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The Value of Hope:
Addressing the Burden of Ovarian Cancer in Australia

November 2025

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Access Economics

Foreword

Ovarian cancer remains one of the most challenging and least understood cancers affecting women in Australia today, impacting not only their health but also the very fabric of their personal lives, relationships and families.

Addressing this formidable disease requires a multifaceted approach that encompasses early detection, innovative treatments, and comprehensive support for patients and their families.

AbbVie is proud to have collaborated with Deloitte Access Economics to publish this important report which examines these challenges and the real actions that can be taken to make a difference in many peoples' lives.

This report brings together critical research and voices and highlights the need to place the experiences and needs of patients and their families at the centre of care strategies. With insights into the significant socioeconomic impacts and barriers within the current healthcare landscape, this document serves as a vital call to action.

We are grateful to all the people who shared their personal experience with us, the leading organisations and clinicians in ovarian cancer in Australia who shared their expertise and strength in advocating for equity in access and the advancement of precision medicine techniques.

This report underscores the power of these partnerships, driving research and enhancing survival rates, ultimately enriching the quality of life for women facing ovarian cancer. Our shared commitment to this cause invites stakeholders from all sectors to collaborate towards a future where groundbreaking therapies and compassionate care are universally accessible.

We welcome the recent focus on women's health in Australia. This report highlights the need for that focus to translate to action for all women impacted by ovarian cancer and their families.

Together, through unwavering commitment, true partnerships and cutting-edge science, we can transform the landscape of ovarian cancer treatment, offering hope and improved outcomes for all affected.

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Vice President and General Manager Australia and New Zealand
AbbVie

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Acknowledgements

Use of terminology

- Ovarian cancer is a complex disease, and may be considered an umbrella term for a group of cancers that originate in the ovaries, fallopian tubes or peritoneum.[1] Across the last 20 years, research advances have led to a greater understanding of where ovarian cancer originates in the body (the primary cancer site).[2] Specifically, a high proportion of previously-classified ovarian high-grade serous carcinomas (HGSCs) were discovered to begin in the fallopian tube.[3] Additionally, primary peritoneal cancer forms in the same tissue type as epithelial ovarian cancer and fallopian tube cancer, and is treated in similar ways.[4, 5] This report uses terminology associated with ovarian cancer as described below.
  - The Australian Institute of Health and Welfare (AIHW) reporting group 'ovarian cancer and serous carcinoma of the fallopian tube' has been used wherever available for incidence, survival and mortality statistics, to reflect trends occurring within this reporting group as a whole. These statistics pertain to ovarian cancer and serous carcinoma of the fallopian tube. Please refer to AIHW reporting on this issue for more information.[6] However, certain AIHW analysis pertains to ovarian cancer only – this has been noted where relevant.
  - Separately, the AIHW reports 'retroperitoneal and peritoneal cancer'. Here, it is noted that this reporting group includes cancers that form at the back of the abdominal cavity (near the kidneys) and these cancers may occur in both females and males (see below). Female incidence data for this reporting group has been noted separately.
  - Elsewhere in the report, terminology used has sought to reflect the underlying cited literature, with ovarian cancer used as an umbrella term in general contexts.
- This report contains cancer data that is based on sex classifications (e.g., male and female), where ovarian cancer is classified as occurring within the female sex. Accordingly, this report refers to 'females' in incidence, mortality and survival reporting to reflect this convention, and 'women' elsewhere in the report. It is respectfully acknowledged that not all ovarian cancer patients may identify with this language.

Patient experiences

This report contains quotes from ovarian cancer patients, which were provided by AbbVie to Deloitte Access Economics. This report acknowledges and appreciates the valuable contribution of these women who have shared their personal experiences.

Sources of anonymous quotes:

- AbbVie 2025, Patient Recording (Interview), 22 January 2025.
- CaPPRe 2025, *Qualitative Report – Understanding Treatment Goals and Experiences Among People Living With Ovarian Cancer (unpublished, document prepared for AbbVie*).

Key stakeholders

This report recognises the collective effort across health system stakeholders over many years to improve the experience of women with ovarian cancer - either directly, or indirectly through efforts aimed at rare and less common cancers, or all cancers. The Australia New Zealand Gynaecological Oncology Group, Ovarian Cancer Australia and Inherited Cancers Australia are thanked for their contributions to this report.

Disclosure

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Executive summary

The situation

Ovarian cancer is among the least understood cancers affecting women, leaving those diagnosed facing a difficult outlook.[7] The Australian Institute of Health and Welfare (AIHW) estimated that in 2024, ovarian cancer was the fifth most common cause of cancer-related death, and the ninth most common cancer among females in Australia.[8] Less than half of those diagnosed will survive beyond five years.[9] The current survival rate (49%) remains comparable to the survival rate for all cancers from 1975 - 50 years ago.[10, 11]

Poor prognosis for women with ovarian cancer is driven by relatively high proportions of late-stage diagnosis (Stage III-IV), high recurrence rates for many women who initially respond to platinum-based chemotherapy but then become resistant, and limited treatment options for women who do not respond to platinum-based therapy from diagnosis.[12, 13, 14]

Key challenge | Barriers to early-stage diagnosis.

Non-specific symptoms in early stages of the disease and a lack of effective population-based screening and surveillance methods for early detection of ovarian cancer without symptoms contribute to approximately two thirds of women being diagnosed at advanced stages of the disease.[15, 16, 17, 18]

Key challenge | High recurrence rates, and resistance to platinum-based chemotherapy over time.

Approximately 25% of early-stage ovarian cancer patients and 80% of advanced stage ovarian cancer patients experience disease recurrence, requiring repeated treatment courses.[19] Rates of recurrence are high, and subsequent recurrences tend to become platinum-resistant.[20] There are few effective therapies available for these women, and they are often left with a poor prognosis, with a median survival time of 12 months.[21]

"I wanted to achieve some sort of remission and that was a long time coming. I had nine months straight of weekly chemotherapy. That didn't work... so I went on to another six months of three weekly chemotherapy. I started recovering... and then it came back."

– Woman with ovarian cancer

Key challenge | Australia's optimal care pathway for ovarian cancer, and addressing barriers and improving access to clinical trials and precision medicine approaches.

There are observed inequities and structural barriers when considering the extent to which ovarian cancer patients receive Australia's nationally endorsed standard of care.[22, 23] Australian ovarian cancer patients also report a range of actual and perceived barriers to clinical trial awareness and participation.[24] For ovarian cancer patients with relapsing disease (including platinum resistance), precision medicine may represent an avenue of hope for treatment success.

However, there is:[25]

- a lack of established guidelines and gaps in clinician knowledge for interpreting test results and complex genomic data
- a lack of reimbursement and lack of resources and systems (particularly in resource-constrained and regional hospitals).

In February 2025, the Australia New Zealand Gynaecological Oncology Group (ANZGOG) estimated that more than 90% of women diagnosed with gynaecological cancer (including uterine, ovarian, cervical, vaginal and vulva cancers) did not have access to comprehensive molecular profiling which could inform precision medicine approaches.[26]

The impacts of an ovarian cancer diagnosis

An ovarian cancer diagnosis is life-changing for a woman, and all that she represents to those who love and depend on her.

The challenging prognosis associated with an ovarian cancer diagnosis can be greatly distressing for a woman. It can be a time of shock, worry and uncertainty, coupled with feelings of confusion and sadness. Women with ovarian cancer have significantly higher rates of depression and anxiety compared to the general female population.[27, 28] Feelings of uncertainty can also lead to social isolation.[29]

A range of studies have examined the impact of an ovarian cancer diagnosis on a woman's sense of identity, her relationships and her societal roles, as outlined below.

Mothers | Mothers with ovarian cancer may experience personal distress of missing out on important milestones and fear of how their children may cope with their death.[30] For younger women diagnosed, many are unable to become mothers, or cannot complete their intended family if they already have children, due to potential adverse effects on their fertility.[31, 32] Up to one in five women diagnosed with ovarian cancer may also carry a heritable gene mutation, which may create distress for those who are mothers (or wish to become mothers), related to the potential of having passed this gene mutation on to their children.[33]

Relationships | It is common for women in intimate relationships to experience psychological and/or physical sexual problems. Issues may include the changing nature of the partner relationship to one of a primary caregiver, reduced libido, as well as perceived body image issues (e.g., scarring, hair loss or stomas).[34] Perceived body image issues and consequences to self-esteem may also exist separate from relationships.

