

Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Services

Gynaecological Cancer Clinical Advisory Group

Clinical Guidelines

June 2023

Revision due: April 2025

VERSION CONTROL

THIS IS A CONTROLLED DOCUMENT. PLEASE DESTROY ALL PREVIOUS VERSIONS ON RECEIPT OF A NEW VERSION.

Please check the SWAG website for the latest version available [here](#):

VERSION	DATE ISSUED	SUMMARY OF CHANGE	OWNER'S NAME
0.1	28 th May 2015	First draft	SWAG Gynaecology SSG
0.2	April 2017	Second draft: addition of links to updated national guidance	H Dunderdale
1.0	June 2017	Finalised	SWAG Gynaecology SSG
1.1	30 th May 2019	Biennial review and rebranding of service from Site Specific Group to Clinical Advisory Group	H Dunderdale
1.2	28 th June 2019	Finalised	P Rolland
1.3	May 2021	Biennial update	H Dunderdale
1.4	June 2023	Removal of signature table in line with sign off by the SWAG Cancer Alliance Lead. Reduction of document to links to national guidance	H Dunderdale

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1. Introduction

The following guidelines pertain to the local management of Gynaecology malignancies for the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Gynaecological Cancer Clinical Advisory Group (CAG).

These local guidelines should be reviewed alongside three other key documents for the CAG: the Constitution, Annual Report and the Work Programme. The Constitution provides an overview of how the CAG operates, outlining the general working processes of the CAG, the patient referral pathways and the guidelines to which the CAG adheres. The Annual Report reflects the period of activity for the CAG from the previous year and it contains a summary of this activity measured against several key performance indicators that have been outlined in the National Cancer Peer Review Programme. The Work Programme summarises the key areas for growth, development and improvement of the CAG over the next financial year (and beyond where appropriate). All four documents should be reviewed together to give a full overview of the CAG, its performance and future plans.

The CAG is committed to offering all eligible patients entry into clinical trials where available. Consent to provide tissue for research purposes will also be sought wherever appropriate.

2. Suspected cancer – recognition and referral guidelines

Primary care clinicians should refer to the NICE guidelines Suspected Cancer: recognition and management of suspected cancer in children, young people and adults (2023) for the signs and symptoms relevant when referring to Gynaecology Oncology services. Further details on the local process for referral can be found in the CAG constitution and on the NICE website here: <https://www.nice.org.uk/guidance/ng12>

3. Gynaecological Cancer CAG Agreed Clinical Guidelines

Guideline	Measure	Source
Endometrial cancer	14-1C-106e	BGCS Endometrial Cancer Guidelines: Recommendations for Practice
Ovarian cancer	14-1C-107e	BGCS Uterine Cancer Guidelines: Recommendations for Practice
Cervical cancer The surgical management of 1B1 cervical cancer should be informed by the BGCS position statement on the LAAC/SEER and NCRAS	14-1C-108e	BGCS Cervical Cancer Guidelines: Recommendations for Practice https://bgcs.org.uk/news/ncras-cervical-cancer-radical-hysterectomy-analysis.html
Vaginal and Vulval Cancer	14-1C-109e	BGCS Vulval Cancer Guidelines: Recommendations for Practice
Management of mucosal melanoma guidelines		Mucosal melanoma guidelines - Melanoma Focus
BGCS consensus statement on the use of sentinel nodes		Sentinel Consensus Document for Vulval, Endometrial and Cervical Cancer BGCS - British Gynaecological Cancer Society
Patient initiated follow up (PIFU)		BGCS Recommendations and Guidance on PIFU
Pathology dataset		Cancer datasets and tissue pathways (rcpath.org)

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