

Pan-London Suspected Cancer Referral Guide - Gynaecology

*Women should undergo a bimanual vaginal examination (with offer of a chaperone) as part of the primary care assessment for unexplained gynaecological symptoms. Please ensure women with unexplained vaginal discharge undergo a sexual health screen, pregnancy testing, and swabs PRIOR to referral where appropriate.

A cervical polyp which is benign in appearance warrants a routine referral

TESTING FOR OVARIAN CANCER IN PRIMARY CARE

Carry out tests in primary care (see below) if a woman (especially if aged 45 or over) reports having any of the following symptoms on a persistent or frequent basis – particularly more than 12 times per month:

- Persistent abdominal distension or 'bloating'
- Feeling full (early satiety) and/or loss of appetite
- Pelvic or abdominal pain
- Increased urinary urgency and/or frequency. (CG122, 2011)

Consider carrying out tests in primary care for possible cancer (lower GI, lymphoma, pancreas, cancer unknown primary) if a woman reports unexplained weight loss, fatigue or changes in bowel habit.

Carry out appropriate tests for ovarian cancer in any woman aged 45 or over who has experienced symptoms within the last 12 months that suggest irritable bowel syndrome (IBS), as IBS rarely presents for the first time in women of this age (CG122, 2011). Advise any woman who is not suspected of having ovarian cancer to return to her GP if her symptoms become more frequent and/or persistent.



OFFER DIRECT ACCESS **CA125 BLOOD TEST AND PELVIC/TRANSVAGINAL ULTRASOUND SCAN (WITHIN 2 WEEKS)** CONCURRENTLY FOR SUSPECTED OVARIAN CANCER

ENDOMETRIAL CANCER

Women aged 45 and over with unexplained symptoms of vaginal discharge* who:

- Are presenting with these symptoms for the first time
- Have thrombocytosis
- Report haematuria** or
- Have visible haematuria** and
 - Low haemoglobin levels
 - Thrombocytosis
 - High blood glucose levels

* See box above

**Some women may report vaginal bleeding as haematuria – please also consider urological causes



OFFER DIRECT ACCESS **PELVIC ULTRASOUND SCAN (WITHIN 2 WEEKS)** FOR SUSPECTED ENDOMETRIAL CANCER

When GP direct access investigations are performed the GP has clinical responsibility for ensuring appropriate follow up and onward referral is arranged. In many cases positive results may be forwarded directly to the cancer team but the GP must ensure a referral has been made and that appropriate safety-netting arrangements are in place.

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OVARIAN:

- Abnormal abdominal/pelvic ultrasound suggestive of ovarian cancer
- Physical examination identifies ascites (which is not obviously due to a hepatic cause) and/or a pelvic or abdominal mass (which is not obviously uterine fibroids)
- Blood test CA125 \geq 35IU/ml

ENDOMETRIAL:

- Abnormal abdominal/pelvic ultrasound suggestive of endometrial cancer
- Post-menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)
- Post-menopausal bleeding despite stopping HRT \geq 6 weeks
- Post-menopausal bleeding on Tamoxifen or history of use

CERVIX:

- Appearance of cervix consistent with cervical cancer*

VAGINA:

- Unexplained palpable mass in or at entrance to vagina

VULVA:

- Unexplained vulval lump, ulceration or bleeding

* See box above

Referral is due to **CLINICAL CONCERNS** that do not meet NICE/pan-London referral criteria (the GP **MUST** give full clinical details in the 'additional clinical information' box at the time of referral).
Referral is due to GP not having direct access to relevant investigations



SUSPECTED GYNAECOLOGICAL CANCER REFERRAL

RESOURCES:

1. Suspected cancer: recognition and referral, NG12 (2015) <http://www.nice.org.uk/guidance/ng12>
2. Ovarian cancer: recognition and initial management NICE guidelines [CG122] (2011) <http://www.nice.org.uk/guidance/cg122>
3. Target Ovarian Cancer & RCGP <http://elearning.rcgp.org.uk/course/view.php?id=121>
4. BMJ Learning Endometrial cancer http://learning.bmj.com/learning/module-intro/endometrial-cancer.html?locale=en_GB&moduleid=10024194
5. RCOG endometrial thickness <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/postmenopausal-thick-endometrium---query-bank/>