NOCA
National Ovarian Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Ovarian Cancer Audit
State of the Nation Report 2026

An audit of care received by women diagnosed with ovarian cancer between 1 January 2022 and 31 December 2023 in England and 1 January 2022 and 31 December 2024 in Wales.

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Royal College of Surgeons of England
ADVANCING SURGICAL CARE

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HQIP
Healthcare Quality Improvement Partnership

The National Cancer Audit Collaborating Centre (NATCAN) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England and the Welsh Government as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NATCAN delivers national audits in bowel, breast (primary and metastatic), kidney, lung, non-Hodgkin lymphoma, oesophago-gastric, ovarian, pancreatic and prostate cancers.

BRITISH GYNAECOLOGICAL CANCER SOCIETY

The British Gynaecological Cancer Society (BGCS) is the professional home of health providers working and researching the area of gynaecological cancers. The BGCS members consist of medical practitioners, clinical nurse specialists and other allied professionals, including scientists who have an interest in gynaecological cancers. Registered Charity no: 290959.

NDRS
NATIONAL DISEASE REGISTRATION SERVICE

This work uses data that has been provided by patients and collected by the NHS as part of their care and support. For patients diagnosed in England, the data is collated, maintained and quality assured by the National Disease Registration Service (NDRS), which is part of NHS England. Access to the data was facilitated by the NHS England Data Access Request Service.

GIG CYMRU NHS WALES
Perfformiad a Gwella
Performance and Improvement

NHS Wales recently implemented Cancer Dataset Forms with the latest implementation date being January 2025. These have been designed to improve the data capture and reporting capabilities of NHS Wales. This implementation has impacted the data quality within NHS Wales. NHS Wales has committed to continue to submit audit data annually until data submissions are sourced exclusively from the new cancer informatics solution. This will be from 2027 onwards that NHS Wales will be able to supply quarterly data using this new integrated, and more accessible digital platform.

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1. Introduction

The National Ovarian Cancer Audit (NOCA) evaluates the patterns of care and outcomes for women with ovarian cancer in England and Wales, and supports NHS services to improve the quality of care for these women[1]. This State of the Nation (SotN) report publishes information on the care received by women diagnosed with ovarian cancer in England in 2022-2023 and in Wales in 2022-2024.

In this report, we present a national picture in England and Wales. Please go to NOCA's Data Dashboard for results of each of the 40 gynaecological cancer systems in England and the three systems in Wales[2]. There are also results for cancer alliances, individual NHS trusts and health boards available on the dashboard.

New developments

This is the audit's third annual assessment of ovarian cancer services provided by the NHS. The new elements in this report include:

- Two new indicators in this year's SotN report:
  - Receipt of surgery
  - Receipt of chemotherapy
- Update of our formal outlier process, linked to the adjusted one-year survival performance indicator, requesting hospitals with a performance indicator outside the expected range to review the relevant data on practice outcomes and to feedback to NOCA the findings of this review.
- Time trends of NOCA performance indicators.

NOCA also continues to work with England's National Disease Registration Service (NDRS) and the Wales Cancer Network (WCN), updating the cohort of patients and aiming to use as recent data as possible, depending on the requirement of each performance indicator (see Table 1). Although this report is being published in June 2026, it includes data on women diagnosed with ovarian cancer in England in 2023, the latest year of available National Cancer Registration Dataset (NCRD) data, and in Wales in 2024, the latest year for which data are available. More details regarding the timeliness of the data can be found here.

Quality improvement goals

In consultation with key stakeholders, including women with lived experience of ovarian cancer and NOCA's Clinical Reference Group, we defined five quality improvement goals. Further information regarding these quality improvement goals can be found in NOCA's Quality Improvement Plan. The eight performance indicators reported in this year's SotN report align with these quality improvement goals.

Accompanying materials available on NOCA's website:

Additional materials that accompany this report include:

- A methodology supplement with details about the Audit's data sources and methods
- An online glossary that explains technical terms used in this report
- Information about the outlier process
- Resources to support local monitoring of practice and quality improvement, such as provider-level results on the Data Dashboard and downloadable reports and a local action plan template.
- A summary of this report for women with ovarian cancer and for the public is available on the Audit's website.
- Time trends of NOCA performance indicators can be found in the supplementary results.

Data sources

The Audit derives its indicators using information that is routinely collected by the NHS as part of the care and support given to women diagnosed with ovarian cancer, rather than data collected specifically for the Audit[3]. For people diagnosed or treated in England, the data are collated, maintained and quality assured by NHS England's NDRS. For people diagnosed or treated in Wales, data are provided by NHS Wales Performance and Improvement (NHS P&I)[4], using the Cancer Information System Cymru (CaNISC) or Cancer Dataset Form (CDF).

1 Ovarian cancer can affect all people with ovaries, including those who have had their ovaries removed, as it can also affect the fallopian tubes or the peritoneum. In this report, all the patients are referred to as 'women', but we acknowledge that some patients with ovarian cancer may not identify as women. The data we receive from NDRS include all patients with ovarian cancer who, according to the data, self-identify as female, but we do not receive the data for patients with ovarian cancer who identify as male.

2 The main organisational unit for audit reporting is the gynaecological cancer system. This was recommended as a level for reporting performance indicators in the British Gynaecological Cancer Society's recommendations for evidence-based, population data derived quality performance indicators for ovarian cancer. This choice of unit acknowledges that decisions about ovarian cancer care are not always attributable to an individual NHS trust such as the trust or hospital where a woman is diagnosed. It also avoids the problem of reporting indicators for individual trusts or hospitals that may diagnose a small number of patients each year. See methodology supplement for the mapping of gynaecological cancer systems.

3 The audits in NATCAN do not 'collect' clinical data. The cancer audits utilise the nationally mandated flows of data from hospitals to the National Disease Registration Service (NDRS) in NHSE and the Wales Cancer Network in Public Health Wales, thereby minimising the burden of data collection on provider teams.

