

National Ovarian Cancer Audit State of the Nation Patient and Public 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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The National Cancer Audit Collaborating Centre (NATCAN) is commissioned by the [Healthcare Quality Improvement Partnership](#) (HQIP) and funded by NHS England and 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.



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.



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.



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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Contents

Table of Contents

Contents	3
1. Infographic	4
2. What is the National Ovarian Cancer Audit (NOCA)?	5
3. What is Ovarian Cancer?.....	5
4. What are the types of ovarian cancer?.....	5
5. Who gets Ovarian Cancer?.....	5
6. What are the symptoms of ovarian cancer?.....	7
7. Stages of ovarian cancer	7
8. How is ovarian cancer diagnosed?.....	8
9. How is ovarian cancer treated?	9
10. What are the survival outcomes for women with ovarian cancer?	11
11. What are the Key Findings from the NOCA State of the Nation Report 2026?	12
12. What happens next?	13
13. Glossary.....	14

1. Infographic

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



Diagnosis

5,601
diagnoses of ovarian cancer in England in 2023

274
diagnoses of ovarian cancer in Wales in 2024

(excluding borderline ovarian tumours)

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.



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



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)



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.

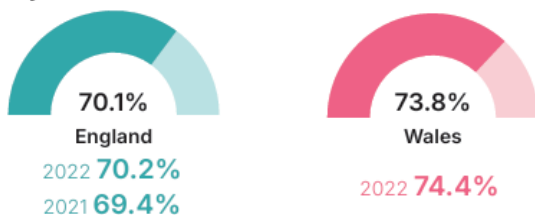
Information about type of chemotherapy was not available for Wales.

England



Survival

One-year survival



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

Two-year survival



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.

Although this report is being published in 2026, it includes data on women diagnosed with ovarian cancer in England between 2022 and 2023, the latest year of available national cancer registration data, and in Wales between 2022 and 2024, the latest year for which data are available.

2. What is the National Ovarian Cancer Audit (NOCA)?

Welcome to the National Ovarian Cancer Audit (NOCA) Patient and Public report 2026. NOCA is one of the ten audits within the [National Cancer Audit Collaborating Centre \(NATCAN\)](#). NOCA is delivered by the Clinical Effectiveness Unit (CEU) within the Royal College of Surgeons of England.

The overall aim of the NOCA is to improve the quality of care for women with ovarian cancer in England and Wales. This includes the experience of being diagnosed with ovarian cancer, having treatments including surgery and chemotherapy for ovarian cancer and surviving ovarian cancer.

Individual ovarian cancer centres send information about their service to the national cancer registration databases, and we use these data to build a picture of what is happening in NHS ovarian cancer services in England and Wales. NOCA builds on the work previously conducted by the [Ovarian Cancer Audit Feasibility Pilot](#). More information about the NOCA can be found on our [website](#).

We use national and international guidelines on the diagnosis and treatment of ovarian cancer when we look at what ovarian cancer services are providing for patients. This is the third annual State of the Nation report produced by the NOCA, and it aims to assess the delivery of ovarian cancer care by NHS services, share good practice and highlight where care can be improved.

A version of this document exists for doctors, nurses and other healthcare professionals with more details, and this can be found on our [website](#). In this report we also include information about the completeness and the quality of the data. Although this report is being published in 2026, it includes data on women diagnosed with ovarian cancer in England between 2022 and 2023, the latest year of available national cancer registration data, and in Wales between 2022 and 2024, the latest year for which data are available.

3. What is Ovarian Cancer?

Ovarian cancer is a term used to describe an abnormal growth of cells in the ovaries and fallopian tubes, which

are part of the female reproductive system. These abnormal cells don't work like the other ovarian cells and can grow and spread to other tissues. Ovarian cancer has many different types depending on which ovarian cells are abnormal.

In the audit when we talk about ovarian cancer, we talk about cancer of the ovaries, fallopian tubes, which are also part of the female reproductive system, and the peritoneum, which is a thin layer of tissue lining the inside of the abdomen. Ovarian, fallopian tube and primary peritoneal cancer are treated in the same way. Borderline ovarian tumours are excluded from the NOCA report.

