Gynaecological Oncology – cares for women with cancers of the female sex organs or reproductive body parts. These include - cervix, vagina, clitoris, uterus, ovaries, fallopian tubes, skin folds around the vagina.

Western Health has a team of staff who work together to provide a coordinated service to our patients. These team members have different roles including treating cancer using a range of methods, assisting patients and their families at all stages of their journey, and providing information.

The team includes:

- Gynaecological Oncologists – a specialist oncologist in gynaecological issues.
- Medical Oncologists – to treat cancer using medications and chemotherapy.
- Radiation Oncologists – to treat cancer using radiation.
- Palliative Care Physicians – to provide advice regarding severe symptom management, to work to achieve the best quality of life for the person with a life-limiting illness and to provide support for family and carers.
- Gynae Liaison Nurse – to provide information, support and referral for patients throughout their course of treatment.
- Allied Health staff – to provide additional supports with activities of everyday living.

The Gynae-oncology service includes the following clinics: Gynae-surgery, Gynae-Oncology and Medical Oncology. The service is also involved with clinical trials, allowing patients access to the latest research and treatments.

Primary Condition	Key Information Points	Clinical Investigation
Suspected Endometrial Cancer	.	. **Essential:** • Cervical screening test (HPV and LBC) within the last 12 months • Pelvic USS • Information regarding last CST • Examination findings
Suspected Cervical Cancer	.	. **Essential:** • Cervical screening test (HPV and LBC) within the last 12 months • Examination findings • CT AP
Suspected Ovarian Cancer		**Essential:** • Cervical screening test (HPV and LBC) within the last 12 months • Pelvic USS • CT AP • Tumour markers (CA125, Ca19.9 and CEA - bHCG, AFP and LDH for under 40yo)

Primary Condition	Key Information Points	Clinical Investigation
Complex Ovarian Cyst		**Essential:** • Cervical screening test (HPV and LBC) within the last 12 months • Pelvic USS • Tumour markers (CA125, Ca19.9 and CEA - bHCG, AFP and LDH for under 40yo)
Suspected Vulval Cancer		**Essential:** • Cervical screening test (HPV and LBC) within the last 12 months • Description of Lesion and biopsy if available
Gestational trophoblastic Disease		**Essential:** • Cervical screening test (HPV and LBC) within the last 12 months • Seen through EPAS and dedicated CTD clinic at RWH

Access and referral priority Gynaecology

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT **Appointment timeframe 30 days.**	**URGENT** **Appointment within 60 days**	**ROUTINE** **Appointment timeframe greater than 30 days, depending on clinical need.**
• Post-menopausal bleeding, including any pre malignant conditions including VIN/VAIN/ complex endometrial hyperplasia • EPAS (Early Pregnancy). • Abnormal uterine bleeding with Hb < 100g/DL or severe quality of life impairment. • Adnexal (ovary/tube) abnormality assessed as at risk of malignancy, torsion or other significant complication. • Other pelvic mass/tumour assessed as significant risk of malignancy or with severe symptoms. (e.g. fibroids with recent increase in size or pain) • Pelvic organ prolapse with urinary retention or Quality Of Life change assessed as severe and disabling. • Urinary retention or Voiding dysfunction emptying ≤50% of bladder volume. • Undiagnosed pelvic pain requiring hospital management. • Vulval conditions with suspected malignancy. • Persistent or recurring post-coital bleeding • Disadvantaged Women requesting Surgical Termination of Pregnancy 7-13+6 weeks gestation)	• All colposcopy referrals are managed as urgent to be seen within 8 weeks as per National Cervical Screening Guidelines. **Note**: current capacity does not allow this to be achieved – all colposcopy referrals are assessed and prioritised according to risk) • All OASIS (complex perineal and anal sphincter injuries 3B or more) are seen within 6-12 weeks of postnatal discharge. • Pelvic floor symptoms or complications following incontinence or pelvic organ prolapse mesh surgery See: http://tiny.cc/whmms	• Fertility referrals • Contraception – reversible or permanent • Menopause management • Abnormal uterine bleeding not meeting criteria for 'URGENT' referral. • Adnexal abnormalities with low risk of malignancy or other complication, particularly incidental findings on imaging. • Uterine fibroids with minimal or no symptoms. • Vulval conditions without risk of malignancy • Persistent or chronic pelvic pain • Pelvic organ prolapse not meeting 'URGENT' criteria. • Lower urinary tract symptoms including urgency, frequency, incontinence (will be triaged for physiotherapy assessment prior to appointment), recurrent UTIs or bladder pain • Voiding dysfunction not meeting 'URGENT' criteria • Isolated haematuria (refer to Urology) • Sexual dysfunction • Labial surgery for medical indications.