4 NHS Wales recently implemented Cancer Dataset Forms with the latest implementation date being January 2025. These have been designed to improve the data capture and reporting capabilities of NHS Wales. This implementation has impacted the data quality within NHS Wales. NHS Wales has committed to continue to submit audit data annually until data submissions are sourced exclusively from the new cancer informatics solution. This will be from 2027 onwards that NHS Wales will be able to supply quarterly data using this new integrated, and more accessible digital platform.

For full details of the data and methods used within this report, please see the NOCA Methodology Supplement.

Interpretation of the audit results

When interpreting differences between England and Wales and between gynaecological cancer hub and spoke systems, it is important to note that only the one- and two-year survival indicators are adjusted for potential differences in case-mix (e.g. age, stage, grade, morphology, ethnicity, socioeconomic deprivation status, comorbidity and frailty). However, we are not yet able to adjust for important cancer characteristics, such as BRCA[5] or homologous recombination deficiency (HRD) status.

One limitation in developing case-mix adjustment is the completeness of key patient and tumour characteristics recorded in national cancer registration systems. These characteristics include cancer stage and grade, morphology based on histology or cytology as well as the patient's performance status.

National Cancer Audit Collaborating Centre (NATCAN)

NOCA is part of NATCAN, the national centre that aims to strengthen NHS cancer services by looking at treatments provided for people living with cancer and their outcomes across England and Wales. The centre is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and the Welsh Government. More information about the ten national cancer audits for England and Wales delivered by NATCAN can be found at NATCAN's website.

Table 1. *Performance Indicators Included

	England^	Wales#
PI1: Emergency admission prior to diagnosis	Yes (01/23 – 12/23)	Yes (01/24 – 12/24)
PI2: Receipt of any treatment (surgery and/or chemotherapy) for women with emergency admission prior to diagnosis**	Yes (01/23 – 12/23)	Yes (01/24 – 12/24)
PI3: Receipt of any treatment (surgery and/or chemotherapy)	Yes (01/23 – 12/23)	Yes (01/24 – 12/24)
PI4: Receipt of surgery	Yes (01/23 – 12/23)	Yes (01/24 – 12/24)
PI5: Receipt of chemotherapy	Yes (01/23 – 12/23)	Yes (01/24 – 12/24)
PI6: Receipt of platinum-based chemotherapy**	Yes (01/23 – 12/23)	No (data not available)
PI7a: One-year survival from the date of diagnosis	Yes (01/23 – 12/23)	Yes (01/23 – 12/23)
PI7b: Two-year survival from the date of diagnosis	Yes (01/22 – 12/22)	Yes (01/22 – 12/22)
Performance indicators not currently reported		
PI8: Germline panel testing	No (data not available)	No (data not available)
PI9: HRD testing	No (data not available)	No (data not available)
PI10: Receipt of cytoreductive surgery	No (in development)	No (data not available)

* See methodology supplement for the exact definitions of each performance indicator
** These indicators aim to capture timeliness as well, which is why a 3-month time period is used.
^ England data: National Cancer Registration Dataset (NCRD)
# Wales data: Cancer Network Information System Cymru (CaNISC) and the new Welsh Clinical Portal (CDF)

5 The presence of specific variants in BRCA genes increases a woman's chance of developing ovarian cancer.

2. Infographic

Summary of results for women diagnosed with ovarian cancer in England (2022-2023) and Wales (2022-2024)

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National Ovarian Cancer Audit

Diagnosis

5,601
diagnoses of ovarian cancer in England in 2023

(excluding borderline ovarian tumours)

274
diagnoses of ovarian cancer in Wales in 2024

Stage at diagnosis

England in 2023

Wales in 2024

Approximately three out of four women in England and seven out of ten women in Wales with ovarian cancer were diagnosed with stage 2-4 disease.

(based on those with complete staging information - 76.4% in England and 85.4% in Wales)

Emergency admissions

Approximately four out of ten women diagnosed in England in 2023 and in Wales in 2024 had an emergency admission within 28 days prior to diagnosis.

England		Wales	
2023	40.3%	2024	42.7%
2022	40.1%	2023	41.3%
2021	41.4%	2022	40.6%

Receipt of any treatment (surgery and/or chemotherapy) for women with emergency admission prior to diagnosis*

59.7% E England 2022 **61.3%**

70.1% W Wales 2023 **71.0%**

of women who had an emergency admission prior to ovarian cancer diagnosis in England (E) in 2023 and in Wales (W) in 2024 had any treatment recorded within three months of diagnosis.

Receipt of any treatment (surgery and/or chemotherapy)

73.5% E England 2022 **74.2%** 2021 **72.7%**

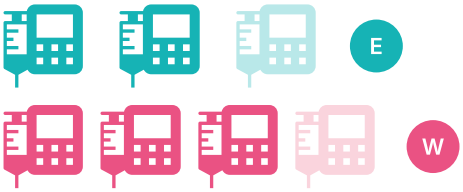
76.0% W Wales 2023 **80.3%** 2022 **76.7%**

of women diagnosed with stage 2-4 or unstaged ovarian cancer in England in 2023 and in Wales in 2024 had any treatment recorded within nine months of diagnosis.

Surgery

Approximately one out of two women diagnosed with stage 2-4 or unstaged ovarian cancer in England in 2023 and in Wales in 2024 had any surgery recorded within nine months of diagnosis.

Chemotherapy



Approximately two out of three women newly diagnosed with stage 2-4 or unstaged ovarian cancer in England in 2023, and three in four in Wales in 2024, had any chemotherapy recorded within nine months of diagnosis.

Platinum-based chemotherapy*

Approximately two out of three women diagnosed in England in 2023 with stage 2-4 or unstaged epithelial ovarian cancer had platinum-based chemotherapy recorded within three months of diagnosis.

Information about type of chemotherapy was not available for Wales.

England

2023 **64.3%**

66.0% in 2022

65.7% in 2021

Survival

One-year survival

70.1%
England
2022 **70.2%**
2021 **69.4%**

73.8%
Wales
2022 **74.4%**

of women diagnosed with ovarian cancer in England and in Wales in 2023 survived at least one year after the diagnosis.