Caring roles | Women may experience diagnosis at a time when they hold meaningful caring responsibilities for young children, older parents or both. These women may instead need to become a recipient of caregiving, describing struggles associated with both asking for and accepting help.[35]

Physical health | An ovarian cancer diagnosis presents a range of physical challenges that can affect quality of life, including abdominal bloating and pelvic pain at the diagnosis stage, and fatigue, nausea and vomiting as common side-effects of chemotherapy treatment.[36] Surgical treatment for advanced stage ovarian cancer commonly includes removal of ovaries, fallopian tubes and the uterus.[37] The removal of, or damage to, female reproductive organs may induce infertility and cause menopause, and lead to associated impacts of oestrogen deficiency.[38,39]

Mental health | A study found that individuals with ovarian cancer experience significant anxiety and emotional stress due to fear of the future, uncertainty and the harsh realities of prognosis and treatment. Crucially, it highlights the role of coping mechanisms and social support as buffers against emotional distress.[40]

Work | Adding to distress is the prospect of financial hardship from labour market withdrawal during a diagnosis, as a cancer survivor, or as a result of death.[41] For women with several years left of working life, loss of income from premature mortality can place significant unexpected financial burden on the household – a particular concern in ovarian cancer given its relatively low survival rates.[42, 43]

Family and friends | Family and friends of women diagnosed with ovarian cancer can struggle to cope with the diagnosis, experiencing anger, denial and fear.[44] An Australian study found that caregivers can experience anxiety at an even higher rate than the women they care for, attributable, in part, to low levels of optimism for the future.[45] In addition, a United States-based study reported that almost one in two caregivers of ovarian cancer patients reported reducing hours in the paid workforce to support their loved one.[46]

Key takeaway – the value of hope and extending life

Advanced stage ovarian cancer patients face a poor prognosis and limited treatment options if the cancer returns.[47] With each recurrence, women may experience losing their identity, independence, and the roles they cherish as family members, professionals and more.

Currently, less than half of women diagnosed with ovarian cancer and serous carcinoma of the fallopian tube will survive beyond five years[48], and the limited time to spend with loved ones can be a great source of emotional distress for both the women diagnosed and her family and friends. At the same time, one study has found that efforts to make memories and savour the present time with loved ones can be an effective coping mechanism.[49]

Innovations that help women diagnosed with ovarian cancer to live longer, healthier lives could offer hope that adds to the quality of their life, and support the important roles they play in society and the broader economy.

"Additional treatment options would mean that I would actually have more freedom. I have so many appointments in a week, be it blood tests, or an extra echocardiogram to see whether I'm strong enough for the next lot of chemotherapy. It's the freedom that I'm looking for, and quality of life."

– Woman with ovarian cancer

Opportunities for the future

Increase investment in research aimed at identifying early detection methods for ovarian cancer, and improving understanding of risk factors to inform risk-reduction strategies.

Continue to invest in health system efforts to utilise precision medicine approaches for the treatment of ovarian cancer.

Improve health equity regarding recruitment to clinical trials.

Continue to invest in supportive care services and programs that seek to address the needs of women with ovarian cancer and their families/carers.

Carolyn's Story

Carolyn Groves, a devoted mother and former nurse, from Perth, WA, was shocked by a diagnosis of advanced ovarian cancer in 2022.

After experiencing bloating and constipation, Carolyn went to the emergency room. Due to COVID restrictions, she was unable to have a support person with her. Seven hours later she was pulled aside in the hospital corridor and told that she had advanced ovarian cancer and to 'get her affairs in order'.

"That night at the ED was one of the most traumatic experiences of my life".

Carolyn went from working 10-hour days as a nurse to suddenly losing her independence, career and social life. From that conversation in the hospital corridor, she had to go home and tell her two sons, then return after the weekend to have five litres of ascites drained and four days later go on to treatment.

Carolyn's story isn't uncommon, ***"Women who are struck down with ovarian cancer are frequently in the prime of their lives. We are working. We are mothers. We are looking after people, be it our own parents, our own children,"*** she explains.

Carolyn says ***"[ovarian cancer] requires all the attention it can get"*** to better support others in her situation.

Ovarian Cancer in Australia: The Value of Hope

An ovarian cancer diagnosis profoundly alters a woman's life and the lives of those who love and depend on her. Survival rates are low, and less than one in two women diagnosed will survive beyond 5 years. Late-stage diagnosis is common, recurrence is high, and treatment needs are often unmet.

Survival rates are low

1,805 women diagnosed in 2024.[i]

1975 vs 2025

The current five-year survival rate is comparable to the all cancer survival rate 50 years ago.[ii]

5th Fifth most common cause of cancer-related death among females in Australia.[iii]

66% of women diagnosed at an advanced stage.[iv]

Non-specific symptoms with no screening or surveillance program.[v]

4 in 5 women experience recurrence, and recurrence tends to become platinum-resistant over time.[vi]

An ovarian cancer diagnosis has a significant impact on a woman's health, her work life and caring roles, and her family and friends.

Up to **45%** of women with ovarian cancer experience PTSD[vii]

When carers face cancer, families feel the strain[viii]

1 in 5 carry a heritable gene mutation, causing additional distress[ix]

Treatment can lead to fertility loss and medical menopause[x]

$42.5 million in annual labour productivity losses[xi]

42% of caregivers report elevated anxiety [xii]

Recommendations to support better outcomes for women living with ovarian cancer

- Increase investment in research aimed at identifying early detection methods and improving understanding of risk factors
- Continue to invest in health system efforts to utilise precision medicine in treatment
- Improve health equity in clinical trial recruitment

- Continue to invest in supportive care services and programs that address the needs of people with ovarian cancer and their families/carers

01 | Introduction

Ovarian cancer and serous carcinoma of the fallopian tube was estimated to be the ninth most commonly diagnosed cancer among females in Australia in 2024, representing 2.4% of all new cancers in females.[50, 51] However, it has a poor prognosis relative to other cancers, and was estimated to be the fifth most common cause of cancer-related death among females over the same period.[52]

Ovarian cancer often goes undiagnosed in its early stages as it has non-specific symptoms.[53] This results in many women being diagnosed when they are at advanced stages and the cancer is more difficult to treat.[54, 55] Less than half of Australian women diagnosed between 2016 and 2020 survived five years post-diagnosis – a substantially poorer prognosis than the average survival rate for all female cancers combined.[56] Additionally, for First Nations women the incidence (16.6 vs. 10.6 per 100,000) and mortality (7.8 vs. 6.4 per 100,000) of ovarian cancer are higher than non-indigenous Australians.[57]

Ovarian cancer represents more than a medical challenge. It brings a series of persistent social, emotional, financial and physical challenges for both the woman diagnosed and the people who love and depend on her. Relative to cancers with higher rates of early detection, the psychological toll on a woman with ovarian cancer and her family is particularly profound given the poor prognosis.[58, 59] A woman may also experience diagnosis at a time when she holds caring responsibilities for both younger and older family members, which can lead to a range of social and economic consequences throughout an extended family.[60, 61, 62]

"I'd like to be able to say, I will be there at a certain time, and I will do things with you. But this disease robs you of that. It robs you of a lot of things, but it robs you of the guarantee that you're going to be well tomorrow."

– Woman with ovarian cancer

The purpose of this paper is to:

- raise awareness of the socioeconomic burden of ovarian cancer in Australia, including the health, social and economic impacts of the condition
- communicate the opportunity to improve outcomes for women experiencing ovarian cancer, noting the vital role of addressing relapsing or refractory ovarian cancer.

The remainder of this paper is structured as follows:

- Section 2 profiles key burden of disease statistics;
- Section 3 provides an overview of the health system landscape and key issues;
- Section 4 describes the socioeconomic impacts of an ovarian cancer diagnosis; and
- Section 5 sets out a path forward with a set of opportunities for the future.

