancers, starting with metastatic breast cancer
- Reduce the number of patients who are diagnosed in emergency settings, where it is not clinically appropriate
- Support research improving detection of rare cancers in Multi-Cancer Early Detection tests (MCEDs)
- Develop case-finding programmes for rare and less common cancers
- Take a more proactive approach in primary care to support earlier diagnosis of rare and less common cancers, including use of new AI support tools
- Ensure that patients with rare and less common cancers across the country have access to high quality, specialist and evidence-based care, including genomic testing
- Ensure that patients with rare and less common cancers have access to a clinical nurse specialist and appropriate support
- Explore novel procurement routes for diagnostics or treatments for rare cancers
- Make rare cancers a priority for DHSC and NIHR
- Increase spending on rare cancer research
- Support the Tessa Jowell Brain Cancer Mission to extend its approach to other rarer cancers
- Invest in innovations for rare cancers and support entrepreneurship of researchers
- Appoint an NIHR national specialty lead for rare cancers, automatically contact patients with rare cancers, and review market authorisations for drugs for rare cancers<sup>11</sup>

11 <https://assets.publishing.service.gov.uk/media/698315a35a7e802e96d343a4/national-cancer-plan-for-england-delivering-world-class-cancer-care.pdf>

There are three direct references to ovarian cancer in the National Cancer Plan:

- A commitment that every eligible patient who is diagnosed with breast or ovarian cancer will receive testing for relevant genes including BRCA1 and BRCA2<sup>12</sup>
- A pledge to improve survival for 14 less common cancers including ovarian cancer
- Improving the data for rare and less common cancers, in particular disaggregating some rare cancers in performance data, such as, gynaecological cancers that 'are grouped together in performance data, rather than split out into cervical, ovarian and other cancers separately'<sup>13</sup>

The following sets out some targeted actions for Government and NHS policymakers that will ensure that the Cancer Plan delivers improvements in ovarian cancer outcomes.

### **Increasing public awareness**

Just one in five women are able to recognise the symptom of bloating as a potential sign of ovarian cancer.<sup>14</sup> Past evidence collected on ovarian cancer awareness through the *Be Clear on Cancer* programme has found that campaigns had led to increased confidence in the symptoms of ovarian cancer and that the advertising had improved patient education of the condition.<sup>15</sup> However despite such initiatives and efforts early diagnosis rates have remained stubbornly low.

The National Cancer Plan states that 'Cancer Alliances will partner with local Health and Wellbeing Boards and the wider cancer community to co-design targeted local awareness campaigns, and to signpost people to support services.'<sup>16</sup>

There are examples of good partnerships and approaches locally that can be learnt from here, such as the work in Greater Manchester between the Cancer Alliance, Diane Oxberry Trust and Target Ovarian Cancer.<sup>17</sup>

12 <https://assets.publishing.service.gov.uk/media/698315a35a7e802e96d343a4/national-cancer-plan-for-england-delivering-world-class-cancer-care.pdf>

13 <https://assets.publishing.service.gov.uk/media/698315a35a7e802e96d343a4/national-cancer-plan-for-england-delivering-world-class-cancer-care.pdf>

14 <https://targetovariancancer.org.uk/sites/default/files/2025-06/Response%20to%20NHS%20Long%20Term%20Plan.pdf>

15 <https://www.cancerresearchuk.org/health-professional/awareness-and-prevention/cancer-awareness-campaigns/be-clear-on-cancer/ovarian-cancer-campaign>

16 <https://assets.publishing.service.gov.uk/media/698315a35a7e802e96d343a4/national-cancer-plan-for-england-delivering-world-class-cancer-care.pdf>