Two-year survival

58.4%
England

67.6%
Wales

of women diagnosed with ovarian cancer in England and in Wales in 2022 survived at least two years after the diagnosis.

(Results in this infographic are based on crude estimates and do not account for differences in case-mix)
* These indicators aim to capture timeliness as well, which is why a 3-month time period is used.

3. Recommendations

Recommendations developed in collaboration with NOCA Clinical Reference Group and based on key findings in this report. The recommendations are intended for healthcare providers and commissioners in England and Wales, including trusts, Cancer Alliances, and health boards. The NOCA local quality improvement action plan contains suggested actions to address the recommendations described below.

Recommendation	Audience	Audit findings	Quality Improvement Goal	National guidance/standards/resources
Clinical Recommendations				
1. Reduce the current rate of emergency admissions: • NHS England and the Wales Cancer Network should continue working with gynaecological cancer systems, Cancer Alliances, health boards, and primary care providers to explore the use of innovative approaches to early diagnosis in community settings and with local non-specific symptoms pathway teams to establish clear referral pathways. • Gynaecological cancer systems, Cancer Alliances, and health boards to continue engaging with their local populations alongside ovarian cancer charities to improve recognition of ovarian cancer symptoms, particularly among older adults and those living in more deprived areas[6]. • Referring hospitals to review cases of emergency admissions to identify potential missed opportunities and engage in collaborative learning with primary care partners to facilitate earlier diagnosis in the future.	England: NHS England, Cancer Alliances working with gynaecological cancer systems[7] and NHS trusts. Wales: health boards working with gynaecological cancer systems.	Performance indicator 1: 40.3% (27.7%-58.6%) of women diagnosed in England in 2023 and 42.7% (26.7%-51.6%) diagnosed in Wales in 2024 had an emergency admission within 28 days prior to diagnosis.	Goal #1: Increase the proportion of patients receiving timely diagnosis and treatment decisions.	Women can be diagnosed late with advanced disease due to delays in presenting for medical care, difficulties in access to care, delays in primary care, or delays in secondary care[8]. The short-term mortality report from the Ovarian Cancer Audit Feasibility Pilot (OCAFP) showed that women diagnosed via an emergency presentation were four times more likely to die within two months of diagnosis than those diagnosed via the urgent suspected cancer referral system. Our data show that approximately 40% of women with ovarian cancer have an emergency admission 28 days prior to diagnosis which implies that there is considerable scope to improve outcomes by enhancing symptom awareness, increasing access to primary care and increasing the number of women diagnosed through rapid access pathways. Symptom triggered testing and fast track pathways are associated with low volume disease and early-stage diagnosis[9]. Promoting awareness amongst women and health care professionals in primary care through collaboration with cancer alliances and cancer charities will facilitate this.

6 BMJ Oncology (accepted for publication)

7 The main organisational unit for audit reporting is the gynaecological cancer system. This was recommended as a level for reporting performance indicators in the British Gynaecological Cancer Society's recommendations for evidence-based, population data derived quality performance indicators for ovarian cancer. This choice of unit acknowledges that decisions about ovarian cancer care are not always attributable to an individual NHS trust such as the trust or hospital where a woman is diagnosed. It also avoids the problem of reporting indicators for individual trusts or hospitals that may diagnose a small number of women each year. See methodology supplement for the mapping of gynaecological cancer systems.

8 Abel GA, Mendonca SC, McPhail S, Zhou Y, Elliss-Brookes L, Lyratzopoulos G. Emergency diagnosis of cancer and previous general practice consultations: insights from linked patient survey data. Br J Gen Pract. 2017 Jun;67(659):e377-e387.

9 Kwong FLA, Kristunas C, Davenport C, Deeks J, Mallett S, Agarwal R, et al. Symptom-triggered testing detects early stage and low volume resectable advanced stage ovarian cancer. International Journal of Gynecological Cancer Published Online First: 13 August 2024. doi: 10.1136/ijgc-2024-005371.

Recommendation	Audience	Audit findings	Quality Improvement Goal	National guidance/standards/resources
2. For women diagnosed with ovarian cancer within 28 days following an emergency admission, increase the proportion of these women who receive treatment (surgery and/or chemotherapy), by: • conducting a case-note review to identify the rationale for not administering any treatment. • engaging with NOCA's Quality Improvement Intervention/Initiative. • implementing best-practice examples identified in NOCA's Quality Improvement Intervention (to be shared later in the year). These may also include assessing eligibility for treatment based on the women's pre-admission fitness using objective assessment, such as comprehensive frailty assessment tools, timely involvement of prehabilitation service, and expedited diagnostic and treatment pathways. • ensuring close collaboration between the centre and the units within a gynaecological cancer system.	England: Cancer Alliances working with gynaecological cancer systems and NHS trusts. Wales: health boards working with gynaecological cancer systems.	Performance indicator 2: 59.7% (43.8%-80.0%) of women in England in 2023 and 70.1% (52.2%-78.7%) of women in Wales in 2024 who had an emergency admission 28 days prior to ovarian cancer diagnosis had any treatment (surgery and/or chemotherapy) recorded between one month prior and three months following diagnosis.	Goal #1: Increase the proportion of patients receiving timely diagnosis and treatment decisions. Goal #3: Increase the proportion of patients receiving surgery. Goal #4: Increase the proportion of patients receiving chemotherapy.	Surgery and platinum-based chemotherapy is the standard of care for women with ovarian cancer. Our data show that approximately 40% of women who have an emergency admission prior to their diagnosis do not have any treatment recorded within 3 months of diagnosis. There is also wide variation among gynaecological cancer systems, ranging from 43.8% to 80.0%, with four cancer systems above the upper 95% control limit and three systems below the lower 95% control limit. Notably, a cluster of systems fall below the national average, while a considerable number sit above it.
3. For women with stage 2 to 4 or unstaged ovarian cancer, increase the proportion of these women who receive treatment, by: • performing a detailed case-note review to identify why women did not receive any treatment. • documenting whether women eligible for treatment were offered it and if not, to record the reasons for this decision. • reviewing the performance of gynaecological cancer systems for receipt of surgery and receipt of chemotherapy.	England: Cancer Alliances working with gynaecological cancer systems. Wales: health boards working with gynaecological cancer systems.	Performance indicator 3: 73.5% (59.6%-88.4%) of women in England in 2023 and 76.0% (71.7%-80.6%) in Wales in 2024 who were diagnosed with stage 2 to 4, or unstaged ovarian cancer had any treatment (i.e., surgery and/or chemotherapy) recorded between one month prior and nine months following diagnosis.	Goal #3: Increase the proportion of patients receiving surgery. Goal #4: Increase the proportion of patients receiving chemotherapy.	Surgery and platinum-based chemotherapy is the standard of care for these women. The short-term mortality report from the OCAFP showed that 22.2% of all women with ovarian cancer, regardless of stage, did not have any treatment recorded between one month prior and nine months following diagnosis. The NHS Cancer Programme and the Cancer Alliance Treatment Variation Working Group have set the recommended treatment rate for these women at 80%.