Box 1: Overview of ovarian cancer

Ovarian cancer is a complex disease, and may be considered an umbrella term for a group of cancers that originate in the ovaries, fallopian tubes or peritoneum.[63] Primary peritoneal cancer forms in the same tissue type as epithelial ovarian cancer and fallopian tube cancer, and is treated in similar ways.[64, 65]

Types of ovarian cancer

Most ovarian cancers start in epithelial cells that are located in the fallopian tubes and on the surface of the ovaries. Epithelial ovarian cancer makes up 85% to 90% of ovarian cancers.[66] Sub-types of epithelial ovarian cancer include high-grade serous, low-grade serous, clear cell, endometrioid and mucinous ovarian cancer.[67]

Other less common types of ovarian cancer include:[68]

- ovarian germ cell tumours where tumours begin in the reproductive (egg) cells in the ovary
- stromal (sex cord) tumours which start from structural tissues in the ovary that produce the female hormones oestrogen and progesterone.

Staging of disease

Ovarian cancer stages range from Stage I through IV using the International Federation of Gynaecology and Obstetrics (FIGO) system, which indicates the spread of disease.[69] Advanced-stage cancer refers to cancers that are Stage III and Stage IV.

Risk factors

Risk factors for ovarian cancer (either overall or for certain sub-types) include:[70, 71]

- non-modifiable: older age, family history of breast and ovarian cancer, genetic mutations, personal history of cancer, later age at menopause
- modifiable: having never given birth (acknowledging that this may be non-modifiable for certain women), use of hormone replacement therapy, use of oral contraceptives, and smoking and dietary fat intake.

A highlighted risk factor which is the focus of current health system efforts is genetic mutations. As per Neesham et al. (2020), *BRCA1*, *BRCA2* and Lynch syndrome generate lifetime risks of developing ovarian cancer of 44%, 17% and 12%. A study found that the mean age of ovarian cancer diagnosis for female carriers of the *BRCA1* mutation was 50.0 years and 56.5 years for the *BRCA2* mutation, an earlier age of diagnosis than what was observed in Australia in 2020 (see Section 2). Thus, the impacts of diagnosis may be experienced much earlier by these women and their families. In addition, several other hereditary genes - including the moderate-risk homologous recombination repair genes *RAD51C, RAD51D, BRIP1, PALB2* - are associated with elevated lifetime risk of epithelial ovarian cancer.[72] It is further noted that recent global research is generating emerging findings around modifiable risk factors such as smoking, including how risk may vary by racial/ethnic background.[73]

02 | Burden of disease

Incidence of ovarian cancer in Australia

It is estimated that there were 1,805 females diagnosed with ovarian cancer and serous carcinoma of the fallopian tube in 2024, accounting for approximately 2.4% of all new cancers in females.[74]

The age-standardised incidence rate declined 9% between 1982 and 2020, however Australia's ageing population resulted in a 20% increase in the crude incidence rate over this period.[75] For Indigenous Australians, between 2009 and 2013 (the most recent period of analysis), the age-standardised incidence rate was 1.4 times the rate of non-Indigenous Australians.[76, 77] There is underlying variation in the incidence rate by different overseas regions of birth.[78] In Australia, regions of birth with greater than 10.0 cases per 100,000 females included Northern Europe, Polynesia, Ireland and Eastern Europe. Regions of birth with less than 7.0 cases per 100,000 females included Japan, the Koreas and Mainland South-East Asia.[79]

The below graph demonstrates the trend in ovarian cancer and serous carcinoma of the fallopian tube in Australia since 1982, highlighting the number of cases by:

- age group each year (coloured columns)
- age-specific incidence rate (gold line – this is the rate of actual cases observed for the population in each specified year i.e. each year's specific population age structure is taken as given)
- age-standardised incidence rate (black line – this rate is adjusted for changes in the population age structure over time to allow for a fair comparison between years).

While the age-standardised incidence rate has declined slightly over time, there has been a steady long-term increase in the observed rate of new cases over the past 20 years due to Australia's ageing population.

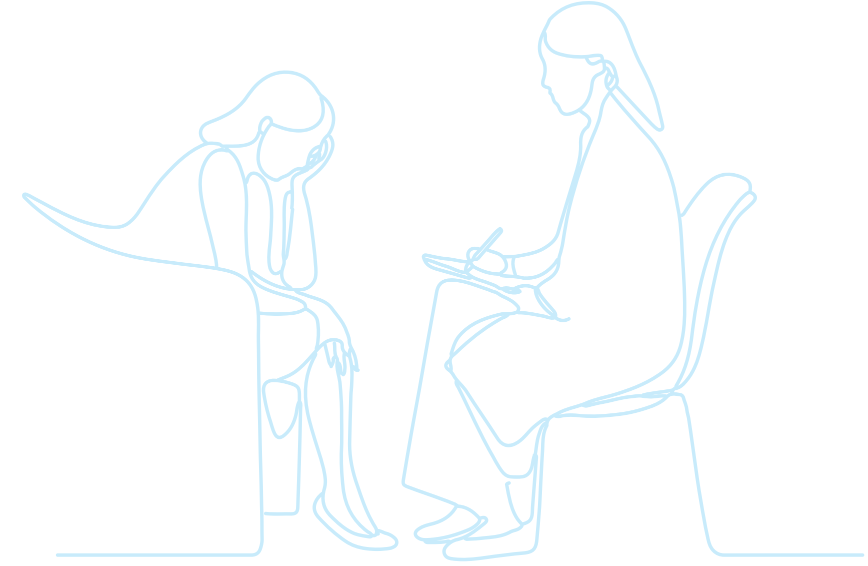
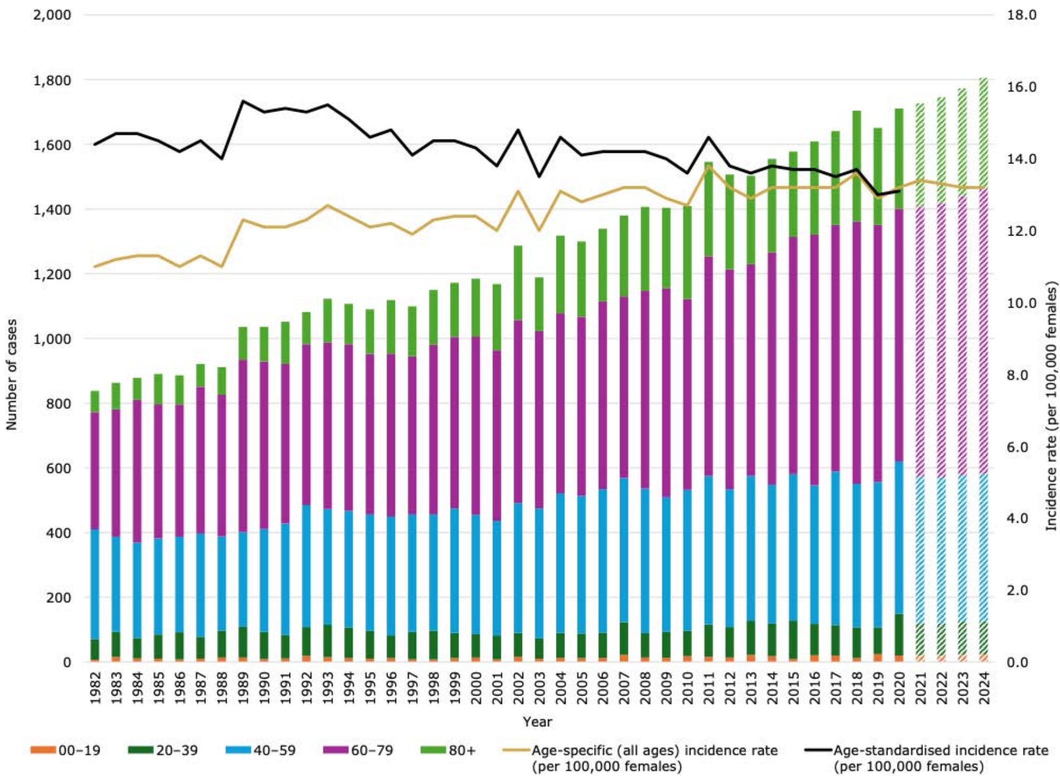


Figure 1:

Number of cases (by age group), age-specific and age-standardised incidence rate of ovarian cancer and serous carcinoma of the fallopian tube, by year (1982-2024).