4. What are the types of ovarian cancer?

There are many different types of ovarian cancer. The type of cancer depends on the type of cell and tissue the cancer starts in.

Ovarian cancer:

There are three types of ovarian cancer: epithelial, germ cell and sex-cord stromal. Each of these has several subtypes. Some types of ovarian cancer are more common than others and affect women at different ages. In this report, we include women with non-borderline ovarian cancers.

Borderline Ovarian Tumours:

Borderline malignant ("borderline") ovarian tumours have historically been recorded as ovarian cancers, though their ability to spread to other organs is now understood to be lower than the rest of the group. This type of tumour is excluded from the NOCA report.

5. Who gets Ovarian Cancer?

Ovarian cancer mostly affects women, but it can affect anyone who has ovaries. Women who are diagnosed with ovarian cancer are often over 50 years old. Sometimes ovarian cancer runs in families, but it can also be found in women who have no family history of ovarian cancer.

Diagnosis

5,601

diagnoses of ovarian cancer in England in 2023

(excluding borderline ovarian tumours)

274

diagnoses of ovarian cancer in Wales in 2024

There were **5,601** women diagnosed with ovarian cancer in England in 2023 and **274** women in Wales in 2024.



Insights from NOCA 2026

6. What are the symptoms of ovarian cancer?

Symptoms of ovarian cancer can include having a swollen tummy or feeling bloated, pain or tenderness in your tummy or the area between the hips (pelvis), no appetite or feeling full quickly after eating and an urgent need to pee or needing to pee more often. However, there can be other symptoms of ovarian cancer which can include: indigestion, constipation or diarrhoea, back pain, feeling tired all the time, losing weight without trying, and bleeding from the vagina after the menopause.

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)

7. Stages of ovarian cancer

Doctors and nurses will talk about the stage of ovarian cancer, and this describes the size and any spread of the disease. Knowing the stage is important for deciding which treatment an individual can receive. For the ovarian cancer stages a simple 1 to 4 staging system is used. It is called the FIGO system after its authors - the International Federation of Gynaecological Oncologists.

The Ovarian Cancer Audit Feasibility Pilot showed that most women with stage 1 disease received treatment. However, that was not the case for women with stage 2-4 or unknown stage disease. This is why we focus on women with stage 2-4 or unknown stage disease when we look at the treatment rates.

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.



Insights from NOCA 2026

8. How is ovarian cancer diagnosed?

Ovarian cancer may be diagnosed following:

- Referral for more tests, usually after an ultrasound scan and a blood test if someone has been to their GP with symptoms which can be related to ovarian cancer.
- Attending Accident & Emergency (A&E) or Emergency Department (ED) because someone has symptoms that require emergency care.
- Investigation for another illness or following an ultrasound, CT or MRI scan. This is sometimes called incidental or accidental finding.

Doctors may use different tests and scans depending on symptoms, but a blood test and a scan are usually done first. Sometimes, further tests are needed to diagnose ovarian cancer. These tests can include a CT or MRI scan, removing a small sample of cells or fluid from your ovaries to test them (needle biopsy), looking at your

ovaries using a camera on the end of a tube through a small cut in your tummy (laparoscopy) or surgery to remove tissue or possibly your ovaries (laparotomy).

An emergency admission of ovarian cancer is when a woman is first diagnosed with ovarian cancer after going to Accident & Emergency (A&E) or Emergency Department (ED) with symptoms that require emergency care. Women diagnosed with ovarian cancer within 28 days after an emergency admission tend to be diagnosed late with more advanced disease. This can be due to delays in presenting for medical care, difficulties in access to care, delays in primary care, or delays in secondary care. Sometimes emergency presentations are unavoidable, but women have better outcomes on average if they can be seen by their GP first and then referred to the rapid access ovarian cancer diagnosis pathway.

In England, 40.3% of women diagnosed with ovarian cancer in 2023 were diagnosed following an emergency admission, compared to 40.1% in 2022 and 41.4% in 2021. In Wales, the corresponding figures were 42.7% in 2024, 41.3% in 2023, and 40.6% in 2022.

