

Faster Diagnosis Pathway for Gynaecology

Why am I receiving this information leaflet?

You have been referred to a gynaecology specialist on the "Faster Diagnosis Pathway" because your symptoms need further investigation. This pathway ensures that the right tests are performed as quickly as possible so that your doctor can rule out cancer as the cause of your symptoms.

The majority of women referred on this pathway **do not** have cancer and will receive reassuring results. However, it is important that you come for any tests or appointments offered so that, if you do have a cancer, it can be diagnosed and you can start treatment as soon as possible.

This can be a very worrying time for you and your family. We aim to keep the time between your referral, diagnosis and treatment (if you need it) as short as possible. We need your help to make this happen.

This leaflet aims to give you an overview of what you can expect during this time. Not all elements of the pathway may apply to you depending on the symptoms you have experienced.

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Designed in collaboration with NCL CA Gynae Tumour Working Group

Glossary

Biopsy

A biopsy is a sample of tissue taken from the body in order to examine

it more closely. A doctor may recommend a biopsy where there is a suggestion that an area of tissue in the body isn't normal. Most

biopsies are done under local anaesthetic.

different angles. A computer then puts them together to give a series

of pictures.

Drainage If you have excess fluid in your abdomen or chest, then it may need

to be removed. This involves inserting a small plastic drain, with local

anaesthetic.

Gynaecological cancer

Gynaecological cancers start in a woman's reproductive system. There are five types – womb (also known as endometrial), ovarian,

vulval, vaginal and cervical.

Hysteroscopy A hysteroscopy is a procedure to examine the inside of the womb,

using a hysteroscope, which is a narrow telescope with a light and camera at the end. Some women experience discomfort during this procedure – your doctor or nurse can tell you more about what to

expect and about how to prepare for the test.

MDT (Multidisciplinary Team) An MDT meeting is a meeting of the group of professionals who together make recommendations regarding treatment of individual patients. This includes consultant oncologists, surgeons, specialist

nurses and imaging specialists. You will not need to attend this

meeting.

waves to scan your body and it will provide us with detailed images of

your pelvis.

Specialist centre

Some hospitals provide specialist treatment for patients with gynaecolgoical cancer – in North Central London the specialist centre

is at University College London Hospitals (UCLH). You may be referred to UCLH if this is the best place for your diagnosis and

treatment.

Ultrasound scan

Ultrasound scans use high frequency sound waves to build up a picture of the inside of the body. The sound waves bounce off the organs inside your body, and a computer turns the sound waves into

a picture on the screen. They are usually done in the hospital x-ray or gynaecology department by a sonographer. Most pelvic scans are

performed with a probe inserted into the vagina to get the best images.

Faster diagnosis pathway diagram

The appointments and tests you may need to have to investigate your symptoms are described as a **pathway**. This diagram shows the order of the appointments from referral to treatment. You may not need all of these tests. *If cancer is ruled out early in the pathway, you will not need the rest of the tests*.

Day 0

GP referral to local hospital.

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• First outpatient appointment. This may include an ultrasound scan, blood tests, a biopsy, a hysteroscopy or a CT. These tests may be done on the same day or you may need to come back for a separate appointment.

 Additional tests such as an MRI may be requested. Where required, a hysteroscopy may be performed under general anaesthetic if it has not been possible to perform this under local anaesthetic.

By day 18

 MDT meeting of healthcare professionals (unless cancer has been ruled out) and onward referral to University College Hospital specialist centre if required

By day 28

 Specialist MDT meeting at UCLH where required. Discussion at this meeting requires all of the test results from your local hospital to be available for review

- Biopsy and/or drainage of fluid from your chest or abdomen, if required.
- Outpatient appointment to confirm diagnosis and discuss treatment recommendations (within 1 week of specialist MDT).

By day 62

Start treatment.

These timings are the national requirements for hospitals to provide a rapid service to patients, so that people who need treatment can start it as soon as possible. You may be seen more guickly than this.

What will happen on this pathway?