Source: AIHW (2020), Australian Cancer Database Table S7.1 and Table S1c.2.

Note i: The age-specific incidence rate (all ages) reflects the number of new cases diagnosed each year across all ages, based on the age structure of the population in that year. The age-standardised incidence rate uses the 2024 Australian Population, and estimates the incidence rate in the relevant year, if the age structure of the population in that year had been the same as the 2024 Australian Population.

Note ii: Solid bars represent actual case numbers; patterned bars represent projected case numbers. Hence, the age-specific incidence rate for 2021-2024 is based on projections.

Note iii: In 2020, there were 131 reported cases of retroperitoneal and peritoneal cancers among females, with both a crude and age-standardised incidence rate of 1.0 per 100,000 population (standardised to the 2024 Australian population).

In 2020, the mean age at diagnosis was 66, trending upward from 62 in 1982.[80] However, ovarian cancer can affect people of all ages, with estimates that one-third of women were diagnosed under the age of 60 in 2024.[81]

Box 2: Variation in incidence by geography

Across Australian states and territories, there are key differences in the reported incidence rate of ovarian cancer and serous carcinoma of the fallopian tube.

In 2019, Tasmania had the highest crude incidence rate of ovarian cancer and serous carcinoma of the fallopian tube (14.5 cases per 100,000 females), while Western Australia (10.9 cases per 100,000 females) and Northern Territory (6.2 cases per 100,000 females) had the lowest.[82, 83]

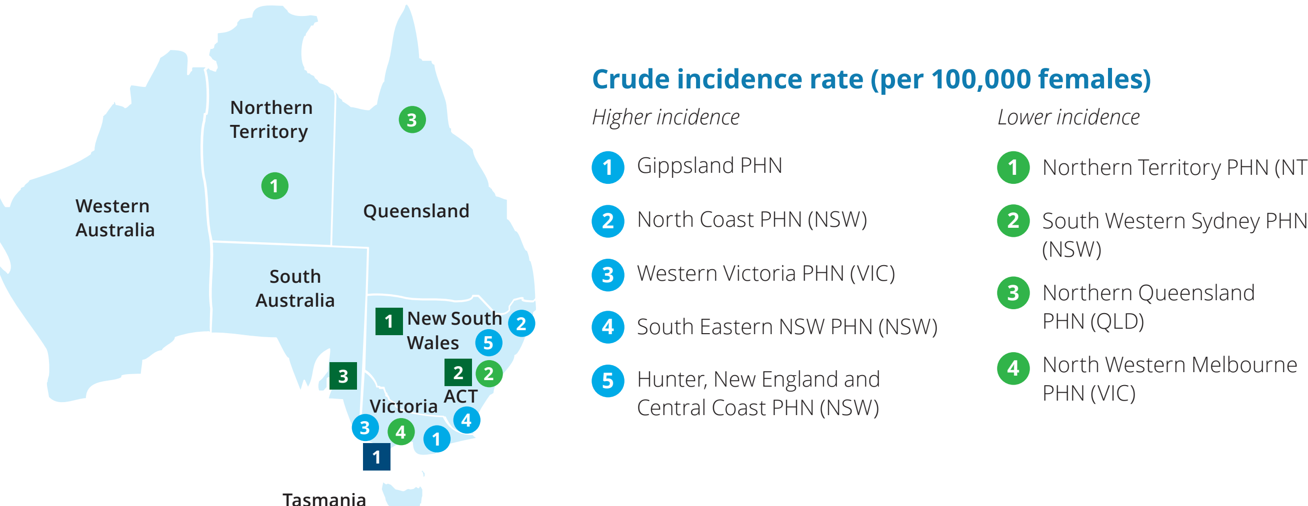
In 2019, AIHW also conducted analysis of ovarian cancer incidence rates by Primary Health Network (PHN), using data from 2010-2014.[84, 85] When comparing to the relevant national benchmark, the analysis found a number of statistically significant results regarding:

- the rate of cases per 100,000 females (**crude incidence rate**)
- the number of observed cases, compared to the number of expected cases given the age-sex structure of the PHN's population (**standardised incidence ratio**).

Figure 2 shows the PHNs for which statistically significant results were found. It is noted that results are based on reported ovarian cancer cases, and hence greater/reduced access to health services may result in a higher/lower proportion of underlying cases being diagnosed.

Figure 2:

Ovarian cancer incidence statistics (2010-2014), by Primary Health Network



Standardised incidence ratio (observed cases compared to expected cases)

Higher

1. Western Victoria PHN (VIC) – 1.16 **16% higher** (95% CI: 1.02,1.31)

Lower

1. Western NSW PHN (NSW) – 0.77 | **23% lower** (95% CI: 0.61,0.97)
2. South Western Sydney PHN (NSW) – 0.79 | **21% lower** (95% CI: 0.68,0.91)
3. Adelaide PHN (SA) – 0.89 | **11% lower** (0.80,0.99)

Source: AIHW (2019), Cancer Statistics for Small Geographic Areas.

Note i: Please refer to the Cancer Statistics for Small Geographic Areas for crude incidence rates and associated 95% confidence intervals.

Note ii: Analysis performed on ovarian cancer only (not ovarian cancer and serous carcinoma of the fallopian tube). A standardised incidence ratio of 1.16 is interpreted as having a 16% higher rate of ovarian cancer incidence than the national rate (standardising for the age-sex structure of the PHN population).

Note iii: This analysis uses 2019 data due to differences in jurisdiction-based policies regarding the COVID-19 pandemic in 2020, which may have impacted patters of health service utilisation.

Prevalence of ovarian cancer in Australia

Ovarian cancer is the ninth most common cancer among females in Australia, however it has the fifth highest mortality rate among females, with a five-year relative survival rate of 48.9%.[86, 87]

In 2024, 1,067 females in Australia were projected to have died from ovarian cancer and serous carcinomas of the fallopian tube (noting that mortality data takes several years to be reported).[88] Between 2016 and 2020, females diagnosed with ovarian cancer and serous carcinomas of the fallopian tube had a five-year relative survival rate of 48.9%, compared to 72.7% for all female cancers combined.[89, 90]

Low survival rates for ovarian cancer are primarily driven by a trend of late stage at diagnosis.[91] **Approximately two-thirds of women are diagnosed at an advanced stage (Stage III or IV).**[92, 93]

Due to the underlying heterogeneity of ovarian cancer sub-types and recognition that health system experiences vary globally, stage at diagnosis and prognosis statistics vary in the literature. However, approximately:[94, 95]

- 19-24% of ovarian cancer is diagnosed at Stage I, with a five-year relative survival rate of approximately 87-90%
- 7-12% of ovarian cancer is diagnosed at Stage II, with a five-year relative survival rate of approximately 62-75%
- 59-71% of ovarian cancer is diagnosed at Stage III or IV, with a five-year relative survival rate of approximately 14-29%.

"Five years survival for less than 50% of people is not good enough. While it's five years of 'living', the reality is that 'living' equates to treatments, relapses, surgeries and feeling poorly for much of that time. Watching the fit and healthy 'rock' of our family turn into a skinny, pale, shadow of herself was the worst thing our family has ever experienced."

– Robyn Smith, Patient Advocate

The current survival rate for ovarian cancer and serous carcinoma of the fallopian tube (48.9%) remains comparable to the survival rate of all cancers from 1975 – 50 years ago.[96]

03 | Health system landscape and key issues

Over the past 30 years, the oncology landscape in Australia has seen significant improvements in the early detection and treatment for some cancers, especially those with national screening programs. However, as noted in Section 2, the five-year survival rates for ovarian cancer and serous carcinomas of the fallopian tube have remained below 50%.

Ovarian cancer diagnosis and management in Australia is challenged by the following key issues.

Challenge 1

Ovarian cancer is difficult to diagnose at the early stages of disease. Effective prevention mechanisms for high-risk women require informed understanding of risks and benefits.

