

# Referral And Treatment Timeline Assessment For Endometrial Cancer In District General Hospital

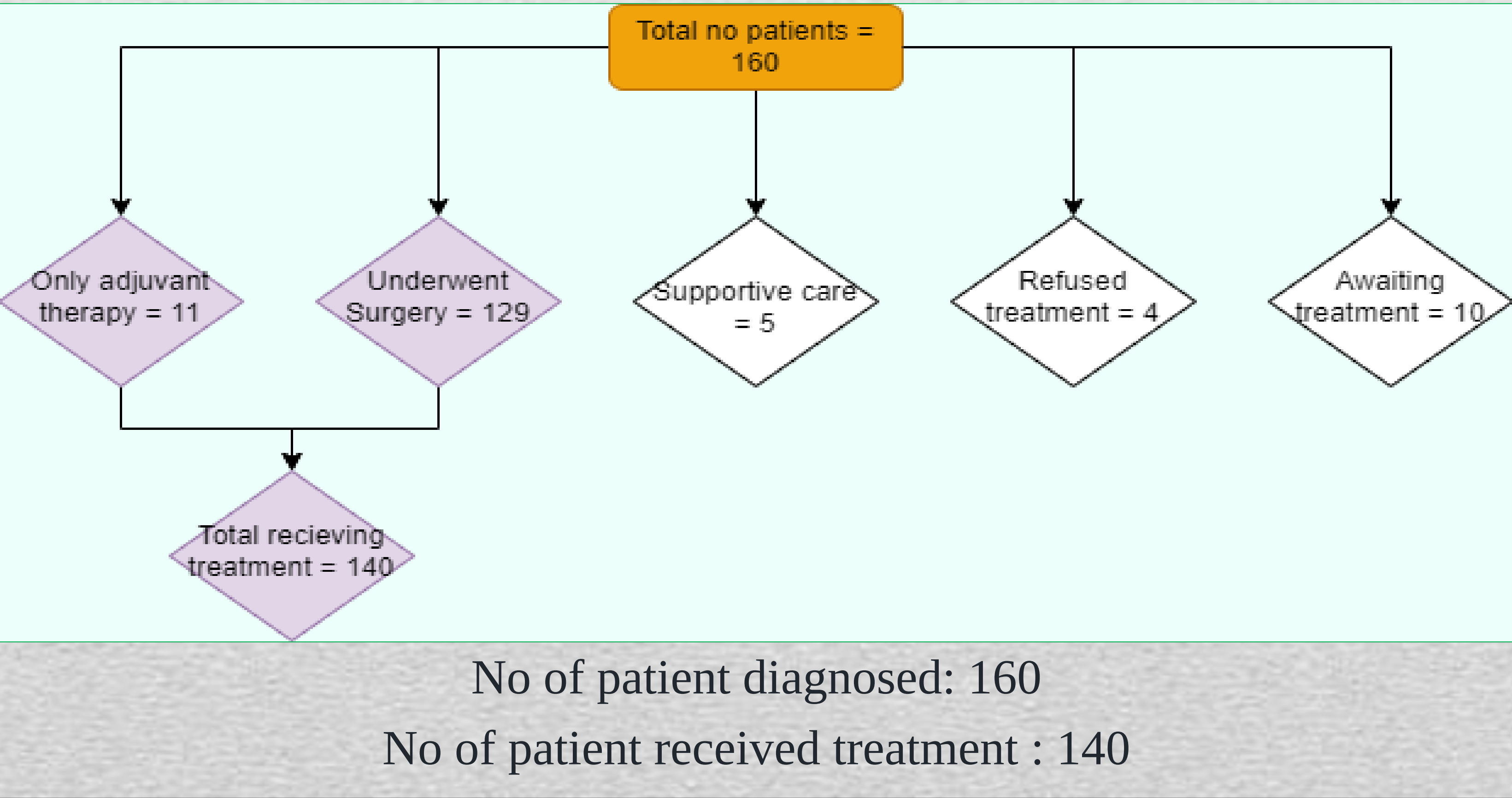
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## INTRODUCTION

- 4<sup>th</sup> most common cancer in women, approx 9700 new cases each year in UK
- Incidence of Endometrial Ca is highest in women aged 60-79.
- Early diagnosis associated with 5-year survival rate up to 80%.
- 7<sup>th</sup> most common cancer cause of death in the UK.
- Recommended Rx- surgery (TLH BSO +/- LN) +/- adjuvant therapy
- NICE Guideline:
  - ❑ Suspected cancer pathway referral
    - Appointment within 2 weeks of referral – 14 days
    - Diagnosis - within 28 days
    - Treatment - begin within 62 days of referral
- SIGN Guideline: expired and withdrawn.

## STUDY GROUP



## OBJECTIVES AND METHODS

**Aim:**  
Assess quality of service by evaluating the time interval between referral and appointment and interval between referral and treatment time, according to NICE guideline

**Method:**  
Retrospective study of data collected from cancer database

**Study period:**  
Jan 2019 and Dec 2021 (3 years).

**Patient Identification:**  
Women diagnosed with endometrial cancer during the study period.

## BENCHMARKING

The standards for our audit is the NICE guideline and the aim is to assess if we attain at least 50% of the set standards.

|                                             |                                            |                                           |
|---------------------------------------------|--------------------------------------------|-------------------------------------------|
| Referral To Appointment : 14 Days (2 weeks) | Diagnosis To Treatment : 48 Days (7 weeks) | Referral To Treatment : 62 Days (9 weeks) |
|---------------------------------------------|--------------------------------------------|-------------------------------------------|

## RESULTS

| 2 weeks Referral to Appointment                | 7 weeks Diagnosis to Treatment            | Total 9 weeks Referral to Treatment            |
|------------------------------------------------|-------------------------------------------|------------------------------------------------|
| • 24 out of 160 patients - 15% of study group. | • 36 out of 140 women -25% of study group | • 24 out of 140 women - 17% of the study group |

## RESULT ANALYSIS

### Identified causes of delay

- No regional or local protocol for referral timeframe.
- No referral trackers for Endometrial Ca unlike other Cancers.
- Less trained personnel for outpatient procedures.
- Repeat referrals and waiting period for outpatient hysteroscopy and biopsy.
- Waiting time for Diagnostic Hysteroscopy and biopsy under GA.

## RECOMMENDATIONS

To reduce the delay in treatment and improve the quality of service:

- **One Stop PMB Clinic** : ultrasound scan, outpatient hysteroscopy and pipelle biopsy.
- **Dedicated Minor Ops** for outpatient hysteroscopy +/- pipelle biopsy
- **Train nurse practitioners and junior doctors** to carry out outpatient procedures

## References

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/sip32/>  
Endometrial Hyperplasia, Management of (Green-top Guideline No. 67)  
<https://www.nice.org.uk/guidance/conditions-and-diseases/cancer/endometrial-cancers>