FAQs for the URGENT CANCER REFERRAL FORM For Suspected Endometrial Cancer

September 2024

Following the publication of The British Menopause Society (BMS) guidelines for the management of unscheduled bleeding on hormone replacement therapy (HRT), a collaborative approach to implement a new dedicated Post-Menopausal Bleeding (PMB) pathway is being designed and rolled out between the West Midlands Cancer Alliance (WMCA), the integrated care boards (ICBs) and the GP Practices. The aspiration of implementing this pathway is to reduce waiting times on the suspected cancer pathway to enable faster diagnosis and start patient treatment at the earliest opportunity.

We are proposing two pathway models:

1. **Model 1:** Primary care will triage the patient to see if an urgent suspected endometrial cancer referral or an urgent pelvic scan (within 4 – 6 weeks) referral is needed, based on the attached SOP. Primary care will organise the required referrals.
2. **Model 2:** Primary Care will be supported by an intermediate primary care triage service for unscheduled bleeding on HRT by advice and guidance. Primary care clinicians who are confident in managing HRT, will still have the option to request scans themselves bypassing the intermediate primary care triage service. The intermediate primary care triage service for unscheduled bleeding on HRT is a virtual clinic supported by GPs with extended roles (GPwERs) who specialise in HRT management and they will support with the triage process of this pathway. It is for each ICB to set up a locally agreed model for the job specification of the GPwER i.e. if they will provide only an advice and guidance service or whether they will contact patients and request scans on behalf of the requesting GP.

What is menopause: Menopause is defined as amenorrhoea for ≥ 12 months

1) What is different on the new Urgent Suspected Gynaecology Cancer Referral form?

The new Urgent Suspected Cancer (USC) Referral form for Gynaecology cancers has been split into two forms. One for suspected endometrial cancer and one for all the other Gynaecology cancers (cervical, ovarian, vulval/vaginal).

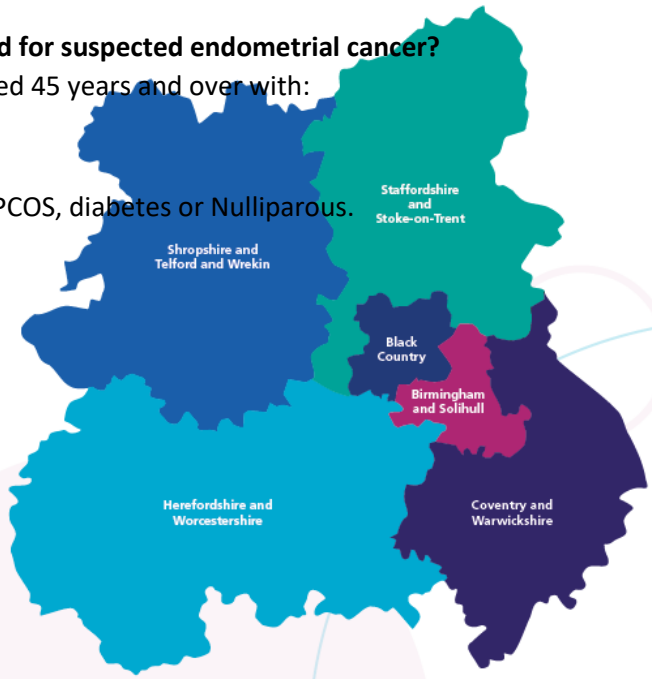
2) What is the Urgent Suspected Endometrial Cancer Referral form?

This form is for women with or without HRT. It has been split into premenopausal risk factors and post-menopausal risk factors that qualify for a referral. The risk factors for post-menopausal women have been split into major and minor risk factors.

3) What qualifies for a pre-menopausal woman to be referred for suspected endometrial cancer?

They need to have unscheduled bleeding on HRT and be aged 45 years and over with:

- a BMI of 40 or more
- OR history of Lynch/Cowden syndrome.
- OR three out of four of these criteria: BMI 30-39, PCOS, diabetes or Nulliparous.



4) **What if the woman with unscheduled bleeding on HRT does not qualify for a suspected endometrial cancer referral?**
If the above criteria is not met, you have two choices, dependent on your ICB model. Either to see if the woman qualifies for an urgent pelvic scan (by reviewing the urgent pelvic scan referral form for unscheduled bleeding on HRT on your computer systems or available digitally) OR Complete the Advice and Refer template to intermediate primary care triage for unscheduled bleeding on HRT for further advice and guidance.