Ovarian cancer is classified as a 'less common cancer' given its lower incidence compared to cancers such as breast cancer; however, its survival outcomes lag significantly behind, making its impact disproportionately severe.[97] Low incidence rates may have an unintended consequence of reducing community awareness of the disease for women who may be in early-stage disease and experiencing non-specific symptoms.[98] Low incidence rates also create challenges for the development of a nation-wide screening program. As described by Cancer Australia:[99]

- large clinical trials are required to examine the effectiveness of any screening mechanism
- false-positive screening results have serious consequences for the woman involved as surgical removal of the ovaries is required to make a final diagnosis.

Hence, the Cancer Australia Position Statement
'Testing for Ovarian Cancer in Asymptomatic Women' states that:[100]

- there is no evidence to support the use of any test for routine population-based screening for ovarian cancer (in other words, screening in women at average risk who do not have symptoms)
- there is no evidence to support the use of any surveillance test for ovarian cancer in women at high or potentially high risk of ovarian cancer who do not have symptoms.

Additionally, there is widespread misconception amongst Australian women regarding ovarian cancer. A 2020 study by the University of Melbourne reported that 68% of women believe a cervical screening test can detect ovarian cancer, and 50% believe the human papillomavirus (HPV) vaccine protects against ovarian cancer – neither of which are true.[101] These misconceptions create the risk that women are relying on these health measures, and may be less alert in the event of possible warning signs of ovarian cancer.[102]

Women at high inherited risk of ovarian cancer may elect to have a risk-reducing salpingo-oophorectomy (preventative removal of ovaries and fallopian tubes).[103] This surgery reduces the risk of ovarian cancer by up to 95% in high-risk women, and is associated with an overall survival benefit.[104] However, this decision requires informed understanding of individual risk versus potential benefits. Impacts of this surgery include loss of fertility, as well as potential adverse impacts from surgically induced menopause.[105]

Challenge 2

Approximately 80% of women diagnosed at advanced stages experience recurrence of their cancer, and long-term remission is rare.[106] Patients with subsequent recurrences tend to become platinum-resistant over time.[107]

Once ovarian cancer is diagnosed, it is commonly treated with chemotherapy and/or surgery.[108, 109] Platinum-based agents have been part of the standard first-line chemotherapy regimen for several decades.[110] However, approximately 25% of patients with early-stage diagnoses and 80% of patients with advanced stage diagnoses will experience recurrence.[111] When considering treatment options for the first recurrence of ovarian cancer, as per the European Society for Medical Oncology (ESMO) 2023 guidelines patients should be considered for platinum-based therapy if there is a reasonable likelihood that the patient may benefit from platinum rechallenge (i.e. no progression during platinum-based therapy or shortly thereafter), and platinum is not contraindicated.[112] Individuals who are considered platinum-sensitive may be treated with a platinum-based agent again as part of their treatment plan.[113] Those who are platinum-resistant may instead consider other chemotherapeutic options, a clinical trial, or a transition to palliative care.[114] Long term remission is rare, and subsequent recurrences tend to become platinum-resistant.[115] There are few effective therapies available for platinum-resistant ovarian cancer (PROC), and women face a median survival time of 12 months.[116]

Challenge 3

There is a need to:

- **improve adherence to Australia's optimal care pathway for ovarian cancer**
- **address barriers and improve access to clinical trials (including equity of access)**
- **address health system barriers associated with precision medicine approaches to ovarian cancer.**

Australia's 2021 *Optimal care pathway for women with ovarian cancer* (2nd edition) describes the standard of care that should be available to all ovarian cancer patients treated across the country.[117] Within the seven steps of the pathway, each step includes nationally agreed best practice e.g., checklists and/or timeframes for key events, underpinned by principles that include safe and quality care and patient-centred care (including culturally respectful care). A 2022 study of variation in ovarian cancer care for 171 patients across New South Wales (NSW) Local Health Districts found that on average only 54% of patients received treatment within 28 days of their first specialist appointment, and only 45% of patients had their first surgery performed at a specialist gynaecological oncology hospital – despite care in specialist centres being linked to improved survival.[118] Results also showed variation in these measures across the state. A 2024 Australian Senate report into rare and less common cancers also acknowledged a range of structural barriers to equitable care (particularly access to services), including geographical barriers for areas of increasing geographical isolation, as well as access barriers for Indigenous people and communities, and people from culturally and linguistically diverse (CALD) communities.[119]

The optimal care pathway explicitly states research and clinical trials as one of its seven underpinning principles. In relation to clinical trials, the following information is provided regarding barriers to access for individuals with ovarian cancer:

- The Senate's report into rare and less common cancers found:[120]
  - Australia has a federated system of clinical trials with marked variation in regulatory processes and trial protocols, which creates fragmentation
  - regional and rural patients may encounter additional barriers when attempting to access clinical trials
  - Indigenous communities and CALD communities were recognised to be under-represented in clinical trials.
- A longitudinal study of Australian women diagnosed with ovarian cancer found in 2022:[121]
  - 70% were aware of clinical trials (defined as either being interested in clinical trials or that a clinical trial has been discussed with them)
  - 19% had participated in a clinical trial (self-reported participation in clinical trials was a similar proportion across metropolitan and non-metropolitan areas, noting small sample sizes for non-metropolitan respondents reporting participation, n=12)
  - 15% were aware of clinical trials but ineligible.
- A separate 2025 qualitative study of women with ovarian cancer living in NSW found actual or perceived barriers to clinical trial awareness and participation included:[122]
  - non-modifiable individual factors (e.g., older age, socioeconomic disadvantage and speaking languages other than English)
  - practical challenges including access to specialist ovarian cancer healthcare professionals, reliable internet connectivity, ability to travel and financial resources
  - diagnosis and treatment factors including ovarian cancer sub-type and treatment-related side effects (e.g., fatigue)
  - communication challenges including health professionals not offering information, and perceptions of health professionals being too busy or not having awareness of suitable trials (where some patients felt the need to self-advocate or seek out information themselves).

An area of increasing focus for ovarian cancer research and clinical trials is precision medicine, in which specific information about a person's tumour found through molecular profiling is used to guide treatment decisions. There is evidence of growing patient awareness of and willingness to access precision medicine.[123] ANZGOG state:

"Ovarian cancer comprises a range of complex sub-types of rare cancers, each distinct, with different cells of origin, biology and requiring different approaches to treatments and then to drug resistance... The expanded use and accelerated development of novel treatments for ovarian cancer is a high priority in research because the molecular characterisation of ovarian cancer sub-types has made possible the evolution of treatment in ovarian cancer from an historical 'one size fits all' model of care, based on chemotherapy regimens to increasingly individualised treatment based on novel therapies targeted to a woman's specific tumour."[124]

A successful example of this approach has been the introduction over the past decade of medicines called Poly-ADP Ribose Polymerase inhibitors (PARPi), which initially focussed on individuals with BRCA mutations.[125, 126] The integration of these medicines into the standard of care for specific patient cohorts has led to clinically meaningful improvement in overall survival.[127] For ovarian cancer patients with relapsing disease (including platinum-resistance), precision medicine may represent an avenue of hope for treatment success. However, there is:[128]

- a lack of established guidelines and gaps in clinician knowledge for interpreting test results and complex genomic data
- a lack of reimbursement and lack of resources and systems (particularly in resource-constrained and regional hospitals) to support this.

In February 2025, ANZGOG estimated that more than 90% of women diagnosed with gynaecological cancer (including uterine, ovarian, cervical, vaginal and vulva cancers) did not have access to comprehensive molecular profiling.[129] It is further noted that clinical trials may represent a key mechanism of access to emerging precision medicines, where patient eligibility may be assessed via molecular profiling.

"People with ovarian cancer are often very unwell, undergoing treatment or having life-altering surgeries, so there aren't many people who can advocate for and represent ovarian cancer patients. We need access to treatments. When a treatment fails, there needs to be another option. The outcomes simply must improve."

– Robyn Smith, Patient Advocate

In summary, ovarian cancer remains a significant challenge within the landscape of oncology in Australia, underscoring the need for continued commitment to developing innovative strategies in research, targeted treatments for women (including those with relapsing ovarian cancer), and ensuring better access to quality and innovative care.