Recommendation	Audience	Audit findings	Quality Improvement Goal	National guidance/standards/resources
4. For women with epithelial ovarian cancer (stage 2 to 4, or unstaged), increase the proportion of these women who receive platinum-based chemotherapy, by: • conducting a case-note review to identify the rationale why women did not receive any chemotherapy. • documenting whether women eligible for treatment were offered it and if not, to record the reasons for this decision. • if the resulting findings suggest under-utilisation, develop appropriate local action plans to increase rates of chemotherapy whilst maintaining low levels of severe toxicity. Action plans may include timely involvement of prehabilitation service and/or integration of geriatric expertise into shared chemotherapy decision making.	England: Cancer Alliances working with gynaecological cancer systems.	Performance indicator 6: 64.3% (43.1%-82.9%) of women diagnosed in England in 2023 with stage 2 to 4, or unstaged epithelial ovarian cancer were recorded as receiving platinum-based chemotherapy one month prior to three months following diagnosis[10].	Goal #4: Increase the proportion of patients receiving chemotherapy.	First-line chemotherapy treatment in ovarian cancer should include a platinum-based compound either in combination or as a single agent.
5. Review opportunities to improve one- and two-year survival in women diagnosed with ovarian cancer, especially when according to the performance indicator survival is lower than expected, by: • taking into account the performance of gynaecological cancer systems across all the indicators reported by NOCA. • identifying key pressure points in the ovarian cancer diagnostic or treatment care pathway and implementing quality improvement projects to address these. • using the NOCA quarterly dashboard to evaluate the impact of the quality improvement projects on survival.	England: Cancer Alliances working with gynaecological cancer systems. Wales: health boards working with gynaecological cancer systems.	Performance indicator 7a: 70.1% (59.4%-82.1%) of women diagnosed in England and 73.8% (67.9%-76.0%) in Wales in 2023 were alive at least one year after diagnosis. Performance indicator 7b: 58.4% (43.9%-80.0%) of women diagnosed in England and 67.6% (64.9%-69.4%) in Wales in 2022 were alive at least two years after diagnosis.	Goal #5: Improve rates of survival and reduce variation in survival.	One-year net survival according to the profile and treatment report from the OCAFP in women diagnosed between 2015 and 2019 in England was 68.4%. An international study has demonstrated similar results and has reported that one-year net survival in women diagnosed between 2010 and 2014 in the UK was 70.3% which lags behind countries with similar health systems[11], i.e., Australia 78.5%, Canada 72.6%, Denmark 77.4%, New Zealand 71.5%, and Norway 77.5%.

10 This performance indicator was not available for Wales due to absence of data for chemotherapy regimens.

11 Arnold M, Rutherford MJ, Bardot A, Ferlay J, Andersson TM, Myklebust TÅ, et al. Progress in cancer survival, mortality, and incidence in seven high-income countries 1995-2014 (ICBP SURVMARK-2): a population-based study. Lancet Oncol. 2019 Nov;20(11):1493-1505.

4. Result for England and Wales

4.1 Data

Patient cohort

7,324 women aged 18 years and older with newly diagnosed primary ovarian tumours (borderline or malignant) in the NHS (6,981 in England in 2023 and 343 diagnosed in Wales in 2024) were eligible to be included. Of these women, 807 (11.6%) in England and 30 (8.7%) in Wales had a diagnosis not based on histology or cytology.

We report on the care provided to 5,875 women with ovarian cancer (n=5,601 in England, n=274 in Wales) after excluding women with borderline tumours, whose ovarian cancer diagnosis was based on death certificate only and those who were not diagnosed at an eligible NHS trust (England) or health board (Wales) (n=1,380 in England, n=69 in Wales).

Data completeness

Key message

For women with ovarian cancer, information recorded in national datasets regarding ethnicity (Wales), stage (England), grade and performance status was below the target of 90% completeness.

Treatment options for women with ovarian cancer are influenced by the characteristics of their cancer (stage and grade at diagnosis) and their general health and fitness. The recording of this information in national cancer datasets is vital to understand patterns of care. Levels of completeness were good for ethnicity in England and stage in Wales but fell below the 90% target for other data items (see Table 2), particularly stage in England, grade, performance status, and ethnicity in Wales.

Table 2. Data completeness for women with newly diagnosed ovarian cancer in England in 2023 and Wales in 2024.

	Completeness	
Item	**England 2023 (n=5,601)**	**Wales 2024 (n=274)**
Ethnicity	95.3%	48.2%
Stage	76.4%	85.4%
Grade*	78.9%	50.4%
Performance status	69.9%	78.1%

*225 morphologies in England and 14 in Wales were excluded from the denominator as grading does not apply to these morphologies.

Patient characteristics

Key message

Approximately three out of four women in England and seven out of ten women in Wales with ovarian cancer were diagnosed with stage 2 to 4 disease.

NOCA included 5,875 women diagnosed with ovarian cancer in England in 2023 (n=5,601) and Wales in 2024 (n=274) and a summary of their characteristics is given in Table 3. Please note that women with borderline tumours were not included. Mean age at diagnosis was 66.4 years (IQR: 57-77) in England and 65.3 years (IQR: 57-77) in Wales. Of the women who had their performance status recorded, 2,149 out of 3,915 in England (54.9%) and 65 out of 214 in Wales (30.4%) were reported as “fully active”.