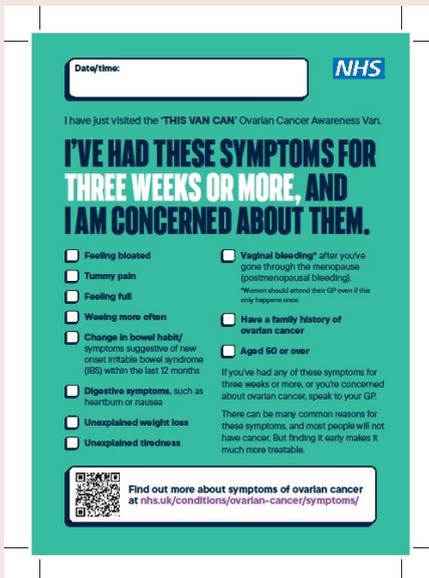
17 <https://gmcancer.org.uk/communication/ovarian-cancer-signs-and-symptoms-awareness/>

## Case study: Greater Manchester Cancer Alliance

Greater Manchester Cancer Alliance’s ‘This Van Can’ roadshow visited all 10 boroughs of Greater Manchester. The Van let members of the public know about the key symptoms of ovarian cancer, learn about their ovaries through true and false cards, model ovaries and interactive guess the size of the ovaries quiz. There was also an onboard video, information leaflets and symptom diaries.<sup>18</sup>

A patient information leaflet was available that allowed patients to identify symptoms and present them to their GP.

The initiative resulted in over 8,000 interactions with the public, nearly 2,000 of which were ‘high-level’ interactions involving more in depth conversations.<sup>19</sup> Similar work on awareness is part of Greater Manchester Cancer Alliance’s 2024-2028 early diagnosis strategy.<sup>20</sup>



Similar work to that in Manchester was also undertaken in Lancashire and South Cumbria in partnership with Ovacome as part of the ‘Know your ovaries’ campaign. Across September and October 2025, an ‘ovarian van’ toured locations within Lancashire and South Cumbria identified as having a higher proportion of late stage diagnosis. The van visited town centres, supermarkets and community events. Trained volunteer health ambassadors were on hand giving out Ovacome’s B.E.A.T symptoms information, symptom trackers, answering questions and signposting to local primary care, GP surgeries and Ovacome’s support services.<sup>21</sup>

18 <https://gmcancer.org.uk/this-van-can/this-van-can-ovarian/>

19 Evaluation shared through expert interview

20 <https://gmcancer.org.uk/wp-content/uploads/2025/05/2334-Early-diagnosis-strategy-5a-Digital.pdf>

21 <https://www.ovacome.org.uk/campaigns/know-your-ovaries>

Despite such excellent local schemes there are concerns that the reliance on local awareness campaigns at the heart of the National Cancer Plan may struggle to drive the increase in cancer awareness, commensurate with improvements in diagnosis and survival set-out in the Plan. The restructure and cost cutting within regional and local NHS organisations also poses challenges here, with a danger that decisions on what awareness campaigns to fund locally focus only on the 'big killer' cancers rather than all cancers including rare and less common cancers such as ovarian cancer.

A way forward to address this is to provide Cancer Alliances and Health and Wellbeing Boards with an opportunity and mechanism to request support from the Department of Health and Social Care and NHS England with particular aspects of their cancer awareness campaigns. This could be for example in (a) ensuring campaign materials are culturally appropriate and support tackling health inequalities, (b) advising on digital awareness campaigns, (c) measuring campaign impact as well as (d) providing forums for sharing good practices.

As part of the governance of the Cancer Plan, Cancer Alliances and Health and Wellbeing Boards should publish clear rationales, levels of spend and impact of their cancer awareness campaigns annually. This should include an assessment of their work in raising awareness of rare and less common cancers.

The Government should use 2026/2027 to establish a benchmark of spending across the NHS on different types of cancer awareness campaigns, their impact and best practice. This data should be included in the 2027 annual report on the National Cancer Plan and include an assessment of NHS efforts to raise awareness of rare and less common cancers. Subsequent annual reports should be used to assess what progress is being made to increase awareness of rare and less common cancers, and if progress is insufficient the annual report should set out actions and investments that will be made to address this.