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



2022
40.1%

2021
41.4%

Wales



2023
41.3%

2022
40.6%

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



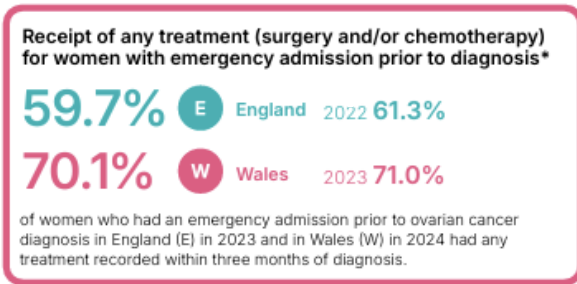
Insights from NOCA 2026

9. How is ovarian cancer treated?

Ovarian cancer is treated in different ways depending on its size, type, stage, and the woman's overall health. Some treatments are intended to cure the ovarian cancer whilst others intend to reduce the risk of cancer returning, prolong life and reduce the impact of its symptoms.

Ovarian cancer treatment normally involves a combination of surgery and chemotherapy.

In England, 59.7% of women diagnosed following an emergency admission in 2023 had any treatment recorded, compared to 61.3% in 2022. In Wales, the corresponding figures were 70.1% in 2024 and 71.0% in 2023.



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.

Insights from NOCA 2026

In England, 73.5% of women diagnosed with stage 2-4 or unknown stage ovarian cancer in 2023 had any treatment recorded, compared to 74.2% in 2022 and 72.7% in 2021. In Wales, the corresponding figures were 76.0% in 2024, 80.3% in 2023 and 76.7% in 2022.

Receipt of any treatment (surgery and/or chemotherapy)



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.

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.

Insights from NOCA 2026

Surgery

The type of surgery depends on how far the ovarian cancer has spread. It normally involves the removal of the womb, ovaries, fallopian tubes and the omentum, which is a fold of fatty tissue hanging within the tummy. The aim of surgery is to remove as much cancer as possible so other parts of the body might need to be removed during ovarian cancer surgery.

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.

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.

Insights from NOCA 2026

Chemotherapy

Chemotherapy for ovarian cancer can be given either before or after surgery and works by using medicines to kill cancer cells in the body. This treatment usually involves receiving the drug through a drip into a vein. If the cancer is caught at a very early stage, some women may not need chemotherapy at all. For those diagnosed with a common type of ovarian cancer called epithelial ovarian cancer, the treatment usually involves six cycles of chemotherapy using a drug called platinum-based chemotherapy, alone or in combination with other drugs. Some women might

also be offered maintenance treatment which aims to keep the ovarian cancer under control for as long as possible.

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.

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.

 Insights from NOCA 2026

In England, 64.3% of women diagnosed with stage 2-4 or unknown stage epithelial ovarian cancer in 2023 had platinum-based chemotherapy recorded, compared to 66.0% in 2022 and 65.7% in 2021.

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.

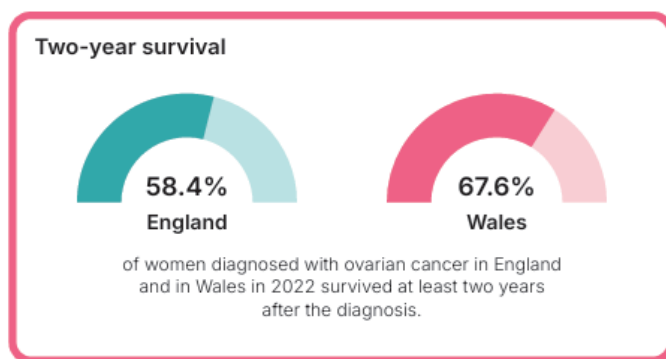
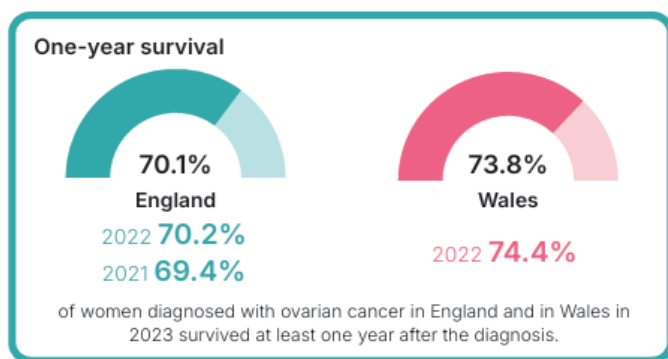
Approximately two out of three women newly diagnosed in England with stage 2 to 4 or unstaged epithelial ovarian cancer were recorded as receiving platinum-based chemotherapy within three months of diagnosis.

