Gynaecological cancer - suspected - Management

Scenario: Gynaecological cancer - suspected

General recommendations

- A patient who presents with symptoms suggesting gynaecological cancer should be referred to a team specialising in the management of gynaecological cancer, depending on local arrangements **(D)**.

Basis for recommendation

This is a direct implementation of the National Institute for Health and Clinical Excellence guideline *Referral guidelines for suspected cancer: gynaecological cancer* [NICE, 2005].

For further information on the evidence grading used, see the *Supporting evidence* section on Evidence grading.

Specific recommendations

- The first symptoms of gynaecological cancer may be alterations in the menstrual cycle, intermenstrual bleeding, postcoital bleeding, postmenopausal bleeding or vaginal discharge. When a patient presents with any of these symptoms, the primary healthcare professional should undertake a full pelvic examination, including speculum examination of the cervix **(C)**.

- In patients found on examination of the cervix to have clinical features that raise the suspicion of cervical cancer, an *urgent* referral should be made. A cervical smear test is not required before referral, and a previous negative cervical smear result is not a reason to delay referral **(C)**.

- Ovarian cancer is particularly difficult to diagnose on clinical grounds as the presentation may be with vague, non-specific abdominal symptoms alone (bloating, constipation, abdominal or back pain, urinary symptoms). In a woman presenting with any unexplained abdominal or urinary symptoms, abdominal palpation should be carried out. If there is significant concern, a pelvic examination should be considered if appropriate and acceptable to the patient **(D)**.

- Any woman with a palpable abdominal or pelvic mass on examination that is not obviously uterine fibroids or not of gastrointestinal or urological origin should have an *urgent* ultrasound scan. If the scan is suggestive of cancer, or if ultrasound is not available, an *urgent* referral should be made **(C)**.

- When a woman who is not on hormone replacement therapy presents with postmenopausal bleeding, an *urgent* referral should be made **(C)**.
- When a woman on hormone replacement therapy presents with persistent or unexplained postmenopausal bleeding after cessation of hormone replacement therapy for 6 weeks, an *urgent* referral should be made **(C)**.
- Tamoxifen can increase the risk of endometrial cancer. When a woman taking tamoxifen presents with postmenopausal bleeding, an *urgent* referral should be made **(C)**.
- An *urgent* referral should be considered in a patient with persistent intermenstrual bleeding and a negative pelvic examination **(D)**.

Basis for recommendation

This is a direct implementation of the National Institute for Health and Clinical Excellence guideline *Referral guidelines for suspected cancer: gynaecological cancer* [NICE, 2005].

For further information on the evidence grading used, see the *Supporting evidence* section on Evidence grading.

Vulval cancer

- When a woman presents with vulval symptoms, a vulval examination should be offered. If an unexplained vulval lump is found, an *urgent* referral should be made **(C)**.
- Vulval cancer can also present with vulval bleeding due to ulceration. A patient with these features should be referred urgently **(D)**.
- Vulval cancer may also present with pruritus or pain. For a patient who presents with these symptoms, it is reasonable to use a period of 'treat, watch and wait' as a method of management. But this should include active follow-up until symptoms resolve or a diagnosis is confirmed. If symptoms persist, the referral may be *urgent* or *non-urgent*, depending on the symptoms and the degree of concern about cancer **(C)**.

Basis for recommendation

This is a direct implementation of the National Institute for Health and Clinical Excellence guideline *Referral guidelines for suspected cancer: gynaecological cancer* [NICE, 2005].

For further information on the evidence grading used, see the *Supporting evidence* section on Evidence grading.

Referral timelines

The referral timelines used in this guideline are as follows:

- **Immediate:** an acute admission or referral occurring within a few hours, or even more quickly if necessary.
- **Urgent:** the patient is seen within the national target for urgent referrals (currently 2 weeks).
- **Non-urgent:** all other referrals.

Basis for recommendation

This is a direct implementation of the National Institute for Health and Clinical Excellence guideline *Referral guidelines for suspected cancer: gynaecological cancer* [NICE, 2005].

For further information on the evidence grading used, see the *Supporting evidence* section on Evidence grading.