**Recommendation:** *The Department of Health and Social Care and NHS England should provide a mechanism for Cancer Alliances and Health and Wellbeing Boards to request support for their local cancer awareness campaigns and to share good practice examples of such campaigns*

**Recommendation:** *Cancer Alliances and Health and Wellbeing Boards should publish clear rationales, spending plans and the impact of their cancer awareness campaigns. This should include an assessment of their work in raising awareness of rare and less common cancers, including ovarian cancer*

**Recommendation:** *As part of the planned annual report on the National Cancer Plan, the Government should publish a baseline of spend across the NHS of cancer awareness campaigns and their impact including for rare and less common cancers such as ovarian cancer. Subsequent annual reports should track progress and where this is insufficient set out actions and investments that will be made to address this*

## Earlier diagnosis

Diagnosing ovarian cancer is challenging and the diagnostic pathway is sub-optimal. Patients often have to make multiple primary care visits before any testing is initiated. GP awareness of the condition is variable.<sup>22</sup> The latest Audit data show 40% of women had an emergency admission in the 28 days prior to diagnosis.<sup>23</sup>

The National Cancer Plan includes a commitment to reduce the proportion of cancers diagnosed in an emergency setting, backed up by trialling new incentives to limit emergency presentations.<sup>24</sup>

The commitment also applies specifically to rare and less common cancers where regular data will be published on 'the number of these cancers diagnosed in emergency settings, as a proxy for late or ineffective diagnosis.'<sup>25</sup> The National Ovarian Cancer Audit already publishes the proportion of patients diagnosed as an emergency presentation, though the data is often a few years old before it is published.

Given the high number of patients diagnosed in an emergency setting, the Department of Health and Social Care should set a target for reducing the numbers of people with ovarian cancer diagnosed as an emergency presentation. This data should be published by NHS Trust as part of the annual assessment of the National Cancer Plan.<sup>26</sup>

Current NICE guidelines include a sequential testing approach for diagnosing ovarian cancer using the CA125 test followed by ultrasound.<sup>27</sup> Only 50% of patients who have early stage ovarian cancer can be identified with CA 125 test results and CA 125 can be elevated as a result of other benign conditions. When an ultrasound is undertaken there can be delays in receiving the results and challenges in primary care in interpreting the results – meaning that tests sometimes have to be repeated.<sup>28</sup>

Women found to have elevated CA 125 serum levels or abnormal ultrasound findings are referred to gynaecologists in secondary care hospitals through the urgent suspected cancer pathway in the NHS.<sup>29</sup> There are existing capacity challenges across the pathway based on workforce and capital constraints.<sup>30</sup>

The National Cancer Plan includes commitments to address primary care healthcare professional awareness of cancer, through the introduction of Jess's Rule that asks GPs to 'think again if after three appointments, they have been unable to offer a

22 <https://pubmed.ncbi.nlm.nih.gov/20197770/>

23 <https://www.natcan.org.uk/wp-content/uploads/2025/09/NOCA-State-of-the-Nation-Report-2025.pdf>

24 <https://assets.publishing.service.gov.uk/media/698315a35a7e802e96d343a4/national-cancer-plan-for-england-delivering-world-class-cancer-care.pdf>

25 <https://assets.publishing.service.gov.uk/media/698315a35a7e802e96d343a4/national-cancer-plan-for-england-delivering-world-class-cancer-care.pdf>

26 Work by the NOCA team on quality improvement is welcome here: <https://www.natcan.org.uk/audits/ovarian-quality-improvement/noca-quality-improvement-intervention/>

27 <https://www.nice.org.uk/guidance/cg122>

28 <https://targetovariancancer.org.uk/sites/default/files/2024-09/Three%20Targets%20agenda%20-%20Target%20Ovarian%20Cancer.pdf>

29 [https://www.bmj.com/content/392/bmj-2024-083912?utm\\_campaign=usage&utm\\_content=tbmj\\_sprout&utm\\_id=BMJ005&utm\\_medium=social&utm\\_source=twitter](https://www.bmj.com/content/392/bmj-2024-083912?utm_campaign=usage&utm_content=tbmj_sprout&utm_id=BMJ005&utm_medium=social&utm_source=twitter)