 Insights from NOCA 2026

10. What are the survival outcomes for women with ovarian cancer?

One of the most important outcomes to measure for cancer care is survival after diagnosis which means how long women live after their ovarian cancer diagnosis.

Survival



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. Remember, every woman is different and this is only a statistical average.



Insights from NOCA 2026

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. Remember, every woman is different and this is only a statistical average.



Insights from NOCA 2026

11. What are the Key Findings from the NOCA State of the Nation Report 2026?

- 5,601 women were diagnosed with ovarian cancer in England in 2023 and 274 in Wales in 2024.
- Approximately three out of four women in England and seven out of ten in Wales with ovarian cancer were diagnosed with stage 2 to 4 disease.
- Approximately four out of ten women in England and in Wales had an emergency admission 28 days prior to diagnosis.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

12. What happens next?

- Alongside the annual State of the Nation Reports, NOCA publishes quarterly data dashboards on performance indicators using more recent data. This helps healthcare providers track progress and compare performance more easily over time.
- NOCA will continue to present audit results from our reports at national conferences, disseminate findings through different channels and publish articles in medical journals and other media.
- NOCA will continue its research to understand the variations in ovarian cancer care, specifically around emergency admissions prior to diagnosis and toxicity from chemotherapy.
- In terms of quality improvement, NOCA will collaborate with key partners and align their efforts with other ovarian cancer care initiatives. They will offer guidance to support improvements at a national, regional, and local level.
- Following the launch of NOCA's national Quality Improvement (QI) intervention in November 2025, NOCA will compile the responses of the gynaecological cancer systems in a short report. 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.
- NOCA will continue to host webinars in partnership with the British Gynaecological Cancer Society to explain the findings from our reports, promote QI interventions and encourage greater engagement from the clinical community.

13. Glossary

Average	An average is a single number taken as a representative of a list of numbers.
Cancer	Cancer is a disease in which some abnormal cells grow without normal control and spread to other parts of the body.
Chemotherapy	Chemotherapy is a medical treatment designed to kill fast-growing cells. It is effective against cancer cells because they grow and multiply much more quickly than most cells in the body.
National Ovarian Cancer Audit (NOCA)	The NOCA evaluates the quality of services and care provided to women with ovarian cancer in England and Wales. This is achieved by collecting clinical information about the treatment of all women newly diagnosed with ovarian cancer in England and Wales and information about their outcomes.
Omentum	Omentum is a fold of fatty tissue hanging within the tummy.
Outcomes	These are the results or consequences of ovarian cancer care that we measure, for example, survival after ovarian cancer.
Ovarian Cancer	An abnormal growth of abnormal cells in the ovaries, fallopian tubes or peritoneum.
Ovarian Cancer Surgery	A range of operations to remove cancer from patients' ovaries, fallopian tubes, peritoneum or any part of the body where the cancer has spread to.
Peritoneum	Peritoneum is a thin layer of tissue lining the inside of the abdomen.
Stage of Cancer	This is a way of describing the size and any spread of cancer. The stages are from 1 to 4 with 1 being early stage and 4 being late stage. Cancer at earlier stages is usually more treatable.
Systemic Therapy	A medicine given to treat cancer. This normally involves chemotherapy for ovarian cancer but can include targeted therapies.
Tumour	A cluster of abnormal cells.