Waitematā
District Health Board
Best Care for Everyone

Hospital Services
North Shore Hospital Campus
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22 October 2021

[redacted]

Dear [redacted]

Re: OIA request – Ultrasounds referral timelines from GPs

Thank you for your Official Information Act request received 6 September seeking information from Waitematā District Health Board (DHB) about trans vaginal ultrasound referrals from a community GP (under COVID-19 Level 1 settings).

Your request included the following question:

3. Menopausal 50-year-old woman…etc.

On 1 October, we contacted you to clarify if this referred to a perimenopausal or post-menopausal woman. This is because referrals from the community almost never refer to a 'menopausal woman' but state post-menopausal, X years since LMP (last menstrual period).

You replied the same day to confirm this was intended to be 'post-menopausal'.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing around 8,600 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your request, we are able to provide the following information:

1. **What priority (urgent, semi-urgent, routine, and declined) and timeframe (in days or weeks) your clinicians would put on the following 12 referral scenarios for a trans vaginal ultrasound from a community GP (under a COVID-19 Level 1 scenario)?**

Requests for pelvic ultrasound scans are the most-frequent ultrasound (US) referrals from primary care providers (GPs) and occasionally from nurse practitioners.

They are seldom declined outright but quite often the GP may be sent via electronic referral a note stating:

"Please provide more clinical information. (Note: this is not a 'Decline'). At WDHB Radiology, we are required to triage all requests on the basis of established acceptance criteria. See Auckland Regional Health Pathways: Ovarian Cancer Symptoms, or Chronic Pelvic Pain etc".

This electronic note is available immediately to the referring GP. Assuming they read their electronic inbox mail, they will typically receive this message within 1-3 days of it being sent and can then add an addendum to their original referral with additional clinical information for our further assessment.

For example, between 14 July 2020 and 13 July 2021, we received a total of 2303 referrals. Of these, we declined 21 pelvic scan requests, asked for more information for 16 requests and transferred two requests to POAC (Primary Options for Acute Care), a service designed to reduce acute demand in hospitals by allowing doctors access to funding for investigations.

For pelvic (and other) scan referrals that are accepted by Waitematā DHB Radiology, the degree of urgency is rated as:

1. Priority C = Urgent within one week. This is seldom used, because anything that urgent can usually be scanned with 1-3 days via POAC.
2. Priority D = Urgent within 1-2 weeks.
3. Semi-urgent or Time Critical (TC) = within 2-4 weeks
4. Priority E = Routine, within 2-6 weeks but dependent on demand, resources e.g. staffing, pandemics, renovations, equipment failures and maintenance etc.

All radiology triaging decisions for community GP referrals are made in accordance with the Auckland Regional Health Pathways criteria. For pelvic scans relating to the case scenarios in your request, these are stated in Ultrasound Pelvis and Ovarian Cancer Symptoms (see **Appendix 1**).

Therefore, for the scenarios in your request, a 'Decline' note to the referring GP would include reference to HealthPathways and advice about re-referral criteria. Often, referrals from GPs do not include a CA-125 level, which is a protein found in ovarian cancer cells. (The amount of cancer antigen 125 in the bloodstream is determined by a blood test.)

It should be noted that regardless of COVID-19 Alert Level, all referrals would be assessed as follows:

2. Premenopausal 36-year-old women with new onset bowel habit changes and bloating of
A. 1 months duration, normal pelvic exam, negative family history - with CA-125 of 15
B. 3 months duration, normal pelvic exam, negative family history - with CA-125 of 15 (stable)
C. 3 months duration and new onset urinary frequency, normal pelvic exam, negative family history - with CA-125 of 18 (previously 15)
D. 1 months duration, normal pelvic exam, negative family history - with CA-125 of 37
E. 1 months duration, normal pelvic exam, negative family history - with CA-125 of 205
F. 1 months duration, mass on pelvic exam, negative family history - with CA-125 of 205

Pre-menopausal 36-year-old woman with new onset bowel changes and bloating:

A	1/12 duration	N pelvic exam	-ve fam Hx	CA-125 of 15	**Decline**
B	3/12 duration	"	"	CA-125 of 15	**E priority**
C	3/12 duration	New urine frequency + N pelvic exam	"	CA-125 of 18 (previously 15)	**E priority**
D	1/12 duration	N pelvic exam	"	CA-125 of 37	**TC within 4 weeks**
E	1/12 duration	N pelvic exam	"	CA-125 of 205	**D priority**
F	1/12 duration	Mass on exam	"	CA-125 of 205	**D priority**

3. Post-menopausal 50-year-old woman presenting with new bowel habit changes and bloating of
A. 1 months duration, normal pelvic exam, negative family history - with CA-125 of 15
B. 3 months duration, normal pelvic exam, negative family history - with CA-125 of 15 (stable)

