# Pan-London Suspected Gynaecology Cancer Referral Guide

*document updated November 2022*

## ***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 **Direct Access CA125 and Pelvic/ Transvaginal Ultrasound** 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 **Direct Access Pelvic Ultrasound** for patients aged 45 and over with unexplained symptoms of vaginal discharge who:
  - Are presenting with these symptoms for the first time
  - Have thrombocytosis
  - Report haematuria**

*** 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 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 ≥ 35IU/ml in post-menopausal patient
- Suspicious symptoms or signs (see boxes above) but no GP direct access imaging

### Endometrial cancer

- Abnormal abdominal/pelvic ultrasound suggestive of endometrial cancer
- Post-menopausal bleeding (more than 12 months after menstruation has stopped because of the menopause)
- Unscheduled bleeding for 4- 6 months after starting HRT (it is normal to bleed for the first 4 months after starting HRT or changing HRT preparation; any unscheduled bleeding thereafter should be investigated)
- Suspicious symptoms or signs (see boxes above) but no GP direct access imaging

### 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. Target Ovarian Cancer & RCGP http://elearning.rcgp.org.uk/course/view.php?id=121
4. BMJ Learning Endometrial cancer https://learning.bmj.com/learning/search-result.html?moduleId=10024194
5. RCOG Management of Endometrial Hyperplasia https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/management-of-endometrial-hyperplasia-green-top-guideline-no-67/


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