5) **What will the intermediate primary care triage service for unscheduled bleeding on HRT that do not qualify for a cancer referral?**
They will receive your completed advice and referral template (with patient questionnaire) and:
- Send it back if there is missing core information for you to return on the template to them to allow them to triage.
- Triage the risk and if it does qualify for an urgent suspected cancer referral ask you to complete this.
- Triage the patient to see if they qualify for an urgent pelvic scan on the suspected unscheduled bleeding on HRT pathway. If they do, they can ask you to request the scan or will request this for you and let the patient know via text (local ICB decision). If the patient does not have access to a phone, they will ask you to alert the patient via letter.
- If the patient does not qualify for a scan, they will give you advice to which HRT to use with which dose change and ask you to review the patient at 3 months post new HRT / dose change. At 3 months, if the bleeding has stopped, no further action is needed. If at 3 months the bleeding has not stopped, please re-examine the patient and a further risk stratification / refer back to intermediate triage service to assess if patient qualifies for a scan or further HRT dose advise as appropriate. Following this second dose change, review the patient at 3 months post second dose change and if the bleeding has stopped, there is no further action in this low-risk cohort. However, if the bleeding continues the patient will then qualify for an urgent suspected endometrial cancer referral (local ICB decision regarding patient contact).
- If the patient does not qualify for a scan and has stopped the HRT but they continue to bleed after 4 weeks, they will qualify for an urgent suspected cancer referral.

6) **Where is the referral template to the intermediate primary care triage service for unscheduled bleeding on HRT?**
This will be made available through your clinical systems or saved in a shared space, as per local ICB processes.

7) **What qualifies for a post-menopausal woman to be referred for suspected endometrial cancer?**
Women who are postmenopausal (stopped periods for 12 months or more) need to have **1 major or 3 minor risk factors** to qualify for an urgent suspected endometrial cancer referral.

8) **What if a GP carries out a pelvic scan for another reason on an asymptomatic woman on HRT (without unscheduled bleeding) but has an incidental finding showing a thickened endometrium. When can I do an urgent suspected cancer referral?**
See the urgent suspected cancer referral form for eligibility criteria based on HRT use and risk stratification.

9) **Do I need to do a F2F examination for an urgent suspected endometrial cancer referral?**
A F2F examination is needed to safely exclude vaginal, vulval and cervical cancer as the cause for the bleeding. You may need to book another appointment for this. This will be required again if the patient continues to bleed after 3 months of HRT modification.

10) **What if the woman is bleeding, how do I do a PV examination?**
It is recommended to attempt an examination. If the view is suboptimal, please mention this in your referral to secondary care so they will be aware of the difficulties.

11) **What if I cannot locate the cervix during the PV examination?**
Try different positioning by asking the patient to place their hands as fists under themselves. If the view is suboptimal, please mention this in your referral to secondary care so they will be aware of the difficulties. If this does not work follow the pathway stating that PV examination was not possible to exclude cervical cancer. Please consider the woman's smear history as a risk factor.

12) **If the intermediate primary care triage service for unscheduled bleeding on HRT carry out a scan, what happens with the results?**
    - If the scan is normal, the intermediate GP will inform you of the result and the patient, if they can, by text. If the patient does not have a phone, they will ask you to inform the patient of the normal result.
    - If the scan is normal, the intermediate GP will advise you on optimal HRT dose adjustment to control the unscheduled bleeding and ask you to review the patient at 3 months. At 3 months review, if the bleeding has been controlled, no further action is needed. If at 3 months review, if the bleeding continues or increases in intensity or frequency within the 3 months, then re-examine and refer to the intermediate GP in model 2 for a second HRT dose adjustment. Review at 3 months following a second HRT dose adjustment and if the bleeding stops, no further action is needed. If bleeding continues then an **urgent suspected cancer referral on eRS should be completed**. This patient will be booked for a scan and an endometrial biopsy by the hospital.
    - If the scan is abnormal with suspected cancer, the hospital will upgrade this to a suspected cancer referral pathway with no action from the GP
    - If the scan is abnormal with benign incidental findings that require action, this is to be locally agreed by each ICB between the hospitals and primary care.