

Top Tips Urgent Suspected Gynaecology Referrals

ENDOMETRIAL CANCER

1. **Bleeding on HRT** is common within the first 6 months and there are many changes you can try in this time – see guidelines.¹
After 4-6 months arrange USS to check endometrial thickness:
 - if lining $\geq 5\text{mm}$, send Urgent Suspected Cancer (USC) referral;
 - if lining $< 4\text{mm}$, cancer is unlikely and does not need USC – obtain A&G or routine referral.
2. **Heavy menstrual bleeding:**
 - *Women < 45 years* rarely require USC referral.
 - *Women ≥ 45 years* with prolonged bleeding for 6 weeks or more and risk factors for endometrial cancer (nulliparity, PCOS, diabetes, obesity, on tamoxifen), refer via USC.²
3. **Post-menopausal asymptomatic patients** - if:
 - Endometrial thickness $< 10\text{mm}$ – pt may not be investigated; seek A&G first if concerns.
 - Endometrial thickness $\geq 10\text{mm}$ – ideally refer for urgent hysteroscopy rather than USC.

CERVICAL CANCER

4. Patients with **postcoital bleeding** and an ectropion that is HPV negative can be managed in primary care – see local guidelines.²
5. If there is bleeding on contact, preferably refer to Colposcopy Clinic not USC, as colposcopy allows detailed cervical examination.
Similarly, patients with positive HPV should be referred for colposcopy not USC.
6. **Cervical polyps** are almost always a benign condition and can be managed in primary care – see local guidelines. For specialist input, seek A&G or refer routinely to gynaecology.

OVARIAN CANCER

7. Ovarian cancer is uncommon in pre-menopausal women. Indications for **testing CA125 in pre-menopausal women** include persistent bloating and ovarian cyst with concerning features. There are multiple causes for raised CA125 e.g. endometriosis, adenomyosis, haemorrhagic cyst, recent ovulation and there is less than 3% risk of ovarian cancer in women 40-50 with a CA125 > 100 . Therefore, consider safety netting and repeat CA125.³
8. In a woman ≥ 50 years with **raised CA125 and normal pelvic scan**, consider non-gynaecological cancers. Non-ovarian cancers are a cause for elevated CA125.⁴
9. **Ultrasound findings:** Benign ovarian cysts or endometrial polyps in premenopausal women rarely need USC. Usually the sonographer will have written that findings fit 2WW criteria and will specify this clearly in their report – see further guidance below.² Polyps with no bleeding do not require USC referral.

References

1. <https://swlmo.southwestlondon.icb.nhs.uk/clinical-guidance/6-endocrine-system/menopause/>
2. <https://www.nwlondonicb.nhs.uk/professionals/referral-guidelines-and-clinical-documents/gynaecology>
3. [The diagnostic performance of CA125 for the detection of ovarian and non-ovarian cancer in primary care: A population-based cohort study | PLOS Medicine](https://doi.org/10.1371/journal.pmed.1003295)
4. <https://www.mayoclinic.org/tests-procedures/ca-125-test/about/pac-20393295>