West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office
High Street, Greymouth 7840

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3 September 2021

9(2)(a)

[redacted]

RE Official Information Act request WCDHB 9586

I refer to your email dated 6 August 2021 requesting the following information under the Official Information Act from West Coast DHB. Specifically:

We are wanting to verify anecdotal reports about sonography waiting times for ovarian cancer symptoms in your region as part of our submission to the Health Select Committee - can you please provide

- ***the current wait time for an urgent, semi urgent and routine transvaginal ultrasound (or just ultrasound generally if your data does not make the distinction), and***
- ***any criteria for evaluating the urgency of a request (general, or ovarian if you have) and include the current Health Pathways criteria for your DHB for ovarian cancer.***

Response:

West Coast DHB does not currently have a significant wait list for ultrasound. Generally, if a scan is requested as a non-urgent (routine) scan, it is able to be done within a month of receipt of referral. For more rapid scans to occur, high prioritisation criteria have to be met and included on the referral. Semi-urgent high priority pelvic malignancy referrals and where cancer is on the list of things to be excluded are currently generally seen within 2 weeks, however this may depend on presentation; some may be scanned faster if referrers are very concerned and discuss directly with Radiology. If a scan request is marked as urgent (acute) – especially where indicated for high suspicion of cancer - then a scan can be done very rapidly, within days. CT as a consequence of initial scan is also performed within less than a week.

We note that at times, there are some cases where it is other clinical considerations relating to the patients themselves that hold up or cause delay timeliness to having a scan, rather than resourcing issues or the service making them wait.

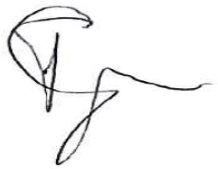
Please see **Appendix 1** below, for criteria for evaluating the urgency of a request and the current HealthPathways criteria for our DHB for ovarian cancer. HealthPathways is designed and written for use during a clinical consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition. Pathways also include information about making requests to services in the local health system. Content is developed collaboratively by general practitioners, hospital clinicians, and a wide range of other health professionals. Each pathway is evidence-informed, but also reflects local reality, and aims to preserve clinical autonomy and patient choice. HealthPathways serves to reduce unwarranted variation and accelerate evidence into practice.
Note: This information is not publicly available.

Information which is publicly available can be found on the HealthInfo website at the following link: www.healthinfo.org.nz

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely



Tracey Maisey
Executive Director
Planning, Funding & Decision Support

Appendix 1: Current HealthPathways criteria for evaluating the urgency of a request for clinical review for ovarian cancer.

The following are extracts taken from our Healthpathways to help inform clinical decision making in regard to evaluating urgency of making a request for review, and pathways to treatment for suspicion of ovarian cancers:

Ovarian Cancer Symptoms

See also Familial Breast or Ovarian Cancer Syndromes

This pathway aims to help when women present with symptoms of possible ovarian cancer. It is consistent with the NICE guideline.

Red Flags

- Genetic risk – strong family history or known HNPCC or BRCA mutation

Background

About ovarian cancer diagnosis

Assessment

1. Assess possible ovarian cancer if new abdominal or pelvic symptoms are present on a persistent or frequent basis – particularly > 12 times per month:
    - Persistent abdominal distension or bloating
    - Early satiety or loss of appetite
    - Pelvic or abdominal pain without a known cause
    - Increased urinary urgency or frequency
    - Irritable bowel symptoms, especially if new onset and aged > 50 years
    - Unexplained weight loss or fatigue
2. Consider genetic risk.
3. Consider other causes of chronic, vague abdominal symptoms including bowel cancer.
4. Examine the abdomen and pelvis for signs suggesting ovarian cancer, including a pelvic or abdominal mass or ascites.
5. Investigations:
    - Initial blood tests: Ca125, LFT, CBC, CRP, calcium, creatinine, and electrolytes.
    - If signs include a pelvic or abdominal mass or ascites, arrange an ultrasound scan within 2 weeks.
    - If no signs, manage according to Ca125 result.

Management

If there are no signs, management is dependent on whether the woman is premenopausal or postmenopausal:

Premenopausal

Postmenopausal

Request

- Request gynaecology assessment if:
  - scan is abnormal e.g., shows ascites or complex cyst.
  - Ca125 is elevated, as in Management above, depending on menopausal status.
  - if unsure of the management of the Ca 125 result or the scan result.
- If criteria for high suspicion of gynaecological cancer are met, select ERMS priority high suspicion of cancer, or write "high suspicion of cancer" on the request. Consider referring the patient to Cancer Support Services and the West Coast Cancer Society

Criteria for high suspicion of gynaecological cancer

Ministry of Health criteria for determining or confirming the "high suspicion of cancer" flag.