Your GP will refer you to your local hospital, who will aim to offer you an appointment within 9 days or less. You may be asked to have tests such as an ultrasound and a biopsy and these tests will be performed on the same day as you see the gynaecologist wherever possible. You may be offered a hysteroscopy at your first appointment, or this may be arranged separately depending on what is appropriate. Further tests such as CT and MRI scans may also be required. The gynaecologist will discuss with you how you will receive the results – this may be by letter, telephone or in person. The results may need to be discussed at a multidisciplinary team (MDT) meeting of healthcare professionals.

The MDT may then refer you to the specialist centre at UCLH. The specialist centre team will review all of your tests and consider what treatment should be recommended. Additional tests such as scans or biopsies may be requested before the team at UCLH see you to discuss a plan for your treatment. The UCLH specialist team will aim to see you within one week of having reviewed all of your tests to explain your diagnosis. If you need treatment, the different options will be discussed in detail with you. We aim to commence treatment within 62 days of referral by your GP.

You will be assigned a CNS (clinical nurse specialist) to support you through the pathway if your results confirm the presence of a cancer or if you require onward referral to UCLH for further investigation and treatment. Relevant genetic tests may be offered to you to help inform your treatment choices and you may be given information about research studies in which you could participate.

If you have any questions at any point, you can contact us Monday-Friday, 9am-5pm on 0207 288 3118.

What you need to do

- You may be contacted at short notice to attend appointments. It is very
 important that you attend all the appointments we offer you.
 Delaying these slows down the process of making a diagnosis and
 starting any treatment you might need.
- Please be available for the next six weeks for appointments.
- Please let us know if you change your contact details.

There are two videos available in multiple languages on our website
which explain what to expect during a Rapid Access appointment as well
as a hysteroscopy appointment, should you need one. You can access
these using the link or QR code below

https://shorturl.at/rFKPX



- If you cannot attend an appointment or are planning to go away, please discuss this with your GP practice or hospital doctor or nurse as soon as possible. Please reschedule any trips away if possible.
- If you have an emergency and cannot keep your appointment, please let us know immediately by calling this number: **0207 288 5118.** You will then need to arrange another appointment.
- We suggest that you bring a friend or family member to appointments if you can.
- Please bring a list of your current medications.
- If a translator/interpreter is required, please let the hospital know in advance
- If you need transport to and from the hospital, please speak with your GP who can advise how this can be arranged.

Managing your feelings whilst waiting for your results

You might notice a range of emotions whilst waiting for your results. Many people tell us that they feel anxious. Others might feel numb or notice that things don't seem real. Sometimes people find it harder to concentrate or remember things. There is no "normal" way to feel during this period, so try to be kind to yourself whatever emotions you are experiencing.

If you are feeling anxious, you might notice changes in your body, for example increased heart rate, muscle tension, breathing more quickly, feeling hot and sweaty, racing thoughts and butterflies in your stomach. These are all normal responses to a worrying situation and are your brain's and body's way of trying to keep you safe. Over time these physical feelings should lessen.

You may find the tips below helpful for managing your feelings during the wait

- Find ways to express your feelings. You might find it helpful to talk to a trusted friend or family member. Or you could try writing about or drawing how you feel.
- Distraction. Try to engage with activities that occupy your mind. Try
 to include a mixture of activities that give you a sense of
 achievement, a sense of enjoyment and a sense of closeness to
 other people. Try to really pay attention to what you are doing, even
 though your mind might keep trying to distract you.
- Movement. Physical activity can help us to feel calmer, both physically and mentally. This can be as simple as some slow stretches of your body or going for a short walk.
- Slow your breathing. When we are going through something stressful, we tend to breathe more quickly, shallowly and from the chest. Purposefully slowing your breathing and breathing from lower in your abdomen can help to calm your body and mind. Try breathing in slowly and steadily for four seconds. Pause for a second. Then breathe out slowly and steadily for four seconds and pause for another second. Try breathing like this for a minute or two and see how you feel.

Engaging with healthcare if you have experienced trauma

We know that for some people who have experienced trauma, particularly sexual violence, healthcare appointments can be difficult. We want to do everything that we can to make you feel comfortable, so please do let us know if there are things that you would like us to do (or not do) to help you feel safe. We will not ask you to tell us about your experiences if you do not want to. We understand that it can also be difficult to share that you have experienced trauma. You might like to point to this section of the leaflet if you have had experiences that make healthcare appointments difficult and would like your healthcare professional to know, but it is difficult to put into words.