

## Student Instructions

You are an FY1 doctor working in a gynaecology clinic. Val Assemia is a 49 year old lady who has presented with abdominal pain. She is concerned as she significant family history.

Please take a history from Val and perform the appropriate examination. You will then be asked to discuss the case with the examiner.

## Patient Instructions

HPC:

You are a 49 year old lady who is presenting to the gynaecology clinic with abdominal pain. Over the past few months you have been experiencing a generalised discomfort in your abdomen that is constantly present. You feel increasingly bloated and have noticed some tummy swelling. You have noticed that over the same time period you have become increasingly tired and short of breath. You do not feel nauseous. You have (unintentionally) lost 1 stone in weight in the last month and have been quite constipated. You can't really understand this - if you're becoming more bloated, shouldn't you be gaining weight?

You haven't noticed any abnormal discharge or vaginal bleeding and you are certain you are not pregnant. Despite being sexually active, you have never been pregnant and stopped having periods 7 years ago. During the menopause you suffered with hot flushes and mood swings and since then you have been on HRT. You have never had any gynaecological infections. All smear tests are up to date and have been normal.

ICE:

You are very concerned, you have never felt so unwell before and you are worried it may be something serious. You are particularly worried about cancer as it runs in your family.

PMH:

You had your appendix out when 13 years old: you don't really remember it.

DH:

You used to be on the oral contraceptive pill before your menopause

FH:

Your mother had breast cancer at 35, as well as your aunt and your grandmother. This is

something that has stressed you out for years.

SH:

You work as a estate agent. You aren't very active but try and have a healthy diet. You have never smoked and rarely drink alcohol nowadays. You divorced your husband 7 months ago. You now live alone and are quite happy this way.

## Examiner Instructions

An excellent candidate will take a thorough history and include red flags for malignancy. They should sensitively explore Val's concerns, particularly about her family history.

A differential diagnosis must include malignancy, specifically ovarian cancer, due to the insidious nature of this abdominal pain, alongside weight loss.

Topics for discussion may include:

What are the different types of ovarian tumours (benign and malignant)?

What are the risk factors for ovarian cancer?

What are the different stages of ovarian cancer?

Which tumour marker is used to help differentiate between ovarian cysts and ovarian cancer? What other tests/ imaging can be used?

What is Meigs syndrome?

What is pseudomyxoma peritonei?

How would you manage ovarian cancer? What treatment is available?