Frimley Health and Care

SSCA Suspected Cancer Referral guide – Gynaecological Cancers

The information in this guidance document is supported by the Surrey and Sussex Cancer Alliance Gynaecological Pathway Group

Specific information, tests and risk factors

Ovarian:
A biomarker blood test identifying CA125 protein should be requested for patients presenting with symptoms of ovarian cancer as per NICE NG12 guidance. It is recommended that CA125 is requested in patients who have the following symptoms or combinations of symptoms on a persistent or frequent basis – particularly more than 12 times per month:

- frequent bloating//persistent abdominal distension
- feeling full
- loss of appetite
- pelvic / abdominal pain
- change in bowel habit
- unexplained weight loss
- increased urinary urgency and/or frequency
- woman 50 or over who have experienced symptoms within the last 12 months that suggest irritable bowel syndrome (IBS), because IBS rarely presents for the first time in women of this age.

If serum CA125 is 35 IU/ml or greater, arrange an ultrasound scan of the abdomen and pelvis.

Endometrial:
Offer direct access pelvic ultrasound scan (within 2 weeks) for patient who presents with the following symptoms suggesting endometrial cancer:

- visible haematuria and any of:
  - thrombocytosis
  - low haemoglobin
  - high blood glucose / raised HbA1c
- unexplained vaginal discharge in a post-menopausal woman

An urgent 2WW referral without direct ultrasound scan should be made if patients has significant changes in bleeding pattern or post-menopausal bleeding.

NOTE:

- Age is a risk factor especially for endometrial and ovarian cancers in women over the age of 45 years. However, women presenting with symptoms who are younger than 45 years should still be referred.
- Obesity is a risk factor for endometrial cancer. Approximately 34% of uterine cancer cases in the UK are caused by overweight and obesity (International Agency for Research on Cancer (IARC) and World Cancer Research Fund/American Institute for Cancer Research (WCRF/AICR))
- The menopausal status of the patient is an important related factor and this should be included in all referral forms, as well as whether patient has HRT or Tamoxifen prescribed and or the Mirena Coil.
- Post-menopausal bleeding can be caused by a number of factors: atrophic vaginitis, endometrial atrophy, cervical or womb polpys, endometrial hyperplasia as well as high or low oestrogen levels. These potential factors should be considered before referring patients to a cancer pathway who have post-menopausal bleeding.
- With Lichen Sclerosis, most patients can be managed in Primary Care but if the diagnosis is in doubt the patient should be referred into Secondary Care. If patient doesn't respond to normal treatment, then consider referral. See below for further guidance.

Details specific to the pathway

Women should undergo a bimanual vaginal examination (with offer of a chaperone) as part of the primary care assessment for unexplained gynaecological symptoms. When physical examination is not possible but there are clinical concerns, the GP must give full clinical details at the time of referral.
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.

The following information is required to assess whether the patient is suitable for telephone triage and the 'straight to test' pathway:

- Recent eGFR / renal function (within 3 months) is required before MRI/CT scan as contrast may be used.

The following patients may not be suitable for telephone triage / 'straight to test' pathway or may need additional considerations:

- With dementia
- With learning disability
- With a physical impairment that prevents a patient being ambulant from a wheelchair
- On anticoagulant or antiplatelet agents (Aspirin excluded)
- Hearing impairment (consider hearing loop)
- Language barriers (consider translation service)

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.

OVARIAN:

- Physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids).
- Blood test CA125 ≥35IU/ml AND/OR
- Ultrasound suggests ovarian cancer

ENDOMETRIAL:

- Patient with abnormal abdominal/pelvic ultrasound suggestive of endometrial cancer
- Patient with post-menopausal bleeding (more than 12 months after menstruation has stopped because of the menopause

CERVIX:

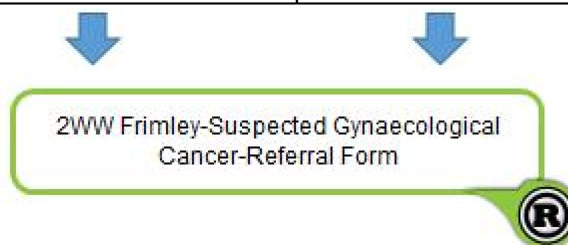
- Appearance consistent with cervical cancer; an unexplained lump, bleeding or ulceration (not cervical polyp).

VAGINA:

- Appearance consistent with vaginal cancer; an unexplained palpable mass or ulcer in or at the entrance to the vagina (not obviously a prolapse).

VULVA:

- Appearance consistent with vaginal cancer; an unexplained vulval lump, ulceration or bleeding (not obviously a Bartholins cyst).



RESOURCES

1. Suspected cancer: recognition and referral, NG12 (2015)
2. Ovarian cancer: recognition and initial management NICE guidelines [CG122] (2017)
3. Target Ovarian Cancer and RCGP http://elearning.rcgp.org.uk/course/view.php?id=121
4. LichenSclerosis – https://www.pcds.org.uk/clinical-guidance/lichen-sclerosis

Developed in collaboration with NHS Surrey and Sussex Cancer Alliance

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Contact:	
Contact Title:	
Contact Email:	
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Feedback Contact: DXSfrimleyICS@nhs.net
(Note, patient information is not to be sent to this address)

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