

2 Week Rule Referral Guidelines -Gynaecology

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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**

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**

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**