30 <https://news.cancerresearchuk.org/2023/06/27/5-questions-nhs-long-term-workforce-plan/>

substantiated diagnosis or the patient's symptoms have gotten worse.<sup>31</sup> The other related mechanism in the Plan is to support primary care with new AI tools that can help the risk stratification and earlier identification of patients at risk. The Plan offers little specifics on professional education and development. The development of cancer manuals present an opportunity here to set out how regional and local networks of learning can be established that can help improve diagnosis rates for rare and less common cancers such as ovarian cancer.

### Case study: Target Ovarian Cancer's Early Diagnosis Network

Target Ovarian Cancer's Early Diagnosis Network aims to increase primary care healthcare professional knowledge of ovarian cancer. The network is a UK-wide community that brings together like-minded and proactive professionals who want to keep their knowledge of ovarian cancer up to date, provide high quality information and support to their patients and promote knowledge and system change within their practice and professional community. The network has expanded to over 500 primary care professionals to share good practice, and speed up diagnosis for patients.<sup>32,33</sup>

Research studies and pilots are being explored to speed up and improve the diagnostic process for ovarian cancer.

A recent study (ROCKETS) published in January 2026 aimed to 'identify the best diagnostic test for women referred to secondary care hospitals with symptoms of ovarian cancer and abnormal CA 125 test results or ultrasound results.'<sup>34</sup> Six risk prediction models were assessed through the study which found that the existing triage test, Risk of Malignancy Index 1, demonstrated poor sensitivity in premenopausal women and should be replaced. The International Ovarian Tumour Assessment of Different Neoplasias in the Adnexa (ADNEX) risk prediction model — combining three clinical variables and six ultrasound variables — was found to have 'significantly higher sensitivity with limited specificity reduction in a real world cohort and should be considered the new standard of care for secondary care triage.'<sup>35</sup>

31 <https://www.healthwatch.co.uk/response/2025-09-23/nhs-england-introduce-jesss-rule-gp-patients-our-response#:~:text=JESS's%20Rule%20will%20ask%20GPs%20to%20think,College%20of%20General%20Practitioners%20and%20NHS%20England>

32 <https://targetovariancancer.org.uk/health-professionals/early-diagnosis-network>

33 [https://register-of-charities.charitycommission.gov.uk/en/charity-search?p\\_p\\_id=uk\\_gov\\_ccew\\_onereg\\_charitydetails\\_web\\_portlet\\_CharityDetailsPortlet&p\\_p\\_lifecycle=2&p\\_p\\_state=maximized&p\\_p\\_mode=view&p\\_p\\_resource\\_id=/accounts-resource&p\\_p\\_cacheability=cacheLevelPage&uk\\_gov\\_ccew\\_onereg\\_charitydetails\\_web\\_portlet\\_CharityDetailsPortlet\\_objectiveId=A17237983&uk\\_gov\\_ccew\\_onereg\\_charitydetails\\_web\\_portlet\\_CharityDetailsPortlet\\_priv\\_r\\_p\\_mvcRenderCommandName=/full-print&uk\\_gov\\_ccew\\_onereg\\_charitydetails\\_web\\_portlet\\_CharityDetailsPortlet\\_priv\\_r\\_p\\_organisationNumber=4040485](https://register-of-charities.charitycommission.gov.uk/en/charity-search?p_p_id=uk_gov_ccew_onereg_charitydetails_web_portlet_CharityDetailsPortlet&p_p_lifecycle=2&p_p_state=maximized&p_p_mode=view&p_p_resource_id=/accounts-resource&p_p_cacheability=cacheLevelPage&uk_gov_ccew_onereg_charitydetails_web_portlet_CharityDetailsPortlet_objectiveId=A17237983&uk_gov_ccew_onereg_charitydetails_web_portlet_CharityDetailsPortlet_priv_r_p_mvcRenderCommandName=/full-print&uk_gov_ccew_onereg_charitydetails_web_portlet_CharityDetailsPortlet_priv_r_p_organisationNumber=4040485)