In England, 77.0% of women with a recorded stage had stage 2 to 4 ovarian cancer and the corresponding percentage was 70.1% of women in Wales. In England, 79.4% and in Wales 80.7% of women with a recorded grade had a high-grade ovarian cancer. The majority of women had epithelial ovarian cancer (83.3% in England and 81.4% in Wales).

Table 3. Characteristics of women diagnosed with ovarian cancer in England in 2023 and Wales in 2024.		
	England 2023	**Wales 2024**
Number of women		
	5,601	274
Age at diagnosis (years)		
18-29	1.7%	3.6%
30-39	3.3%	2.9%
40-49	8.1%	9.1%
50-59	15.9%	14.6%
60-69	24.1%	24.8%
70-79	28.5%	27.4%
>79	18.3%	17.5%
Index of multiple deprivation quintile (reported E=5,601, W=272)		
1 - most deprived	16.5%	16.2%
2	19.2%	20.6%
3	20.1%	22.1%
4	22.7%	20.2%
5 - least deprived	21.4%	21.0%
Not recorded (E=0, W=2)		
Ethnicity (reported E=5,335, W=132)		
White	88.3%	>96.2%
Asian/Asian British	5.6%	<3.8%
Black/Black British	2.6%	<3.8%
Mixed	0.9%	<3.8%
Other	2.6%	<3.8%
Not recorded (E=266, W=142)		
Performance status at diagnosis (reported E=3,915, W=214)		
0 - fully active	54.9%	30.4%
1	27.6%	49.1%
2	9.9%	9.8%
3	5.9%	>8.4%
4 - bedbound	1.7%	<2.3%
Not recorded (E=1,686, W=60)		
Stage at diagnosis (reported E=4,279, W=234)		
Stage 1	23.0%	29.9%
Stage 2	7.0%	7.7%
Stage 3	37.4%	39.7%
Stage 4	32.7%	22.7%
Not recorded (E= 1,136, W= 129)		

Table 3. Characteristics of women diagnosed with ovarian cancer in England in 2023 and Wales in 2024 continued.		
	England 2023	**Wales 2024**
Grade (reported E=4,465, W=145)		
Low	11.2%	6.2%
Moderate	4.4%	3.5%
High	79.4%	80.7%
Not graded	5.0%	9.7%
Not recorded (E=1,136, W=129)		
Morphology		
Malignant epithelial	83.3%	81.4%
Clear cell carcinoma	4.4%	6.2%
Endometrioid carcinoma	5.4%	4.4%
Mucinous carcinoma	5.2%	8.0%
Other malignant epithelial	12.0%	8.4%
Serous carcinoma	56.4%	54.4%
Miscellaneous & unspecified	9.1%	4.7%
Non-specific site	2.3%	9.1%
Sex cord-stromal & germ cell	5.3%	4.7%
E = England, W = Wales, percentages are rounded to the first decimal, ethnicity was categorised into five groups following the 2021 Census of England and Wales & suppression rules applied to Wales.		

4.2 Performance indicators

Performance indicator 1: Emergency admission prior to diagnosis

Key message

Approximately four out of ten women in England and in Wales had an emergency admission within 28 days prior to ovarian cancer diagnosis.

Of the 5,601 women with ovarian cancer diagnosed in England in 2023, 2,255 (40.3%) had an emergency admission within 28 days prior to diagnosis. Of the 274 women diagnosed in Wales in 2024, 117 (42.7%) had an emergency admission. These data indicate that their symptoms immediately before diagnosis were so severe or that there were difficulties in access to care, delays in primary care, or delays in secondary care[12] which made access to acute care necessary. This percentage varied across the 40 gynaecological cancer systems in England, ranging from 27.7% to 58.6%. The values for the three gynaecological cancer systems in Wales ranged from 26.7% to 51.6%.

Performance indicator 2: Receipt of any treatment (surgery and/or chemotherapy) for women with emergency admission prior to diagnosis

Key message

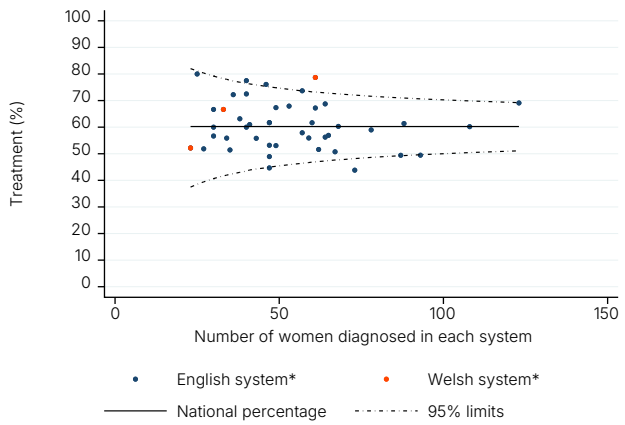
Approximately six out of ten women in England and seven out of ten women in Wales who had an emergency admission within 28 days prior to ovarian cancer diagnosis had any treatment recorded within three months of diagnosis.

Of the 2,255 women who had an emergency admission 28 days prior to ovarian cancer diagnosis in England in 2023, 1,347 (59.7%) received any type of treatment (surgery and/or chemotherapy) between one month before and three months after the recorded date of diagnosis. Of the 117 women who had an emergency admission 28 days prior to diagnosis in Wales in 2024, 82 (71.0%) received any type of treatment. This percentage varied across the 40 gynaecological cancer systems in England, ranging from 43.8% to 80.0%. The values for the three gynaecological cancer systems in Wales ranged from 52.2% to 78.7%.

12 Abel GA, Mendonca SC, McPhail S, Zhou Y, Elliss-Brookes L, Lyratzopoulos G. Emergency diagnosis of cancer and previous general practice consultations: insights from linked patient survey data. Br J Gen Pract. 2017 Jun;67(659):e377-e387.

