

SPSO decision report



Case: 202101967, A Medical Practice in the Greater Glasgow and Clyde NHS Board area
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

C complained about the care and treatment a close family member (A) had received from the practice. A was admitted to hospital having suffered a heart attack and stroke. On further investigation masses were found on both of A's ovaries, later confirmed to be ovarian cancer. A died a short time later.

C complained to the practice that they had not given proper consideration to A's presenting symptoms and had missed opportunities to identify A's cancer and start treatment sooner. C also complained that the practice had not given appropriate consideration to the family's history of breast cancer or undertaken CA125 testing (blood test to check for raised levels of a protein called CA125, which is linked to ovarian cancer).

The practice apologised for being unable to detect A's cancer at an earlier stage, noting ovarian cancer often only presents at a very advanced stage which had been the case for A. They explained a CA125 test had not been checked as the clinical information available at that time had not suggested malignancy. They also noted that a family history of breast cancer would not directly predispose to a risk of ovarian cancer in the absence of evidence of BRCA gene (specific mutations to this gene increase lifetime risk of cancer) positivity. They did not identify any substantive failings in A's care and treatment, but agreed to use A's case for reflective learning.

To investigate the handling of this complaint, we sought independent advice from a GP. We found that CA125 testing is not an effective screening tool for ovarian cancer. While A's initial presentation at the practice had met the National Institute for Health and Care Excellence (NICE) criteria for considering checking CA125 levels, A had undergone further gynaecological review a few months later, which had suggested no evidence of an abdominal pelvic mass. Overall, we considered that the practice had not acted unreasonably in not identifying A's malignant diagnosis prior to their presentation with a heart attack and stroke. Therefore, we did not uphold C's complaint.

We did, however, provide feedback to the practice. We asked the practice to ensure relevant staff were familiar with the NICE criteria for considering checking CA125 levels, as well as the significant limitations of this test.