Top Tips Urgent Suspected Gynaecology Referrals

ENDOMETRIAL CANCER

1. Assess need for referral based on patient's **menopausal status**, other **risk factors** for endometrial cancer, and **imaging results** (usually ultrasound, also CT or MRI).
2. Refer to Urgent Suspected Cancer (USC) clinic if:
    a. US/MRI/CT suggestive of endometrial cancer (any age).
    b. Post-menopausal bleeding (>12 months after menstruation stopped and not on HRT).
    c. Asymptomatic post-menopausal with US showing endometrial thickness ≥ 10mm (whether on HRT or not)
    d. Patient on HRT with unscheduled bleeding and one of the following present:
        i. TV ultrasound shows endometrial thickness >7mm (sHRT) *or* >4mm (ccHRT) *or* endometrium incompletely visualised.
        ii. High risk patient (1 major *or* 3 minor risk factors for endometrial cancer)
        Click here to see **risk factors** for endometrial cancer in BMS guidance
3. Manage ALL other patients according to local gynaecological pathways, using routine referral or advice & guidance where appropriate.

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. Refer urgently any patient who has abnormal imaging, or examination finding of ascites or abdominopelvic mass, suggestive of ovarian cancer.
8. Interpret a raised CA 125 alongside US findings, using age-related thresholds (see form). If raised CA 125 with normal US assess for other causes. Key points:
    a. There are multiple causes of raised Ca 125 in pre-menopausal women including endometriosis, adenomyosis, haemorrhagic cyst, recent ovulation. In post-menopausal women, heart failure, liver disease and inflammatory conditions (eg. IBD and active arthritis) can elevate CA125.
    b. There is less than 3% risk of ovarian cancer in women 40-50 with a CA125 <100.
    c. 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]
    d. If no cause apparent advise the patient to return if symptoms more frequent or persist, and repeating CA125.[3]
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]

References

1. https://swlimo.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
4. https://www.mayoclinic.org/tests-procedures/ca-125-test/about/pac-20393295

September 2024