Considerable variation exists in the utilisation of any treatment (surgery and/or chemotherapy) recorded for women who had an emergency admission 28 days prior to ovarian cancer diagnosis across the gynaecological cancer systems in England and Wales (Figure 1).

Figure 1. Unadjusted funnel plot for the proportion of women diagnosed with ovarian cancer within 28 days of an emergency admission receiving any treatment (surgery and/or chemotherapy).



There are four cancer systems above the upper 95% control limit and three systems below the lower 95% limit.

This performance indicator is not subject to our outlier process.

* system refers to the gynaecological cancer system.

Performance indicator 3: Receipt of any treatment (surgery and/or chemotherapy)

Key message

Approximately three out of four women newly diagnosed with stage 2 to 4 or unstaged ovarian cancer in England and in Wales, had any treatment recorded within nine months of diagnosis.

For women with stage 2 to 4 or unstaged ovarian cancer, 3,392 of 4,617 (73.5%) diagnosed in England in 2023, and 155 of 204 (76.0%) diagnosed in Wales in 2024 received any type of treatment (surgery and/or chemotherapy) between one month before and nine months after the recorded date of diagnosis. This percentage varied across the 40 gynaecological cancer systems in England, ranging from 59.6% to 88.4%. The values for the three gynaecological cancer systems in Wales ranged from 71.7% to 80.6%.

Performance indicator 4: Receipt of surgery

Key message

Approximately one out of two women newly diagnosed with stage 2 to 4 or unstaged ovarian cancer in England and in Wales, had any surgery recorded within nine months of diagnosis.

For women with stage 2 to 4 or unstaged ovarian cancer, 2,340 of 4,617 (50.7%) diagnosed in England in 2023, and 98 of 204 (48.0%) diagnosed in Wales in 2024 received any surgery between one month before and nine months after the recorded date of diagnosis. This percentage varied across the 40 gynaecological cancer systems in England, ranging from 34.0% to 65.6%. The values for the three gynaecological cancer systems in Wales ranged from 35.3% to 53.8%.

We also stratified this indicator based on whether women were diagnosed following an emergency admission. Among women diagnosed with stage 2 to 4 or unstaged ovarian cancer in England in 2023 following an emergency admission, 39.4% (889 out of 2,255) received surgery. In Wales in 2024, this figure was 41.9% (49 out of 117). In contrast, for women diagnosed without a prior emergency admission, the surgical rates were higher: 71.5% (2,393 out of 3,346) for those diagnosed in England in 2023 and 71.3% (112 out of 157) for those diagnosed in Wales in 2024.

Performance indicator 5: Receipt of chemotherapy

Key message

Approximately two out of three women newly diagnosed with stage 2 to 4 or unstaged ovarian cancer in England, and three in four in Wales, had any chemotherapy recorded within nine months of diagnosis.

For women with stage 2 to 4 or unstaged ovarian cancer, 2,999 of 4,617 (65.0%) diagnosed in England in 2023, and 149 of 204 (73.0%) diagnosed in Wales in 2024 received chemotherapy between one month before and nine months after the recorded date of diagnosis. This percentage varied across the 40 gynaecological cancer systems in England, ranging from 52.5% to 81.4%. The values for the three gynaecological cancer systems in Wales ranged from 68.6% to 77.4%.

Performance indicator 6: Receipt of platinum-based chemotherapy

Key message

Approximately two out of three women newly diagnosed in England with stage 2 to 4 or unstaged epithelial ovarian cancer were recorded as receiving platinum-based chemotherapy within three months of diagnosis.

With respect to women with stage 2 to 4 or unstaged epithelial ovarian cancer, 2,498 of 3,887 (64.3%) received platinum-based chemotherapy in England in 2023 between one month before and three months after the recorded date of diagnosis. Information about type of chemotherapy was not available for Wales. This percentage varied across the 40 gynaecological cancer systems, ranging from 43.1% to 82.9%.

Performance indicator 7a: One-year survival

Key message

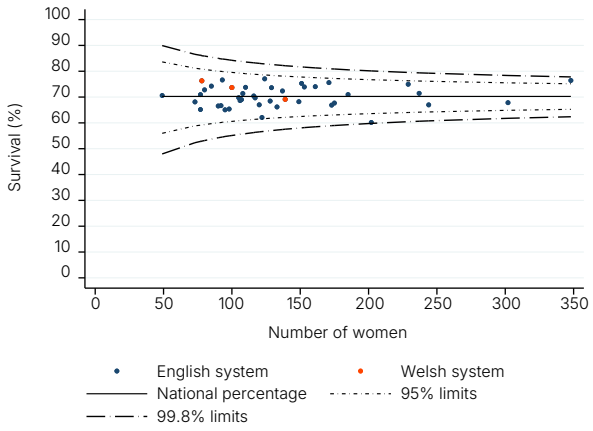
Approximately seven out of ten women diagnosed with ovarian cancer survived at least one year after diagnosis in England and three out of four in Wales.

Of 5,597 women diagnosed with ovarian cancer in England in 2023 with outcome data, 3,921 (70.1%) survived at least one year after diagnosis, and this was the case for 234 of the 317 women (73.8%) diagnosed in Wales in 2023.

Overall, one-year survival varied across the 40 gynaecological cancer systems in England, ranging from 59.4% to 82.1%. The values for the three gynaecological cancer systems in Wales ranged from 67.9% to 76.0%. It is important to note that these system-specific results are not adjusted for differences in case-mix (e.g. age, stage, grade, morphology, deprivation status, performance status, and comorbidity), which may account for some of the differences in survival between England and Wales and between the gynaecological cancer systems.

We then adjusted the results to account for differences in case-mix. The adjusted one-year survival estimates account for differences in age, stage, grade, morphology, socio-economic deprivation, ethnicity, comorbidities, and frailty. Even after adjustment, considerable variation in one-y ear survival remains across the gynaecological cancer systems in England and Wales. The rates ranged from 60.2% to 79.7% across the 40 gynaecological cancer systems in England and from 69.1% to 76.3% across the three gynaecological cancer systems in Wales (Figure 2).