C. 3 months duration and new onset urinary frequency, normal pelvic exam, negative family history - with CA-125 of 18 (previously 15)
D. 1 months duration, normal pelvic exam, negative family history - with CA-125 of 37
E. 1 months duration, normal pelvic exam, negative family history - with CA-125 of 205
F. 1 months duration, mass on pelvic exam, negative family history - with CA-125 of 205

Post-menopausal 50-year-old woman with new onset bowel changes and bloating:

A	1/12 duration	N pelvic exam	-ve fam Hx	CA-125 of 15	**Decline**
B	3/12 duration	"	"	CA-125 of 15	**E priority**
C	3/12 duration	New urine frequency + N pelvic exam	"	CA-125 of 18 (previously 15)	**TC within 3 weeks**
D	1/12 duration	N pelvic exam	"	CA-125 of 37	**D priority**
E	1/12 duration	N pelvic exam	"	CA-125 of 205	**D priority**
F	1/12 duration	Mass on exam	"	CA-125 of 205	**D priority**

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely

[redacted]

Executive Director Hospital Services
Waitematā District Health Board

Appendix 1 – HealthPathways - Ovarian Cancer Symptoms

The information below is taken from Auckland Regional Health Pathways: Ovarian Cancer Symptoms

Women's Health / Gynaecology / Ovarian Cancer Symptoms /

Ovarian Cancer Symptoms

See also Familial Breast or Ovarian Cancer Syndromes pathway.

This pathway is designed to assist in the diagnosis of women with possible symptoms of ovarian cancer and is consistent with the NICE guideline in clinical resources.

Red Flags

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

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 another cause*
    - *Increased urinary urgency or frequency*
    - *Irritable bowel symptoms, especially if new onset and aged > 50 years*
    - *Unexplained weight loss or fatigue*

    Consider asking the woman to keep a symptom diary.
2. *Consider other causes of chronic, vague abdominal symptoms including bowel cancer.*
3. *Examine the abdomen and pelvis for signs suggesting ovarian cancer, including a pelvic or abdominal mass or ascites.*

4. *Investigations:*
    - *Initial blood tests: Ca125, LFT, FBC, CRP, calcium, creatinine, urea, and electrolytes.*
      Ca125
        - *The sensitivity and specificity of serum Ca125 is limited. Ca125 levels are elevated in approximately 1% of healthy women and fluctuate during the menstrual cycle.*
        - *Ca125 is also increased in a variety of benign and malignant conditions, including:*
            - *endometriosis*
            - *uterine fibroids*
            - *cirrhosis*
            - *pelvic inflammatory disease*
            - *cancers of the endometrium, breast, lung, and pancreas*
            - *pleural or peritoneal fluid due to any cause.*
        - *Ca125 is most useful in postmenopausal women as there is less risk of false-positive tests.*
        - *Ca125 is not specific enough to use as a screening tool in asymptomatic postmenopausal women.*
        - *Serum Ca125 values are elevated in approximately 50% of women with early stage disease and in > 80% of women with advanced ovarian cancer.*
    - *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

Management of investigation results differs depending on whether the woman is premenopausal or postmenopausal.

Management of postmenopausal women

1. *If serum Ca125 < 35 IU/mL, assess for other causes of symptoms. If no other causes are evident after full assessment, advise the patient to return if symptoms increase or are persistent for more than 3 months.*
2. *If Ca125 > 35 IU/mL, request ultrasound scan. The patient is eligible for publicly funded radiology.*
3. *If Ca125 > 35 IU/mL and scan is normal, request gynaecology assessment or seek gynaecology advice.*

Management of premenopausal women

For premenopausal women with elevated Ca125 (even when Ca125 > 200 IU/mL), benign conditions are the most likely cause.

Manage investigation results for possible ovarian cancer premenopausal women:

1. *If serum Ca125 is < 35 IU/mL assess for other causes of symptoms. If no other causes are evident after full assessment, advise the patient to return if symptoms increase or are persistent for more than 3 months.*

2. *If Ca125 > 35 IU/mL but < 200 IU/mL, in the presence of normal clinical findings, repeat serum Ca125 in 6 weeks' time. If this is repeatedly high or climbing, request ultrasound scan and then request gynaecology assessment or seek gynaecology advice.*
3. *If Ca125 decreases by any amount in the 6 week time frame, reassure the patient that this is not ovarian cancer and advise there is no need for further investigation unless symptoms deteriorate.*
4. *If Ca125 > 200 IU/mL, request ultrasound scan. Once scan is obtained, request gynaecology assessment or seek gynaecology advice.*

Request gynaecology assessment:

- *if scan is abnormal e.g., shows ascites or complex cyst.*
- *if Ca125 is elevated, as in Management above, depending on menopausal status.*