Royal Cornwall Hospitals NHS Trust

Peninsula Cancer Alliance

The Initial Management of Ovarian Cysts After the Menopause

V1.0

November 2019

This document was prepared by:

Dr Sophia Julian, Gynae-Oncology Consultant, Royal Cornwall Hospital NHS Trust

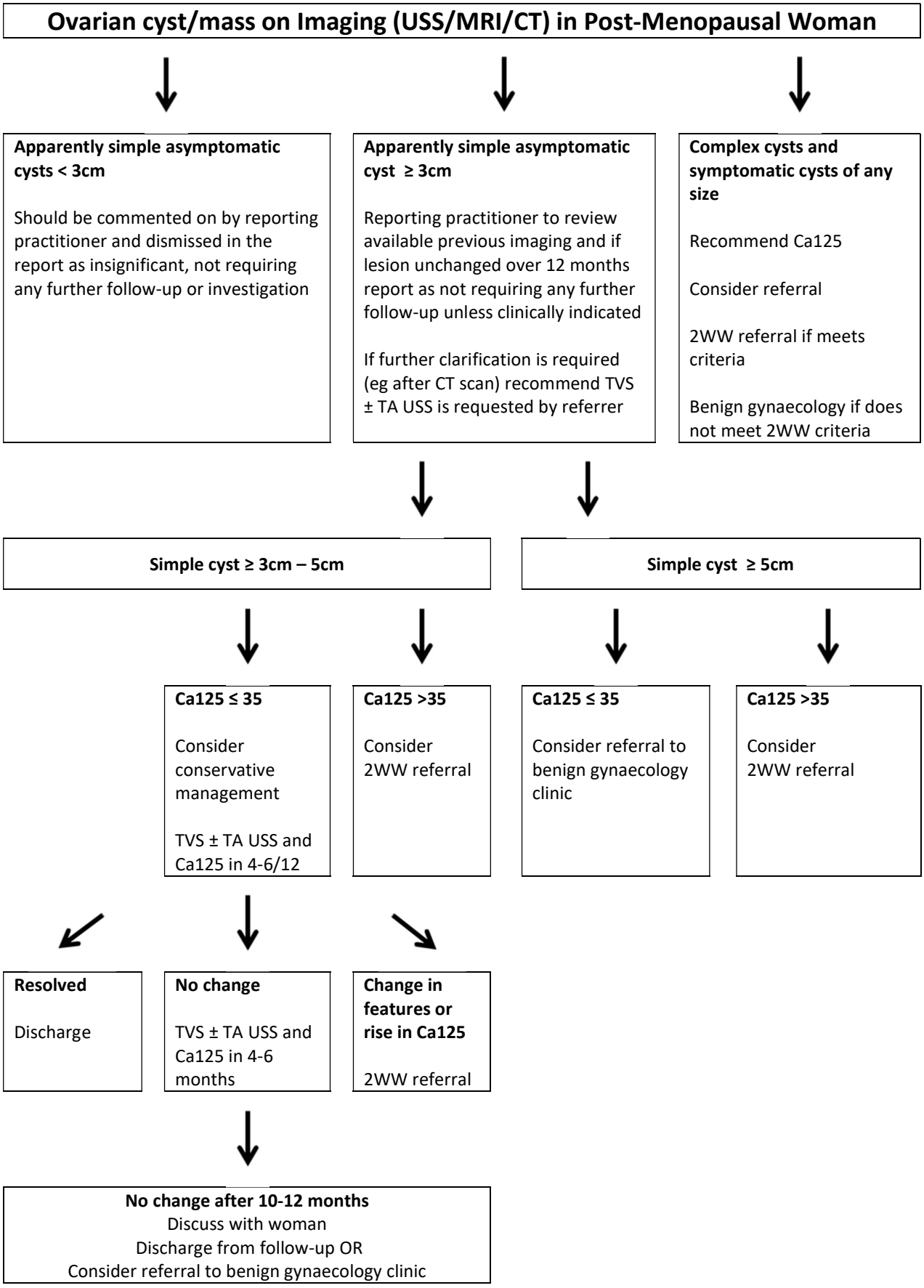
These Guidelines have been agreed by:

Peninsula Cancer Alliance Gynae-Oncology SSG on 1st May 2020.

Version	Date	Author	Rationale
V0.1	19th November 2019	Dr Sophia Julian	Initial Version
V1.0	1st May 2020	Dr Sophia Julian	Agreed by the Peninsula Cancer Alliance Gynae-Oncology SSG

Table of Contents

Summary


Ovarian cyst/mass on Imaging (USS/MRI/CT) in Post-Menopausal Woman
Apparently simple asymptomatic cysts < 3cm
Should be commented on by reporting practitioner and dismissed in the report as insignificant, not requiring any further follow-up or investigation
Apparently simple asymptomatic cyst ≥ 3cm
Reporting practitioner to review available previous imaging and if lesion unchanged over 12 months report as not requiring any further follow-up unless clinically indicated
If further clarification is required (eg after CT scan) recommend TVS ± TA USS is requested by referrer
Complex cysts and symptomatic cysts of any size
Recommend Ca125
Consider referral
2WW referral if meets criteria
Benign gynaecology if does not meet 2WW criteria
Simple cyst ≥ 3cm – 5cm
Simple cyst ≥ 5cm
Ca125 ≤ 35
Consider conservative management
TVS ± TA USS and Ca125 in 4-6/12
Ca125 >35
Consider 2WW referral
Ca125 ≤ 35
Consider referral to benign gynaecology clinic
Ca125 >35
Consider 2WW referral
Resolved
Discharge
No change
TVS ± TA USS and Ca125 in 4-6 months
Change in features or rise in Ca125
2WW referral
No change after 10-12 months
Discuss with woman
Discharge from follow-up OR
Consider referral to benign gynaecology clinic

1. Aim/Purpose of this Guideline

1.1. This guideline is for use by clinicians in radiology, primary care and secondary care who are involved managing patients with ovarian cysts after the menopause (defined as more than 12 months since last menstrual period).

