*Women should be offered a bimanual vaginal examination (with offer of a chaperone) as part of the primary care assessment of unexplained gynaecological symptoms. Please ensure women with unexplained vaginal discharge undergo a sexual health screen, pregnancy testing, and swabs PRIOR to referral where appropriate.

Please note: Indications for a routine referral include cervical polyp which is benign in appearance.

**OVARIAN**

Carry out tests in primary care if a woman (especially if 45 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 or ‘bloating’
- Feeling full (early satiety) and/or loss of appetite
- Pelvic or abdominal pain
- Increased urinary urgency and/or frequency. (CG122, 2011)

Consider carrying out tests in primary care for possible cancer (lower GI, lymphoma, pancreas, cancer unknown primary) 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 45 or over who has experienced symptoms within the last 12 months that suggest irritable bowel syndrome because IBS rarely presents for the first time in women of this age (CG122, 2011).

**ENDOMETRIAL**

Women aged 45 and over with unexplained symptoms of vaginal discharge* who:
- Are presenting with these symptoms for the first time
- Have thrombocytosis
- Report haematuria** or
- Have visible haematuria** and
  - Low haemoglobin levels
  - Thrombocytosis
  - High blood glucose levels

* See box above
**Some women may report vaginal bleeding as haematuria – please also consider urological causes

**OFFER DIRECT ACCESS CA125 BLOOD TEST AND PELVIC/TRANSVAGINAL ULTRASOUND SCAN (WITHIN 2 WEEKS) CONCURRENTLY FOR SUSPECTED OVARIAN CANCER**

**OFFER DIRECT ACCESS PELVIC ULTRASOUND SCAN (WITHIN 2 WEEKS) FOR SUSPECTED ENDOMETRIAL CANCER**

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.
RESOURCES:
5. RCOG endometrial thickness [https://www.rcog.org.uk/en/guidelines-research-services/guidelines/postmenopausal-thick-endometrium---query-bank/]

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