Figure 2. Risk-adjusted funnel plot showing the proportion of women with ovarian cancer who are alive at least one year following their diagnosis. Each data point represents a gynaecological cancer system.



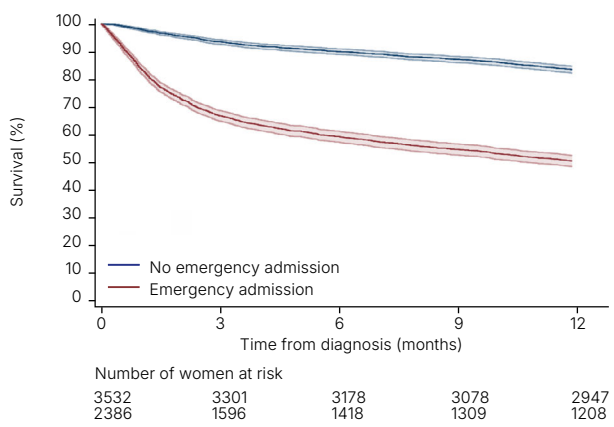
* system refers to the gynaecological cancer system.

One gynaecological cancer system is above the upper 95% control limit, but none is above the upper 99.8% limit. One system is below the lower 95% limit, with none falling below the lower 99.8% limit.

This performance indicator is subject to our outlier process.

As ovarian cancer diagnosis following an emergency admission is common (occurring in two in five women), we investigated the impact of this diagnostic pathway on overall survival (Figure 3). For this analysis we included 5,601 women diagnosed with ovarian cancer in England and 317 women in Wales in 2023. At three months from diagnosis, 66.9% of women diagnosed following an emergency admission were alive, compared to 93.5% of those diagnosed without one. By six months, survival was 59.4% versus 89.9%, and by 12 months, 50.6% versus 83.5% for those diagnosed with ovarian cancer after an emergency admission and those without, respectively.

Figure 3. Kaplan-Meier survival curves comparing overall survival among women with ovarian cancer diagnosed following an emergency admission versus those diagnosed without one.



Performance indicator 7b: Two-year survival

Key message

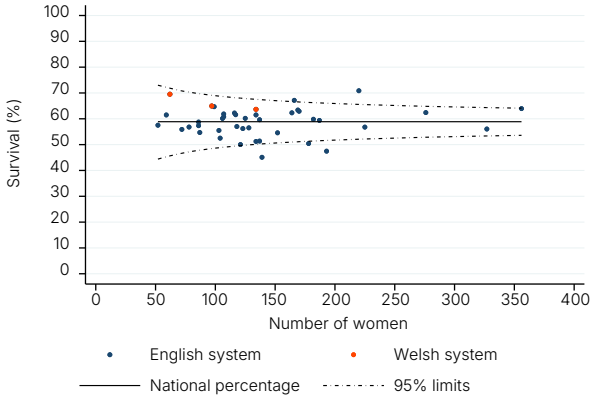
Approximately three out of five women diagnosed with ovarian cancer survived at least two years after diagnosis in England and two out of three in Wales.

Of the 5,765 women diagnosed with ovarian cancer in England in 2022, 3,369 (58.4%) survived at least two years after diagnosis, and this was the case for 198 of the 293 women (67.6%) diagnosed in Wales in 2022.

Overall, two-year survival varied across the 40 gynaecological cancer systems in England, ranging from 43.9% to 80.0%. The value for the three gynaecological cancer systems in Wales ranged from 64.9% to 69.4%. It is important to note that these system-specific results are not adjusted for differences in case-mix (e.g. age, stage, grade, morphology, deprivation status, performance status, and comorbidity), which may account for some of the differences in survival between England and Wales and between the gynaecological cancer systems.

We then adjusted the results to account for differences in case-mix. The adjusted two-year survival estimates account for differences in age, stage, grade, morphology, socio-economic deprivation, ethnicity, comorbidities, and frailty. Even after adjustment, considerable variation in two-year survival remains across the gynaecological cancer systems in England and Wales. The rates ranged from 45.1% to 70.9% across the 40 gynaecological cancer systems in England and from 63.7% to 69.5% across the three gynaecological cancer systems in Wales (Figure 4).

Figure 4. Risk-adjusted funnel plot showing the proportion of women with ovarian cancer who are alive at least two years following their diagnosis. Each data point represents a gynaecological cancer system.



Two gynaecological cancer systems are above the upper 95% control limit, and three systems are below the lower 95% limit.

This performance indicator is not subject to our outlier process.

* system refers to the gynaecological cancer system, Risk-adjusted results account for differences in the case-mix.

Table 4. Performance indicators of women diagnosed with ovarian cancer in England and Wales

