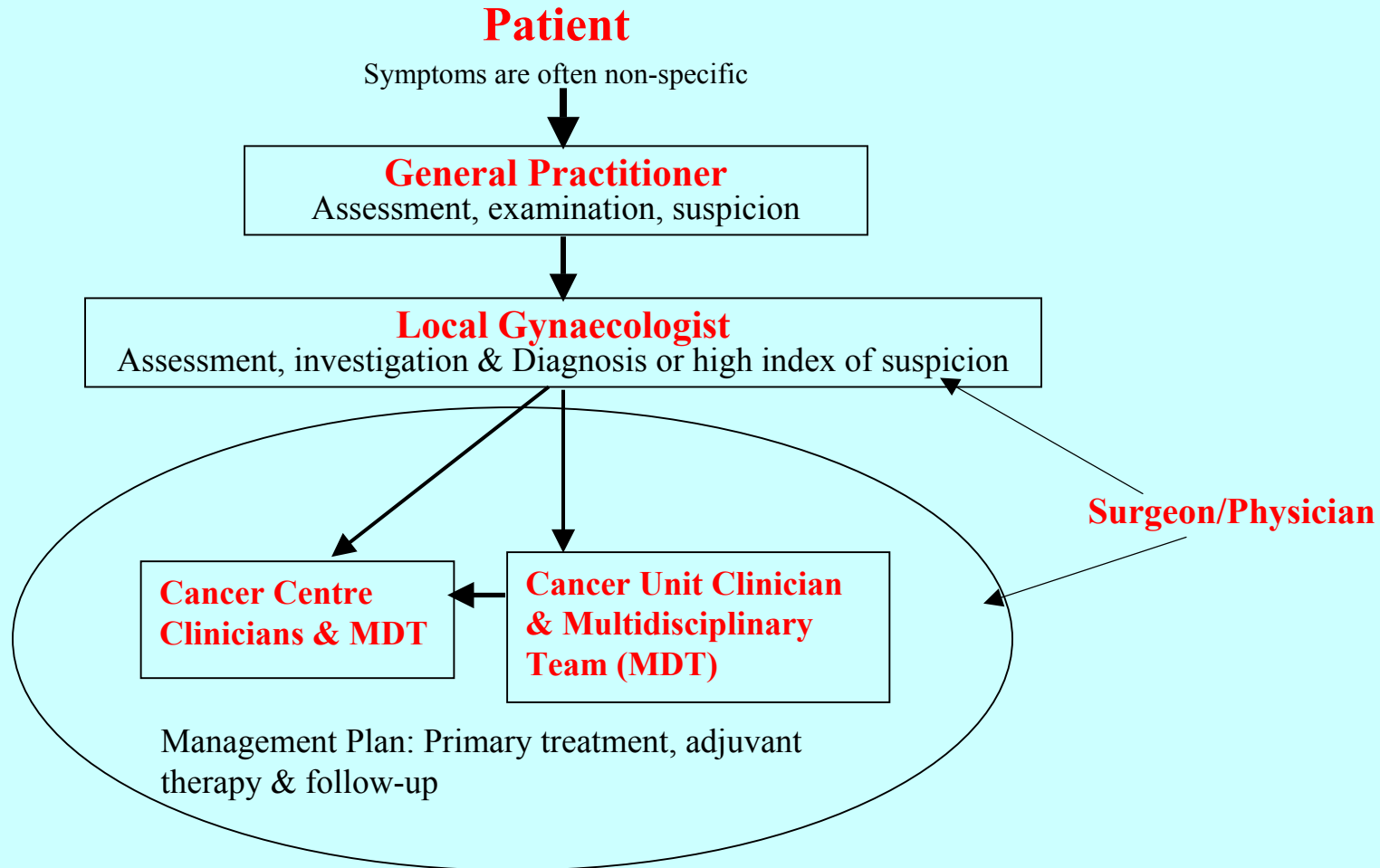


GYNAECOLOGICAL CANCER GUIDANCE : A PATIENT'S PATHWAY



- Management plans to be agreed by the MDT at the Cancer Centre/Cancer Unit and recorded in the patient's notes
- Treatment should only be conducted in the Cancer Centre or a Cancer Unit (ie Altnagelvin, Antrim, Craigavon and Ulster Hospitals)
- Protocol- based investigations should be completed locally to expedite management
- Each hospital should have arrangements, including rapid access facilities, for urgent assessment

TYPICAL PRESENTATION, DIAGNOSIS AND TREATMENT

OVARY

CERVIX

VULVA/VAGINA

UTERUS

Symptoms

Abdominal distension or discomfort

Recurrent postcoital, intermenstrual or post-menopausal bleeding.

Vulval itch or discomfort especially in elderly.

Post menopausal or intermenstrual bleeding. Abnormal bleeding for >4 weeks after stopping HRT.

Signs

Suspicious pelvic mass.
Suspicious mass on USS

Suspicious lesion on cervix especially if hard, irregular or ulcerated

Suspicious lesion on vulva, especially if ulcerated.

REFER TO CONSULTANT GYNAECOLOGIST FOR INVESTIGATION/DIAGNOSIS

Investigation and Diagnosis

USS/CT/Ca 125
Risk of Malignancy Index (RMI) calculated

Cervical Biopsy
MRI

Biopsy
CT

Hysteroscopy/Biopsy
MRI

REFER PATIENT TO THE CANCER CENTRE OR CANCER UNIT FOR AGREED MDT MANAGEMENT

MULTIDISCIPLINARY TEAM MANAGEMENT eg Staging of Disease; Nature & Location of Treatment; Adjuvant Therapy; Patient Registration; Follow-up

Primary Treatment

CANCER UNIT

Surgery

CANCER CENTRE ONLY

Radical Hysterectomy or Chemoradiation

CANCER CENTRE ONLY

Radical vulvectomy

CANCER UNIT

Hysterectomy + BSO

CANCER CENTRE

Radical Surgery +/- Chemotherapy

CANCER CENTRE

Hysterectomy + BSO +/- Radiotherapy

CONTINUING CARE AND FOLLOW-UP SHOULD BE AGREED BY THE CANCER CENTRE AND CANCER UNITS MDTs

SPECIALIST PALLIATIVE CARE

PSYCHOSEXUAL COUNSELLING

Continuing Care

All patients should receive information and literature on community-based support. Most palliative care provided by primary care team. Refer as appropriate at any stage for psychosexual counselling or specialist palliative care.

- Physical: uncontrolled pain; intestinal obstruction; lymphoedema; drug side effects
- Psychological: complex emotional issues
- Rehabilitation

- Social: complex family issues
- Spiritual: loss of hope; cultural or religious issues
- Respite Care
- Terminal Care

- Severe adjustment reaction to the diagnosis of cancer or the effect of treatment
- Physical complications affect normal sexual function
- Psychosexual difficulties directly or indirectly related to disease