34 [https://www.bmj.com/content/392/bmj-2024-083912?utm\\_campaign=usage&utm\\_content=tbmj\\_sprout&utm\\_id=BMJ005&utm\\_medium=social&utm\\_source=twitter](https://www.bmj.com/content/392/bmj-2024-083912?utm_campaign=usage&utm_content=tbmj_sprout&utm_id=BMJ005&utm_medium=social&utm_source=twitter)

35 [https://www.bmj.com/content/392/bmj-2024-083912?utm\\_campaign=usage&utm\\_content=tbmj\\_sprout&utm\\_id=BMJ005&utm\\_medium=social&utm\\_source=twitter](https://www.bmj.com/content/392/bmj-2024-083912?utm_campaign=usage&utm_content=tbmj_sprout&utm_id=BMJ005&utm_medium=social&utm_source=twitter)

Gateshead Health NHS Foundation Trust recently ran a pilot self-referral service for 4 weeks. People who are post-menopausal, registered with a GP in Gateshead, and experiencing symptoms which could be ovarian cancer were able to self refer for a pelvic ultrasound.<sup>36</sup>

Target Ovarian Cancer is calling for dual testing (CA 125 plus ultrasound) of people with symptoms, as is undertaken in Scotland. The Scottish Clinical Guideline states that:

'CA125 is not raised in all cases of ovarian cancer and therefore this test should always be done in conjunction with a pelvic ultrasound (USS) in those with symptoms or signs that are suspicious of ovarian cancer.'<sup>37</sup>

NICE is currently consulting on an updated guideline (National Guideline 12 for Suspected Cancer) which notes that for women under 40, CA125 is not accurate for identifying ovarian cancer in isolation and that an ultrasound should be considered.<sup>38</sup> This guideline update however presents an opportunity to go further and introduce dual testing for women over 40 and at higher risk of ovarian cancer. Such a move would bring the NICE Guideline into line with the Scottish Guideline and the aims and ambitions of improvements in diagnosis and survival set out in the National Cancer Plan.

**Recommendation:** *The Department of Health and Social Care should set a target for reducing the proportion of ovarian cancer cases that are diagnosed as an emergency presentation and report on this by NHS Trust through the annual report on the National Cancer Plan*

**Recommendation:** *Cancer manuals should set out mechanisms, models and plans for Cancer Alliances to build professional learning networks that can help improve health professional education and awareness to support the early diagnosis of rare and less common cancers such as ovarian cancer*

**Recommendation:** *A new cancer manual on gynaecological cancers should ensure that the latest clinically effective risk stratification diagnostic tools are included within ovarian cancer care pathways. Any gynaecological cancer manual should include a dedicated section and focus on ovarian cancer*

**Recommendation:** *NICE should review and update its guidelines to establish concurrent CA125 and ultrasound testing for women aged 40 and over presenting with ovarian cancer symptoms*

36 <https://www.gatesheadhealth.nhs.uk/news/your-health-matters-self-refer-for-a-pelvic-ultrasound/>

37 <https://www.rightdecisions.scot.nhs.uk/scottish-referral-guidelines-for-suspected-cancer/gynaecological-cancers/>

38 <https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-organised-by-site-of-cancer#gynaecological-cancers>

## Faster access to treatment and higher quality integrated care

The cancer waiting time standards — the 62-day standard from urgent GP referral to treatment, and the 28-day Faster Diagnosis Standard — have not been consistently met for over a decade. The National Cancer Plan commits to meeting the 62-day standard by 2029, but there remains a significant gap between aspiration and current performance, and the plan has been criticised for not providing the funding detail needed to close it.<sup>39</sup>

Delivering on these performance standards is vital for improving patient outcomes. The National Cancer Plan includes a strong commitment for England to be in the top quartile across 28 countries for survival for 14 less common cancers. It also commits to the disaggregation of performance and outcome data on rare and less common cancers.<sup>40</sup>