04 | Impacts of an ovarian cancer diagnosis

An ovarian cancer diagnosis is life-changing for a woman, and all that she represents to those who love and depend on her.

Key takeaways – the value of hope and extending life

With less than half of those diagnosed surviving beyond five years, women with ovarian cancer are faced with losing their identity, independence, and the roles they cherish as a family member, professional and more. This period of time following diagnosis may also be marked by cycles of relapse involving medical interventions, with uncertainty and distress for the woman and her loved ones. Innovations that help women diagnosed with ovarian cancer to live longer and healthier lives could offer hope that adds to their quality of life, and support the important roles they play within their family and across society.

A woman diagnosed with ovarian cancer

Her health

Broader health impacts

In addition to the common side effects of chemotherapy and surgery, a woman diagnosed with ovarian cancer may be faced with fertility loss and/or medically induced menopause.[vii]

Psychosocial and emotional wellbeing

Poor prognosis with limited treatment options greatly impacts the emotional wellbeing of a woman diagnosed with ovarian cancer.

Compared to the general female population, women with ovarian cancer have significantly higher rates of depression and anxiety.[vi]

Health costs

With ~ 2/3 women diagnosed at an advanced stage of disease, relative to other cancers, the per-patient health system and out-of-pocket medical costs of an ovarian cancer diagnosis can be substantial.[viii]

Her family and friends

Psychosocial and emotional wellbeing

Family members and carers can experience anxiety at even higher rates than patients, driven by poor prognosis and limited time available to spend with their loved one.[i]

Reduced workforce particpation

With ~ 2/3 women diagnosed at an advanced stage of disease, a woman with ovarian cancer typically has high support needs. It is thus common for a family member or friend to limit participation in the paid workforce to care for their loved one.[ii]

Her work life and caring roles

Reduced workforce particpation

Following diagnosis, a woman may limit participation in the paid workforce (e.g., unplanned leave or early retirement). Increased out-of-pocket costs at a time of reduced household income may lead to financial hardship.

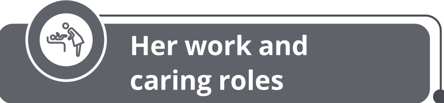
In addition, relative to its incidence, ovarian cancer has a disproportionate economic impact on the economy as its poor prognosis leads to significant premature mortality related productivity losses.[iii]

Impact on community and caring roles

Ovarian cancer typically presents at age 66 – a time when many women hold caregiving responsibilities for family members.[iv]

These roles are meaningful and can lead to pronounced distress and financial hardship for a family when altered, as the woman instead becomes the recipient of caregiving.[v]

The infographic above shows how an ovarian cancer diagnosis can have a profound impact on a woman, her loved ones, and her community. Further detail on each of these impacts is provided across the remainder of the section.



Psychosocial and emotional wellbeing | Poor prognosis with few effective treatments can greatly impact the psychosocial and emotional wellbeing of a woman diagnosed with ovarian cancer.

As noted in Section 2, relative to other more common cancers, ovarian cancer has a poor prognosis. Less than half of those diagnosed with ovarian cancer and serous carcinoma of the fallopian tube survive beyond five years, and women who develop PROC have a median overall survival of 12 months.[130, 131] The news of a diagnosis can thus be greatly distressing. It can be a time of shock, worry and uncertainty, coupled with feelings of confusion and sadness. Compared to the general female population, women with ovarian cancer have significantly higher rates of depression and anxiety, and a longitudinal study observed that between 36-45% of patients experienced post-traumatic stress disorder at some point.[132, 133] Feelings of uncertainty can also lead to social isolation.[134] When considering the range of impacts that an ovarian cancer diagnosis may have on a woman's emotional and psychosocial wellbeing:

- A qualitative study exploring the impacts of ovarian cancer on mothers found that following a diagnosis, women commonly experienced emotions related to fear of death and concern and guilt over what this could mean for their children. However, the study also found that the role of a mother was a source of strength, with women citing parenting-related responsibilities, future milestones, and making memories and savouring the present time with their loved ones as motivators.[135] This finding is further supported by analysis of the Ovarian Cancer Australia 2017 Consumer Survey, which found that women with ovarian cancer would experience significant anxiety and emotional stress due to fear of the future, uncertainty and the harsh realities of prognosis and treatment. Crucially, it highlights the role of coping mechanisms and social support as buffers against emotional distress.[136]
- Another study found that approximately 75% of women with ovarian cancer experienced clinically significant psychological and/or physical sexual problems. Issues included the changing nature of the partner relationship to one of a primary caregiver, reduced libido and perceived body image issues (e.g., scarring, hair loss or stomas).[137] Perceived body image issues and consequences to self-esteem may also exist separate from relationships.
- In addition, up to one in five women diagnosed with ovarian cancer may also carry a heritable gene mutation, which may create distress for those who are mothers (or wish to become mothers), related to the potential of passing this gene mutation on to their children.[138]

Australian research demonstrates that priority populations can face additional barriers accessing gynaecological cancer care due to a lack of appropriate and sensitive care, magnifying the psychosocial and emotion impacts of an ovarian cancer diagnosis. For First Nations women, the incidence (16.6 vs. 10.6 per 100,000) and mortality (7.8 vs. 6.4 per 100,000) of ovarian cancer are higher than non-indigenous Australians, reflecting a need for personalised care that is culturally appropriate.[139] Additionally, CALD women face greater adversity in accessing the necessary care and information due to communication barriers, poorer health literacy, and cultural variations.[140]

"My goal is to be cured or my goal, at least, is to give me a longer life. I've got young children and my non-negotiables in my head: I'm seeing my kids through high school."

– Woman with ovarian cancer

Broader health impacts | As part of the side effects of treatment-based surgery, a woman diagnosed with ovarian cancer may be faced with fertility loss and/or medical menopause, with a long-term impact on her physical abilities.

An ovarian cancer diagnosis presents a range of physical challenges that can affect quality of life, including abdominal bloating and pelvic pain at the diagnosis stage, and fatigue, nausea and vomiting as common side-effects of chemotherapy treatment.[141] Surgical treatment for advanced stage ovarian cancer commonly includes removal of ovaries, fallopian tubes and the uterus.[142] The removal of, or damage to, female reproductive organs may induce infertility and cause menopause, and thus this is often a key source of psychological distress for younger and pre-menopausal women.[143, 144]

The loss of ovarian function in women may also cause associated impacts of oestrogen deficiency, including hot flushes, mood swings, and other long-term impacts including increased risk of cardiovascular disease and osteoporosis if remission is sustained.[145]

Additionally, adverse effects of chemotherapy, surgery and/or targeted therapies can have a profound impact on ovarian cancer patients following treatment, with poor sleep quality, cognitive impairment and peripheral neuropathy affecting many ovarian cancer patients at least one year after diagnosis.[146]

Health costs | With approximately two-thirds of women with ovarian cancer diagnosed at an advanced stage,[147, 148] the health system and out-of-pocket medical costs of an ovarian cancer diagnosis can be substantial.

A cancer diagnosis may lead to a range of costs to the health system and patient, including GP and specialist visits, hospital services (e.g., inpatient care), as well as medications. Analysis of health system costs for Australian ovarian cancer patients between 2006 and 2015 found that per-patient costs in key treatment phases for ovarian cancer (initial and continuing phases) were higher than the average costs across all cancers, likely attributable to the relatively high rate of advanced stage diagnoses.[149, 150] The study estimated costs in the initial phase of $40,556, in the continuing phase of $9,514 per annum, and in the terminal phase of $49,208 (2015 AUD).[151] This study did not include out-of-pocket costs.