		England 2023		Wales 2024	
		Number	**Percentage**	**Number**	**Percentage**
Performance indicator 1*: Women diagnosed with ovarian cancer who had an emergency admission within 28 days prior to diagnosis.	**Denominator:** Women diagnosed with ovarian cancer (excluding borderline tumours).	2,255/5,601	40.3%	117/274	42.7%
			Lowest: 27.7% Highest: 58.6%		Lowest: 26.7% Highest: 51.6%
Performance indicator 2: Women diagnosed with ovarian cancer within 28 days of an emergency admission who receive any type of treatment (surgery and/or chemotherapy) within three months from diagnosis.	**Denominator:** Women diagnosed with ovarian cancer who had an emergency admission within 28 days prior to diagnosis (excluding borderline tumours).	1,347/2,255	59.7%	82/117	70.1%
			Lowest: 43.8% Highest: 80.0%		Lowest: 52.2% Highest: 78.7%
Performance indicator 3: Women diagnosed with stage 2 to 4 or unstaged ovarian cancer who receive any type of treatment (surgery and/ or chemotherapy) within nine months from diagnosis.	**Denominator:** Women diagnosed with stage 2 to 4 or unstaged ovarian cancer (excluding borderline tumours).	3,392/4,617	73.5%	155/204	76.0%
			Lowest: 59.6% Highest: 88.4%		Lowest: 71.7% Highest: 80.6%
Performance indicator 4: Women diagnosed with stage 2 to 4 or unstaged ovarian cancer who receive surgery within nine months from diagnosis.	**Denominator:** Women diagnosed with stage 2 to 4 or unstaged ovarian cancer (excluding borderline tumours.	2,340/4,617	50.7%	98/204	48.0%
			Lowest: 34.0% Highest: 65.6%		Lowest: 35.3% Highest: 53.8%
Performance indicator 5: Women diagnosed with stage 2 to 4 or unstaged ovarian cancer who receive chemotherapy within nine months from diagnosis.	**Denominator:** Women diagnosed with stage 2 to 4 or unstaged ovarian cancer (excluding borderline tumours.	2,999/4,617	65.0%	149/204	73.0%
			Lowest: 52.5% Highest: 81.4%		Lowest: 68.6% Highest: 77.4%
Performance indicator 6: Women diagnosed with stage 2 to 4 or unstaged epithelial ovarian cancer who receive platinum-based chemotherapy within three months from diagnosis.	**Denominator:** Women diagnosed with stage 2 to 4 or unstaged epithelial ovarian cancer (excluding borderline tumours).	2,498/3,887	64.3%	n/a	n/a
			Lowest: 43.1% Highest: 82.9%		n/a
		England 2023		**Wales 2023**	
Performance indicator 7a: Women diagnosed with ovarian cancer who are alive one year following the diagnosis.	**Denominator:** Women diagnosed with ovarian cancer (excluding borderline tumours).	3,921/5,597	70.1%	234/317	73.8%
			Lowest: 59.4% Highest: 82.1%		Lowest: 67.9% Highest: 76.0%
		England 2022		**Wales 2022**	
Performance indicator 7b: Women diagnosed with ovarian cancer who are alive two years following the diagnosis.	**Denominator:** Women diagnosed with ovarian cancer (excluding borderline tumours).	3,369/5,765	58.4%	198/293	67.6%
			Lowest: 43.9% Highest: 80.0%		Lowest: 64.9% Highest: 69.4%

* For performance indicator 1, a lower value indicates better performance.

Borderline: Borderline malignant ("borderline") ovarian tumours have historically been recorded as ovarian cancers, though their malignant potential is now understood to be lower than the rest of the group.

Difference between England and Wales should be interpreted with caution as these results are not adjusted for differences in case-mix and confidence intervals are expected to be wide due to the smaller number of patients in Wales.

5. Commentary

This is the third NOCA SotN report, where we provide a summary of our analysis of eight performance indicators covering four quality improvement goals (Table 4). As indicated above, results for each gynaecological cancer system in England and in Wales are available on NOCA's Data Dashboard. Most indicators include women newly diagnosed with ovarian cancer in England in 2023 and in Wales in 2024.

We discuss six previously defined performance indicators, and for the first time, we introduce two new ones, including one aimed at assessing the receipt of surgery among women diagnosed with stage 2 to 4 or with unstaged ovarian cancer. Provider level results for certain indicators are currently available on a quarterly basis (curated using 'Rapid Cancer Registry' data) through an interactive data dashboard, enabling providers to reflect on more timely data. In addition to these, results from this annual report (curated using 'Gold standard' data) have been added to this dashboard.

The results reflect NOCA's ambition captured in the Quality Improvement Plan, also taking into account the limitations of the availability and completeness of relevant national data. We expect that the Quality Improvement Plan will gradually develop over time in response to improvements in data availability.

As in last year's SotN report, we did not report on three performance indicators that are mentioned in NOCA's Quality Improvement Plan. These indicators relate to germline panel and homologous recombination deficiency testing (BRCA 1/2 and/or genomic instability) as well as cytoreductive surgery. NOCA expects to be able to report on these three indicators in forthcoming reports when data necessary to derive these indicators will become available for analysis. In this year's SotN report, two new indicators, performance indicators 4 and 5, have been introduced. Although they are not part of NOCA's Quality Improvement Plan, they reflect NOCA's commitment to evolve and adjust to clinical priorities after consulting with key stakeholders.

Going forward, NOCA will continue to develop its SotN report alongside the quarterly reports. NOCA is developing its case-mix adjustment methodology for the other performance indicators, and case-mix adjusted results for these will be included in future reports. A key developmental priority for the forthcoming years is to develop clinical, statistical and data science approaches to address missing data on patient and tumour characteristics. NOCA is also committed to producing research outputs that align closely with its aims and ambitions. These research activities will help inform and shape future reports, and support and guide Quality Improvement Interventions/Initiatives for ovarian cancer care in England and Wales. NOCA's research outputs can be found in the Publications section of NOCA's website.

NOCA Quality Improvement Intervention/Initiative

In November 2025, NOCA launched a Quality Improvement Intervention/Initiative aimed at increasing the percentage of women with an emergency admission prior to their ovarian cancer diagnosis who receive any type of treatment (surgery and/or chemotherapy). This initiative has been developed in consultation with key stakeholders, including women with lived experience of ovarian cancer who are members of NOCA's Patient and Public Involvement Forum and a wider range of stakeholders represented in NOCA's Clinical Reference Group.

NOCA has presented the Quality Improvement Intervention/Initiative in webinars and conferences [13,14]. In this way, NOCA aims to engage with the clinical community and stimulate sharing best practice.

We aim to evaluate the impact of the Quality Improvement Intervention/Initiative using rapid registration data published in the quarterly reports. We have also asked the clinical leads of the gynaecological cancer systems to complete and return the response template. We aim to compile their responses in a short report, which will be shared in 2026. The report will include an anonymised summary and synthesis of current practices, challenges and limitations as noted in the responses and a range of examples of best practice from identified locations across the country. The "best practice" examples will also contribute to a guide that we will develop for potential interventions aimed at improving the receipt of treatment for women diagnosed following an emergency admission and included as case studies in the Quality Improvement section of our website.

13 British Gynecological Cancer Society, Annual Scientific Meeting – London, July 2025

14 UK Gynae-oncologist Meeting, Annual Meeting – Manchester, November 2025