- Biopsy-proven or cytology positive gynaecological malignant or premalignant disease, or gestational trophoblastic disease.
- Visible abnormality suspicious of a vulval, vaginal, or cervical cancer, e.g. exophytic, ulcerating, or irregular pigmented lesion.
- Significant symptoms including abnormal vaginal bleeding, discharge, or pelvic pain, and abnormal clinical findings suspicious of gynaecological malignancy including lymphadenopathy, vaginal nodularity, or pelvic induration.
- Postmenopausal bleeding. High suspicion of cancer may be excluded if physical examination, smear, and vaginal ultrasound are normal.
- Rapidly growing pelvic mass or genital lump.
- Patients with a palpable or incidentally found pelvic mass (including any large complex ovarian mass larger than 8 cm) unless investigations (ultrasound and tumour markers) suggest benign disease.
- Patients with a documented genetic risk who have a suspicious pelvic abnormality or symptoms.

Ovarian Cancer Symptoms

See also Familial Breast or Ovarian Cancer Syndromes

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Background

About ovarian cancer diagnosis

About ovarian cancer diagnosis

- Ovarian cancer is more common in postmenopausal women.
- The mean age of diagnosis is 65 years.
- The lifetime incidence for women is 1.6%
- In premenopausal women, ovarian cancer is uncommon but more likely if there is a strong family history of known HNPCC or BRCA mutations.
- Around 10% of ovarian cancer is caused by hereditary cancer syndromes.
- Non-specific symptoms make diagnosis difficult.
- Examination is important as there may be a mass and clinical evidence of abdominal disease.
- Patients with one first or second degree relative with ovarian cancer occurring when aged > 50 years have a 5% lifetime risk, which is slightly increased from the general female population lifetime risk of 1.6%. Patients with known genetic mutations e.g., BRCA mutation have a much higher risk.
- There is currently no proven role for Ca125 or ultrasound screening in asymptomatic women.[1]

Assessment

1. Assess possible ovarian cancer if new abdominal or pelvic symptoms are present on a persistent or frequent basis – particularly > 12 times per month:
    - Persistent abdominal distension or bloating
    - Early satiety or loss of appetite
    - Pelvic or abdominal pain without a known cause
    - Increased urinary urgency or frequency
    - Irritable bowel symptoms, especially if new onset and aged > 50 years
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2. Consider genetic risk.
3. Consider other causes of chronic, vague abdominal symptoms including bowel cancer.
4. Examine the abdomen and pelvis for signs suggesting ovarian cancer, including a pelvic or abdominal mass or ascites.
5. Investigations:
    - Initial blood tests: Ca125, LFT, CBC, CRP, calcium, creatinine, and electrolytes.
    - If signs include a pelvic or abdominal mass or ascites, arrange an ultrasound scan within 2 weeks.
    - If no signs, manage according to Ca125 result.

Evaluating Urgency of Request For Specialist Review:

Non-acute Gynaecology Assessment

Request

Grey Base Hospital Gynaecology Department

For patients with these conditions.

1. Check referral criteria:

Seen within 2 weeks.

Seen within 2 weeks

If criteria for high suspicion of gynaecological cancer are met, select ERMS priority high suspicion of cancer, or write "high suspicion of cancer" on the request.

Criteria for high suspicion of gynaecological cancer

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- Patients with a documented genetic risk who have a suspicious pelvic abnormality or symptoms.

Seen within 4 months.

Seen within 4 weeks

- High-grade abnormal cervical smears

Seen within 4 months (if not successfully managed in the community via HealthPathways)

Conditions at risk of deterioration without treatment or causing significant functional impairment and able to be seen within current capacity:

- Pelvic masses with low risk of malignancy e.g., ovarian cysts
- Cervical smear abnormalities – low grade smear results
- Vulval abnormalities e.g., pruritus vulvae
- Functional impairment related to gynaecological pathology:
  - Pelvic pain (chronic)
  - Menorrhagia
  - Premenstrual symptoms
  - PCOS
- Fertility delay
- Endocrine dysfunction
- Severe menopausal symptoms
- Amenorrhoea
- Dysmenorrhoea
- Genital prolapse
- Heavy menstrual bleeding
- Incontinence
- Vulvodynia
- Dyspareunia

Not usually seen but potentially indicated.

Not usually seen but potentially indicated

Conditions not usually seen in the public health system that may benefit from specialist management. Discuss private options.

1. Patients with significant complications or functional impairment may be considered if other management options have failed.
    - Chronic pelvic inflammatory disease
    - Labiaplasty
    - Premenstrual symptoms
2. Inform patient a female gynaecologist may not be available.
3. Include triage information for gynaecology assessment.
4. Send a request via:
    - ERMS request forms, or
    - email a referral form to central.booking@wcdhb.health.nz
5. All patients will be asked to confirm their outpatient appointment.
6. Depending on preferences expressed in the request, clinical need and service capacity, the service may offer:
    - a clinic assessment, or
    - advice only.
7. For concerns or advice about the service received at Grey Base Hospital, or information about the service, phone the Head of Department, **(03) 769-7400**.

Private

Send a request via:

-  ERMS > Gynaecology > Gynaecology Referral, or
- Contact the provider directly.