A separate study of all-cancer care costs in an Australian setting estimated that out-of-pocket costs for patients within two years of a cancer diagnosis were, on average, $10,000 per annum (2020 AUD).[152] Out-of-pocket costs, expected or not, can exacerbate financial strain at a time of vulnerability, especially when one or more people are unable to work within the household. A study of all-cancer survivors in the United Kingdom found that increased financial burden due to cancer-related costs was a strong predictor of poor quality of life among cancer survivors.[153]

A study of the socioeconomic burden of ovarian cancer across 11 countries estimated annual health expenditure costs in Australia of $270.9 million (2022 AUD).[154]

This estimate is broadly consistent with a separate estimate of health care spending on ovarian cancer by AIHW for FY2022-23, overall accounting for approximately 0.1% of total health care spending.[155, 156]

Women with inherited mutations (e.g. BRCA1/2) may also bear additional healthcare expenses, including ongoing high-risk screening and/or preventative strategies such as prophylactic mastectomy, all of which carry significant physical, financial and emotional implications.[157]

> *"I've gone from being someone that is entirely self-sufficient and really, you know, the person that actually goes out and helps others to a flip almost instantly in being someone that needs help myself. And that was incredibly difficult for me to get my own head around."*
>
> *– Woman with ovarian cancer*

Reduced workforce participation | Following diagnosis, a woman will typically limit participation in the paid workforce (e.g., unplanned leave or early retirement). Increased out-of-pocket costs at a time of reduced household income may lead to financial hardship.

An ovarian cancer diagnosis can alter a working woman's professional life, both during her diagnosis and as a cancer survivor. Labour market withdrawal may occur in the form of absenteeism (days of work missed), presenteeism (productivity shortfalls while at work), or employment shortfalls (labour force drop out). Hutchinson et al. (2025) found that cancer patients are 9% more likely to experience unemployment 0-2 years after diagnosis, relative to healthy individuals.[158] Overall, the study estimated excess cancer-attributable days of work missed annually at 20.4 days for people living with cancer and 3.3. days for cancer survivors, and a 4% productivity loss was estimated for patients working. The study estimated approximately $42.5 million (2022 AUD) in annual labour productivity losses attributable to ovarian cancer diagnoses.[159]

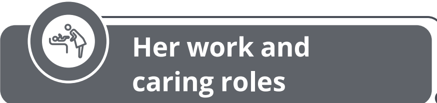
However, the most severe economic consequences of reduced productivity attributable to ovarian cancer are likely to be felt by a woman's family after death. For women with years left of working life, the loss of income from premature mortality can place significant unexpected financial burden on the household. To this end, while ovarian cancer has a relatively low incidence rate compared to other female cancers, its relatively high mortality rate means a disproportionate economic impact on the economy in the form of total productivity losses from years of life lost.

Impact on community and caring roles | The average age of diagnosis for ovarian cancer is 66 - a time when many women hold caregiving responsibilities for family members.[160] These roles are meaningful and can lead to pronounced distress for a family when altered, as the woman instead becomes the recipient of caregiving.

Depending on their age and family circumstances, women may face diagnosis at an age where they hold multiple identities within their immediate and extended family (child, sister, wife, mother, aunt, grandmother). These roles are meaningful and may involve caregiving of either older or younger extended family members, or both. Thus, a woman diagnosed with ovarian cancer may find that her role as a caregiver is more difficult to manage as a cancer patient, and that she may instead need to become the recipient of caregiving, which can lead to a range of social and economic consequences throughout an extended family.[161]

"Before my mum was diagnosed with ovarian cancer, she was looking after my kids one day per week so I could work without having the added financial burden of childcare, and she loved being with her grandkids. When she got sick we were all impacted as she couldn't look after her grandkids like she had before. Of course I don't begrudge this, but it was one of the many challenging life impacts from her diagnosis."

– Robyn Smith, Patient Advocate



Psychosocial and emotional wellbeing | Family members and carers of women diagnosed with ovarian cancer can experience anxiety at a higher rate than patients, driven by a sense of hopelessness and the limited time left to spend with their loved one.

The psychosocial and emotional wellbeing impacts of a diagnosis extends far beyond the individual. Family and friends of women diagnosed with ovarian cancer can struggle to cope with the diagnosis, experiencing anger, denial and fear.[162] An Australian cohort study found that 42% of caregivers of women with ovarian cancer reported elevated anxiety and 14% reported sub-clinical depression.[163] Interestingly, caregivers reported significantly higher levels of anxiety when compared to the score of their loved one. The study found that lower levels of social support and optimism were significant predictors of depression and anxiety. This is consistent with findings from other studies, which show that for caregivers, the uncertainty and poor prognosis of an ovarian cancer diagnosis can lead to feelings of hopelessness and "survivor's guilt".[164]

Reduced workforce participation | With approximately two-thirds of women with ovarian cancer diagnosed at an advanced stage, patients typically have high support needs. It is thus common for a family member or friend to limit participation in the paid workforce to care for their loved one.

The relatively high rate of advanced stage diagnoses means that ovarian cancer patients typically have high support needs. It is thus common for a family member or friend to limit participation in the paid workforce to care for their loved one. A systematic review and meta-analysis of unpaid caregiving for all-cause cancer in Australia found that during the active treatment phase of care, caregivers provided an average of 38.9 hours per week in unpaid caregiving, 16.9 hours per week during the monitoring phase, and 77.6 hours per week during the palliative care phase.[165] Similar findings were reported from a study of ovarian cancer patients in the United States, which found that during key treatment phases, 30% of caregivers had voluntarily stopped working due to care, and a further 47% had reduced hours of work due to care.[166]

05 | Opportunities for the future

Healthcare in Australia has evolved rapidly over the past five years. This report recognises the collective effort across health system stakeholders during this time to improve the experience of women with ovarian cancer - either directly, or indirectly through efforts aimed at rare and less common cancers, or all cancers.

From this effort, the following key opportunities have been selected as priorities for action moving forward. These opportunities were included based on their ability to contribute to the overall aim of improving relative survival rates for women diagnosed with ovarian cancer, and reducing the overall socioeconomic burden on families, carers and the broader community in recognition of the disruption and distress that a woman and her loved ones feel when an ovarian cancer diagnosis is received.

The strategic alignment of identified opportunities to committed health system priorities are highlighted, specifically:

- The Strategic Objectives of the Australian Government's Australian Cancer Plan.
- The Areas of Focus for the National Aboriginal Community Controlled Health Organisation's (NACCHO) Aboriginal and Torres Strait Islander Cancer Plan.
- The Strategic Objectives of Cancer Australia's National Framework for Genomics in Cancer Control.
- Key actions within the Australian Government's National Women's Health Strategy 2020-2030.

01 Increase investment in research aimed at:

I. identifying early detection methods for ovarian cancer, and

II. improving understanding of risk factors to inform risk-reduction strategies.

A proactive approach to reducing the burden of ovarian cancer recognises the importance of risk-reduction strategies (i.e. strategies to minimise the likelihood of cancer developing), as well as early detection methods to maximise early-stage diagnoses. In the 2020 report State of the Nation in Ovarian Cancer: Research Audit, Ovarian Cancer Research Foundation (OCRF) highlighted that less than 15% of research funding over the past ten years has been dedicated to prevention and early detection/diagnosis, relative to other issues such as treatment and recurrence.[167]

The importance of investment in early detection methods was also highlighted as part of the Australian Government's recent report into rare and less common cancers, stating:[168]

> *"The committee understands that early detection is critical, not only to enable improved prognoses, survival rates, and quality of life for patients, but it also reemphasises evidence highlighted by multiple inquiry participants that earlier diagnoses can also deliver savings for patients, and reduce the burden on the Australian healthcare system, and taxpayer more broadly."*

This investment would aim to generate value by:

- identifying methods of early detection, for their potential to be used for population-based screening programs or as part of high-risk surveillance programs
- improving understanding of risk factors (including among different racial and ethnic groups) to guide clinician advice.

Early diagnosis of ovarian cancer has been a long-standing goal for clinicians and researchers, however it remains an immense challenge. A trial conducted by the UK Collaborative Trial of Ovarian Screening (UKTOC) found that while certain screening methods could detect disease earlier (leading to improved stage at diagnosis), it did not translate into a mortality benefit.[169] Despite this, pursuing earlier diagnosis remains a worthy and important priority. For women who present with symptoms, reducing the time to diagnosis can alleviate prolonged uncertainty and distress, allow for faster access to care and support, and ultimately improve their experience of the healthcare journey. It is also noted that mortality outcomes are dependent on the effectiveness of treatments options available, emphasising the need for improved treatment options.

Overall, this opportunity is designed to reduce incidence rates and improve stage at diagnosis.

