Pan-London Suspected Gynaecology Cancer Referral Guide

document updated February 2025

Criteria for offering diagnostics for all gynaecological symptoms

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

Diagnostic criteria (symptom specific)

Ovarian Cancer

- Offer **Urgent Direct Access CA125 and Pelvic/ Transvaginal Ultrasound** (within 2 weeks) for patients (particularly those over 45) with 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)

Other cancer diagnostics:

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

IBS Symptoms

Carry out appropriate tests for ovarian cancer in any patients 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).

Endometrial Cancer

- Offer **Urgent Direct Access Pelvic Ultrasound** (within 2 weeks) for patients aged 45 and over with unexplained symptoms of vaginal discharge who:
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  - 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

***** Please note:** Some patients may report vaginal bleeding as haematuria – please also consider urological causes

No Direct Access imaging See Over

Cervical, Vulval, Vaginal Cancer See Over

Benign polyp

A cervical polyp which is benign in appearance should be referred routinely

Safety netting: The GP has clinical responsibility for ensuring appropriate follow up and onward referral is arranged for patients referred on direct access investigations. 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.

Advise any patient who is not suspected of having ovarian cancer to return to her GP if their symptoms become more frequent and/or persistent.

Referral Criteria (see over page)

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Referral criteria

Ovarian cancer

- Abnormal abdominopelvic imaging (US, MRI, CT) suggestive of ovarian cancer
- Physical examination identifies ascites and/or an abdominopelvic mass (which is not obviously uterine fibroids)
- Raised age-dependent CA 125:
  - >100 (age < 40 years)
  - >50 (age 41-49 years)
  - >35 (age > 50 years)

Endometrial cancer

- Post-menopausal bleeding (>12 months after menstruation stopped and not on HRT)
- Abnormal US/MRI/CT suggests endometrial Ca
- Asymptomatic post-menopausal woman with US showing endometrial thickness > 10mm

Patient on HRT with unscheduled bleeding:

- Meets criteria following urgent TV ultrasound
  >7mm (sHRT) or >4mm (ccHRT) or endometrium incompletely visualised
- High risk patient (1 major risk factor or 3 minor risk factors for endometrial cancer)
- Doesn't meet BMS high risk criteria but urgent TV US not available and high clinical suspicion

Cervical cancer

- Appearance of cervix consistent with cervical cancer. One of the following should also usually be present:
  - Post-coital, intermenstrual or post-menopausal bleeding
  - Abnormal, persistent vaginal discharge (infection excluded)

Vulval cancer

- Unexplained vulval lump, ulceration or bleeding

Vaginal cancer

- Unexplained palpable mass in or at entrance to vagina

SUSPECTED GYNAECOLOGICAL CANCER REFERRAL

RESOURCES:

1. Suspected cancer: recognition and referral, NG12 (Feb 2021) https://cks.nice.org.uk/topics/gynaecological-cancers-recognition-referral/
2. Ovarian cancer: recognition and initial management NICE guidelines [CG122] (2011) http://www.nice.org.uk/guidance/cg122
3. Funston G, Hamilton W, Abel G, Crosbie EJ, Rous B, Walter FM (2020) The diagnostic performance of CA125 for the detection of ovarian and non-ovarian cancer in primary care: A population-based cohort study. https://pmc.ncbi.nlm.nih.gov/articles/PMC7592785/pdf/pmed.1003295.pdf
4. RCOG Management of Endometrial Hyperplasia https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/management-of-endometrial-hyperplasia-green-topguideline-no-67/
5. British Menopause Society (2024). Management of unscheduled bleeding on hormone replacement therapy (HRT) https://thebms.org.uk/wp-content/uploads/2024/07/01-BMS-GUIDELINEManagement-of-unscheduled-bleeding-HRT-JULY2024-A.pdf#page=6
6. Jacobs I, Gentry-Maharaj A, Burnell M, Manchanda R, Singh N, Sharma A, et al. Sensitivity of transvaginal ultrasound screening for endometrial cancer in postmenopausal women: a case control study within the UKCTOCS cohort. Lancet Oncol. 2011;12(1):38-48.

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