Dr Ai Ling Tan
Gynaecological Oncologist

Guidance for Referrals

Hysterectomy for abnormal uterine bleeding

- My preferred surgical approach to hysterectomy is a laparoscopic hysterectomy where possible.
- If the patient has a significant medical history, please contact my office prior to the initial appointment. We appreciate any correspondence about those conditions.
- Patients should be off any blood thinning medication (including herbs and supplements) for at least 1 week prior to surgery.
- All patients require a pelvic ultrasound. I will arrange all other tests if necessary.

Ovarian cancer (ascites, omental masses)

- Prior to initial consultation all patients require a CT scan of the pelvis, abdomen and chest.
- Patients require tumour markers CA125, CA 19.9 and CEA. Women under the age of 40 should also need alpha fetoprotein, LDH and HCG
- If the patient has a significant medical history, we appreciate any correspondence about those conditions.
- All major ovarian cancer surgery is open through laparotomy.

Suspicious pelvic masses/cysts

- A CT scan of the pelvis, abdomen and chest is needed if the mass is solid or complex (solid + cystic) or if tumor markers are elevated. Ring the rooms as we can help with this if you have need advice or assistance. Sometimes a MRI is required but I can organize that after the consult.
- Patients require tumour markers CA125, CA 19.9 and CEA. Women under the age of 40 should also need alpha fetoprotein, LDH and HCG
- If the patient has a significant medical history, we appreciate any correspondence about those conditions.
- Laparoscopic surgery is possible for some cases. However, some patients will require a laparotomy for surgical exploration/frozen section

Abnormal smear/colposcopy

Refer as per NCSP guidelines

Cervical cancer

- All patients with suspicious lesions on the cervix require a cervical biopsy and at times an examination under aneasthesia/cystoscopy
- Patients with histologically confirmed cervical cancer require a PET-CT scan and an MRI scan of pelvis (requires specialist referral; I will organise)
- If the patient has a significant medical history, we appreciate any correspondence about medical conditions.

Postmenopausal bleeding

- All postmenopausal bleeding in women who are not on HRT needs to be investigated:
- Patients with risk factors (abnormal endometrial cells on PAP; history of breast or bowel cancer, suspicious lesion on pelvic ultrasound)

Postmenopausal women

- Exclude cervical/vaginal pathology (Pelvic vaginal examination, PAP smear)
- Full blood count if bleeding is significant
- Transvaginal ultrasound
- Refer for endometrial sampling or hysteroscopy D&C

Endometrial cancer

- Please attach the histopathological report from a Pipelle/ curettings to your referral.
- Baseline pelvic USS /CXR is useful.
- Confirmed diagnosis of endometrioid endometrial cancer will require MRI abdomen and pelvis
- Serous or clear cell pathology – CT chest /abdomen/pelvis
- If the patient has a significant medical history, we appreciate any correspondence about medical conditions.

Vulval cancer

- All patients with obvious lesions on vulva require a punch biopsy (please copy me into the histopathology report). I am also happy to do the biopsy.
- Patients with histologically confirmed vulval cancer require a CT scan of pelvis, abdomen and chest
- If the patient has a significant medical history, we appreciate any correspondence about those conditions.

Strong Family History of breast and ovarian cancer

- Patients with a strong family history of breast and/or ovarian cancer might benefit from BRAC1/2 testing (blood/saliva test).
- Patients who are negative for BRCA1/2 have the "normal" risk of breast and ovarian cancer similar to the general population. The only exemption would be if patients carry a mutation that has not been described in the world-literature yet.
- Patients who are positive for BRCA1/2 mutations will benefit from prophylactic, risk-reducing laparoscopic bilateral salpingo-oophorectomy (BSO) and washings. It is very important that the pathologist is aware of the mutation so he/ she can use the SEE-FIM protocol (extensive sectioning of fallopian tube) to examine the specimen as there is an occult rate of cancers in 4% of cases.

Strong Family History of bowel and uterine cancer

- Typically, a screening diagnosis of Lynch Syndrome is made on a pathology specimen after surgery for bowel or uterine cancer. Confirmation of Lynch Syndrome requires a genetic testing.
- Patients who are negative for Lynch Syndrome/2 have the "normal" risk of uterine and bowel cancer similar to the general population. The only exemption would be if patients carry a specific mutation that has not been described yet.
- Patients with Lynch syndrome will benefit from prophylactic, risk-reducing removal of uterus, tubes and ovaries. Prophylactic surgery can mostly be done laparoscopically.

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