The latest National Ovarian Cancer Audit data highlight that over a quarter of women with stage 2 to 4 or unstaged ovarian cancer did not receive either surgery and/or chemotherapy between one month before and nine months after the recorded date of diagnosis. There is evidence from the International Cancer Benchmarking Partnership (ICBP) that UK cancer treatment rates are lower than other countries including Australia and Canada.<sup>42</sup>

In addition, for patients to have access to the latest treatments there needs to be a strong NHS clinical trials environment. Past studies have shown the long-standing challenges of recruiting patients for ovarian cancer trials in the NHS.<sup>43</sup> Despite some progress since the publication of the O'Shaughnessy review of clinical trials in the UK, there remain challenges particularly in patient recruitment to trials.<sup>44 45</sup> Data from the Association of the British Pharmaceutical Industry (ABPI) showed that between 2022/23 and 2024/25, the number of patients recruited into UK industry clinical trials fell by 25%.<sup>46</sup> A recent study by El Shakankery et al revealed disparities in ovarian cancer clinical trial access by age, socio-economic status and language proficiency.<sup>47</sup>

With a large proportion of people with ovarian cancer diagnosed with advanced disease and typically being older they may well need to stay in intensive care wards when recovering from surgery. Service capacity and workforce constraints in the healthcare system can restrict access to care.<sup>48</sup>

39 <https://www.kingsfund.org.uk/insight-and-analysis/blogs/national-cancer-plan-for-england>

40 <https://assets.publishing.service.gov.uk/media/698315a35a7e802e96d343a4/national-cancer-plan-for-england-delivering-world-class-cancer-care.pdf>

41 <https://assets.publishing.service.gov.uk/media/698315a35a7e802e96d343a4/national-cancer-plan-for-england-delivering-world-class-cancer-care.pdf>

42 <https://news.cancerresearchuk.org/2024/02/27/how-does-cancer-treatment-in-the-uk-measure-up/>

43 <https://pubmed.ncbi.nlm.nih.gov/21074968/>

44 <https://www.gov.uk/government/publications/transforming-the-uk-clinical-research-system-august-2025-update>

45 <https://www.abpi.org.uk/publications/uk-industry-clinical-trials-translating-actions-into-impact/>

46 <https://www.abpi.org.uk/media/news/2025/december/decline-in-commercial-clinical-trial-recruitment-selling-patients-short-says-abpi/>

47 <https://www.mdpi.com/2072-6694/16/21/3590>

48 <https://news.cancerresearchuk.org/2020/08/11/are-differences-in-treatment-driving-variation-in-ovarian-cancer-survival-internationally/>

The National Cancer Plan commits to every patient having access to a clinical nurse specialist (CNS) or named lead contact along with a personalised care plan. Research from Target Ovarian Cancer has highlighted the importance to ovarian cancer patients of the CNS and also the challenges facing such roles in the healthcare system.<sup>49</sup> There are wide ranging pressures and shortages across key components of the cancer workforce including clinical radiology, pathology and clinical oncology.<sup>50</sup> There are also long standing challenges with data sharing across different parts of the NHS, particularly between primary and secondary care, which present barriers to delivering more joined-up, integrated patient care.<sup>51</sup>

Such pressures and delays in accessing treatment have a clear impact on patients. A survey of healthcare professionals and ovarian cancer patients found that surgery delays negatively impacted patient quality of life (61%), mental health (89%), and surgical outcomes (63%).<sup>52</sup>

Over half of ovarian cancer patients have reported 'never being asked about their mental health during treatment. Of those experiencing mental ill health as result of having ovarian cancer, only 30 per cent reported they were referred for support.'<sup>53</sup> The upcoming refresh to the NHS Workforce Plan creates an opportunity to address the shortages and pressures within the cancer workforce and provide patients with higher quality care.<sup>54</sup>

The National Cancer Plan includes commitments to expand genomic testing for ovarian cancer to help improve the earlier identification and treatment of disease. Whilst welcome, there are already significant pressures on NHS genomic testing services and investment is required to meet rising demand.<sup>55</sup>

