

## Notes for General Practitioners (not to be faxed for information only)

This is a direct implementation of the National Institute for Health and Care Excellence guideline *Suspected cancer: recognition and referral* [NICE, 2015].

### Referral for suspected ovarian cancer

#### When should I refer a person with suspected ovarian cancer?

The recommendations for ovarian cancer apply to women aged 18 and over.

- **Refer the woman urgently if physical examination identifies ascites and/or a pelvic or abdominal mass (where it is clear that this is not due to uterine fibroids).**
- **Carry out tests in primary care if a woman (especially if 50 or over) reports having any of the following symptoms on a persistent or frequent basis** – particularly more than 12 times per month:
  - Persistent abdominal distension (women often refer to this as 'bloating')
  - Feeling full (early satiety) and/or loss of appetite
  - Pelvic or abdominal pain
  - Increased urinary urgency and/or frequency.
- **Consider carrying out tests in primary care if a woman reports unexplained weight loss, fatigue or changes in bowel habit.**
- Advise any woman who is not suspected of having ovarian cancer to return to her GP if her symptoms become more frequent and/or persistent.
- Carry out appropriate tests for ovarian cancer in any woman of 50 or over who has 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.
- **Measure serum CA125 in primary care in women with symptoms that suggest ovarian cancer.**
- **If serum CA125 is 35 IU/ml or greater, arrange an ultrasound scan of the abdomen and pelvis in primary care.**
- **If the ultrasound suggests ovarian cancer, refer the woman urgently via the 2 week wait referral office.**
- For any woman who has normal serum CA125 (less than 35 IU/ml), or CA125 of 35 IU/ml or greater but a normal ultrasound:
  - Assess her carefully for other clinical causes of her symptoms and investigate if appropriate
  - If no other clinical cause is apparent, advise her to return to her GP if her symptoms become more frequent and/or persistent.

### Referral for suspected endometrial cancer

- **Refer women using a suspected cancer pathway referral (for an appointment within 2 weeks) for endometrial cancer if they are aged 55 and over with post-menopausal bleeding** (new NICE recommendation for 2015). Unexplained vaginal bleeding is defined as more than 12 months after menstruation has stopped because of the menopause.
- **Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for endometrial cancer in women aged under 55 with post-menopausal bleeding** (new NICE recommendation for 2015).
- **Consider referral to assess for endometrial cancer in women aged 55 and over with:**
  - Unexplained symptoms of vaginal discharge who:
    - Are presenting with these symptoms for the first time or
    - Have thrombocytosis or
    - Report haematuria, or
  - Visible haematuria and:
    - Low haemoglobin levels or
    - Thrombocytosis or
    - High blood glucose levels (new NICE recommendation for 2015)

**An USS will be organised in secondary care at first clinic appointment, DO NOT request in Primary Care**

## **Referral for suspected cervical cancer**

- Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for women if, on examination, the appearance of their cervix is consistent with cervical cancer (new NICE recommendation for 2015).

## **Referral for suspected vulval cancer**

- Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for vulval cancer in women with an unexplained vulval lump, ulceration or bleeding (new NICE recommendation for 2015).

## **Referral for suspected vaginal cancer**

- Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for vaginal cancer in women with an unexplained palpable mass in or at the entrance to the vagina (new NICE recommendation for 2015).

**Please confirm that the patient is aware that this is a suspected cancer referral and that the two week wait referral leaflet has been given.**

**If the patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.**