This opportunity's strategic alignment to health system priorities are:

- Australia Cancer Plan: Strategic Objective – 'Maximising Cancer Prevention and Early Detection'.
- Aboriginal and Torres Strait Islander Cancer Plan: Areas of Focus – 'Cancer Prevention' and 'Timely Cancer Screening and Early Diagnosis'.
- National Women's Health Strategy: 'Support research into low survival gynaecological cancers, such as ovarian cancer'.

02 Continue to invest in health system efforts to utilise precision medicine approaches for the treatment of ovarian cancer.

Ovarian cancer is not just one disease - there are many different sub-types with different clinical behaviour.[170] Continued health system investment in the utilisation of precision medicine approaches for the treatment of ovarian cancer could include infrastructure and processes that support precision medicine as a standard of care, including:

- molecular profiling and biomarker testing of sample tissue retrieved from biopsies to test for certain genes (including changes in genes), proteins or other molecules
- 'pre-screening' tissue for eligibility into nationally running clinical trials (recognising current clinical research efforts into personalised medicine approaches to ovarian cancer treatment)
- creating a tissue bank that is able to be used for research purposes (e.g., developing new treatments)
- the development of clinical guidelines and clinical education regarding the use of precision medicine in ovarian cancer.

The uptake of molecular profiling and/or tissue bank approaches may generate a range of benefits. These include reducing the cost of clinical trial recruitment for researchers, enabling the discovery of new targets and pathways that drive cancer progression, as well as understanding secondary mutations or pathway changes that drive resistance.[171]

It is also noted that expanded use of precision medicine approaches for ovarian cancer patients may have flow-on benefits for families with inherited ovarian cancer risk.

A collective whole-of-system approach to precision medicine has precedence through initiatives such as Omico's Precision Oncology Screening Platform Enabling Clinical Trials (PrOSPeCT) and the Zero Childhood Cancer Program. PrOSPeCT has leveraged comprehensive molecular profiling capabilities to deliver free genomic screening to cancer patients which can link them to available clinical trials.[172, 173] The Zero Childhood Cancer Program is an Australian initiative (and global first) that, since 2023, has been making precision medicine available to every child diagnosed with cancer in Australia.[174] There is emerging evidence that the Zero Childhood Cancer Program has improved outcomes for children with high-risk cancers – a 2024 study found that children who received ZERO-recommended treatment had a two-year progression free survival rate which was more than twice the rate of children who received standard therapy (26% versus 12%).[175]

It is noted that the Gynaecological Cancer Transformation Initiative (GCTI) has recently been established to accelerate research in biomarker discovery, personalised therapies, and clinical trial access. The GCTI is a recent collaborative effort between ANZGOG, the Ovarian Cancer Research Foundation, Ovarian Cancer Australia, and Omico.[176]

This opportunity is designed to improve treatment effectiveness, and improve relative survival (including through resolving inequities that may be present). Its strategic alignment to health system priorities are:

- Australia Cancer Plan: Strategic Objective – 'World Class Health Systems for Optimal Care'.
- Aboriginal and Torres Strait Islander Cancer Plan: Areas of Focus – 'Improving the Health System At All Stages of Individual Cancer Journeys'.
- National Framework for Genomics in Cancer Control: Strategic Objectives – 'Diagnosis, treatment and clinical trials", "Workforce and models of care'.

03 Improve health equity regarding recruitment to clinical trials.

Given differences in incidence/mortality rates among geographic areas and racial/ethnic groups, and the current low percentage of ovarian cancer patients screened for inclusion in clinical trials, health systems should also focus on creating equitable pathways for clinical trial recruitment. The collection of clinical trial data that is more representative of the Australian population may also improve the validity of clinical trial findings, and their subsequent application to patient groups.

It is noted that the implementation of a nationalised approach under Opportunity 2 may materially improve health equity in this regard. However, this opportunity has been separately included to highlight an area of the current health system landscape which has clear potential for reform.

It is acknowledged that improving equity in access to clinical trials is a long-term opportunity. It will require co-ordination across federal and state governments, as well as stakeholders addressing practical issues such as understandable concerns of the risk of uninformed consent, due to language barriers. Despite these challenges, given Australia's diverse and distributed population it is an opportunity that should receive co-ordinated system effort, including for the ability of systemic learnings to be applied to a range of cancers. It is especially critical to consider culturally appropriate measures to improve Indigenous women's access to clinical trials, given that Indigenous women are 1.4 times more likely to be diagnosed with ovarian cancer compared to non-Indigenous women.[177, 178]

This opportunity is designed to reduce recurrence rates and improve relative survival, including through resolving inequities that may be present. It's strategic alignment to health system priorities are:

- Australia Cancer Plan: Strategic Objective – 'Strong and Dynamic Foundations'.
- Aboriginal and Torres Strait Islander Cancer Plan: Areas of Focus – 'Culturally informed evidence base'.
- National Women's Health Strategy: 'Support research into low survival gynaecological cancers, such as ovarian cancer'.

04 | Continue to invest in supportive care services and programs that seek to address the needs of women withovarian cancer and their families/carers.

As described in Section 4, a diagnosis of ovarian cancer creates a need for services and programs that provide care co-ordination, psychological and practical support to the woman, as well as her loved ones. Currently, there are a number of supportive care programs available that provide specialised support to women with ovarian cancer and their families. These include:

- Australian Cancer Nursing and Navigation Program: In November 2023, the Australian Government announced an investment of $166 million to form a new Australian Cancer Nursing and Navigation Program (ACNNP).[179] The ANNCP is intended to help people navigate the health system, access cancer care nursing services and disease-specific specialist support. Nurses providing these services may also reduce financial toxicity for patients through the provision of practical and logistical advice that reduces out-of-pocket costs.[180]
- Teal Support Program: Ovarian Cancer Australia, as a collaborative partner of the ACNNP, provides vital telehealth services delivered by specialist nurses that support continuity of care and psychosocial needs as part of the Teal Support Program.[181]

Continuing to invest in services and programs that meet the care co-ordination, psychological and practical support needs of women diagnosed with ovarian cancer and their loved ones is an important step toward reducing its overall burden on society.

This opportunity is designed to reduce the socioeconomic burden of ovarian cancer, including improving the quality of life for women who are diagnosed. It's strategic alignment to health system priorities are:

- Australia Cancer Plan: Strategic Objective – 'Enhanced Consumer Experience' and 'Workforce to Transform the Delivery of Cancer Care'.
- Aboriginal and Torres Strait Islander Cancer Plan: Areas of Focus – 'Improving the health system at all stages of the individual journey'.

Conclusion

An ovarian cancer diagnosis is life-changing for a woman, and all that she represents to those who love and depend on her. This report has outlined the impact of ovarian cancer on a woman's sense of identity, her relationships and societal roles. A lack of screening and surveillance options and the difficulty of recognising early symptoms creates barriers for women to have their cancer identified in its early stages.[182, 183] An advanced stage diagnosis is more likely to lead to recurrence, and subsequent recurrences tend to become platinum-resistant over time.[184] Hence, there is a significant unmet need for additional treatment options for relapsing patients, for whom median survival time is poor.[185] It is additionally recognised that ovarian cancer presents real challenges to the Australian health system, and places a socioeconomic burden on Australia as a whole due to impacts including reduced workforce participation.

Patients diagnosed with ovarian cancer and their loved ones deserve key stakeholders across academia, industry, non-government organisations and government to collaborate effectively, and bring the best of each other's capabilities together to improve the outlook for these women and their families.

We acknowledge and are grateful for the women and families who have shared their experiences of ovarian cancer and the profound impact this disease has had on them. This report is dedicated not only to them, but also to the health professionals, researchers and advocates who devote their lives to improving care and outcomes for all women who are diagnosed with ovarian cancer.

"The challenge is to improve the management and outcomes of women with platinum-resistant ovarian cancer. Fortunately, in my opinion, there has been real progress supported by evidence in recent clinical trials, and I am optimistic that the prognosis for patients with platinum-resistant ovarian cancer will improve substantially over the next few years, underpinned by innovative clinical trials."

– Professor Michael Friedlander, Medical Oncologist

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Notes

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