Given the challenges in the patient pathway, late diagnosis, low treatment rates, barriers to clinical trials and relatively poor rates of survival, the Government and NHS England should prioritise a cancer manual for gynaecological cancers — with a clear focus on ovarian cancer — to drive up care quality.<sup>56</sup>

*"Alongside our central ambition to improve survival, we will aim to drive up survival on rare cancers. Our commitment is, by 2035, to be in the top quartile across 28 countries for survival for 14 less common cancers, as measured by the CONCORD project. This will mean that we need a significant effort to improve survival for cancers like brain, ovarian, pancreatic, and stomach cancer, where we currently rank in the bottom 2 quartiles."<sup>56</sup> National Cancer Plan'*

49 <https://targetovariancancer.org.uk/get-involved/campaign/policy/published-research-posters>

50 <https://www.rcr.ac.uk/news-policy/latest-updates/2024-workforce-census-reports-lay-bare-the-challenges-facing-radiology-and-clinical-oncology/>

51 [https://www.health.org.uk/sites/default/files/pdf/2022-01/2022%20-%20Data%20policy%20landscape\\_0.pdf](https://www.health.org.uk/sites/default/files/pdf/2022-01/2022%20-%20Data%20policy%20landscape_0.pdf)

52 <https://pubmed.ncbi.nlm.nih.gov/39229967/>

53 <https://targetovariancancer.org.uk/sites/default/files/2025-06/Response%20to%20NHS%20Long%20Term%20Plan.pdf>

54 <https://www.hsj.co.uk/workforce/government-delays-new-nhs-workforce-plan/7040250.article>

55 <https://www.futurehealth-research.com/new-report-calls-for-greater-government-investment-in-nhs-genomic-medicine-service/>

56 <https://assets.publishing.service.gov.uk/media/698315a35a7e802e96d343a4/national-cancer-plan-for-england-delivering-world-class-cancer-care.pdf>

**Recommendation:** *The Department of Health and Social Care should set out a funding plan, aligned to the forthcoming NHS Workforce Plan, for how all cancer patients will be able to access a Clinical Nurse Specialist by 2027 as well as investment in the wider cancer workforce to address current shortages and pressures*

**Recommendation:** *Given the relatively poor survival rates for ovarian cancer when compared with other cancers, and challenges in the patient pathway the Department of Health and Social Care and NHS England should prioritise the development of a gynaeological cancer manual with a clear focus on ovarian cancer*

## CONCLUSION

The Government's National Cancer Plan includes a strong and welcome focus on how to improve outcomes for people with rare and less common cancers. Targets to reduce emergency diagnoses and improve survival rates for patients with rare and less common cancers, such as ovarian cancer, are an important step-change in approach.

The latest Ovarian Cancer Audit data show that there is some progress being made on ovarian cancer care in England. However beneath the national snapshot, the picture is mixed with some Trusts making notable strides forward whilst others are struggling to deliver the care patients need.

For the National Cancer Plan to deliver on its ambitions for people with ovarian cancer two things will be required:

First, investment in foundational enablers to deliver change – particularly the cancer workforce and new technology in data, genomics and biomarker testing and diagnostics to deliver earlier and faster diagnosis and improved access to treatment and care.

Second, will require a set of policy instruments, overseen by the National Cancer Board and delivered by Cancer Alliances and Health and Wellbeing Boards that are effectively constructed, monitored and delivered across the cancer pathway. This includes ensuring awareness campaigns for rare and less common cancers, such as ovarian cancer are resourced sufficiently, updating the diagnostic pathway to enable concurrent ultrasound testing alongside CA 125 testing for patients at risk of ovarian cancer, prioritising the development of a cancer manual for gynaecological cancers that includes a clear focus on ovarian cancer and disaggregating cancer performance data by cancer type including for ovarian cancer.

Delivering on these investment enablers and policy instruments is now critical for success.



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