1.2. Ovarian cysts are frequently diagnosed in post-menopausal women, the incidence is estimated to be 5 – 17% and they may or may not be associated with symptoms. The majority of ovarian cysts are benign. This guideline aims to help determine which patients are most appropriately managed conservatively in primary care, which women should be offered referral to a gynaecologist, and which women should be referred on the two-week wait pathway.

2. The Guidance

2.1. Ovarian cysts are considered to be “simple” if they are anechoic, with smooth thin walls, posterior acoustic enhancement, no solid component and no internal flow on colour Doppler ultrasound. One thin septation, less than 3mm in thickness or a small calcification in the wall of the cyst is almost always benign, and cysts with these characteristics are treated as “simple”.

2.2. Transvaginal and transabdominal ultrasound scans are recommended for the assessment and monitoring of ovarian cysts in post-menopausal women, whilst recognizing that either route may be unsuitable for some women (eg in cases of central obesity or vaginal stenosis).

2.3. Further clarification regards the characteristics of ovarian cysts diagnosed on cross-sectional imaging (eg MSK protocol MRI, non-contrast CT scan) is usually best obtained with ultrasound. The reporting practitioner will advise on the best option for follow-up imaging in the report. Where further investigation is appropriate, it is the responsibility of the original referrer to organize any further investigations that may be suggested.

2.4. Simple cysts less than 5cm in diameter are very unlikely to be malignant, to become malignant or to undergo cyst accident (eg torsion). There is little evidence (and no consensus amongst experts) to guide thresholds for which cysts should be acted upon and which should undergo surveillance, at what interval and for what duration.

2.5. It is recommended that simple, asymptomatic cyst of less than 3cm diameter noted on imaging should be commented upon by the reporting practitioner and dismissed in the report as insignificant, not requiring any follow-up or further investigation.

2.6. When simple, asymptomatic cysts between 3cm and 5cm in diameter are noted on imaging, the reporting practitioner should review any available prior imaging to determine whether the lesion has been noted previously. If the lesion has been present for more than 12 months, then the report should indicate that no further follow-up or further investigation is indicated.

2.7. Most simple cysts less than 5cm in diameter will resolve spontaneously. Others may reduce or fluctuate in size or persist. Around 10% may increase in size.

2.7.1. Provided the serum Ca125 result is less than or equal to 35 iu/ml conservative management is appropriate in the first instance. Women should be offered a repeat ultrasound assessment and serum Ca125 after a 4-6 month interval.

2.7.2. If the lesion has resolved, the woman can be reassured and discharged from surveillance.

2.7.3. If the lesion appears to be static, another assessment can be offered after a further 4-6 month interval. If the lesion is again stable after 10-12 months of surveillance the woman should be reassured. She can be discharged, or in some cases she may wish to consider surgery, in which case she should be offered a consultation in the benign gynaecology clinic.

2.7.4. Cysts which show an increase in size or change in morphology or where a rise in Ca125 is noted during surveillance should be referred on the two-week wait pathway.

2.8. Simple cysts with diameter more than 5cm and a normal serum Ca125 are most likely to be benign. They may be an increased chance of cyst accident at some point in the future, and they may be more likely to continue to grow or to cause symptoms. Referral to the benign gynaecology clinic to discuss management options should therefore be considered, if otherwise appropriate.

2.9. Women with simple cysts of any size and a serum Ca125 of more than 35 iu/ml should be referred on the two-week wait pathway (2WW), if otherwise appropriate.

2.10. Non-simple/complex ovarian cysts of any size should be assessed with application of colour Doppler to solid areas and papillary projections.

2.10.5. If complex cysts are associated with a serum Ca125 more than 35iu/ml then a two-week wait referral should be initiated.

2.11. Women with cysts of any size which are apparently symptomatic (regardless or morphology or Ca125 result) may benefit from referral to a gynaecologist for further discussion. If the patient meets the criteria for the two-week wait clinic, then this referral pathway should be used.

2.12.The subsequent management of ovarian cysts in post-menopausal women in terms of additional investigations and interventions, including surgery should be line with the Royal College of Obstetricians and Gynaecologists Green Top Guideline number 34 “The Management of Ovarian Cysts in Postmenopausal Women”.

2.13.It should be noted that this guidance differs from the ROCG guidance which has a cut-off of 1cm for follow-up of simple ovarian cysts. The guidance has been fully reviewed by the multidisciplinary SSG, and noted that there is no current evidence on which to base the cut off between 1-5cm. As an SSG we have agreed to the above recommendation and flow diagram for management.

References

Greenlee, RT et al. Prevalence, incidence, and natural history of simple ovarian cysts among women >55 years old in a large cancer screening trial. American Journal of Obstetrics & Gynecology 2010 373.e1

Levine D et al. Society of Radiologists in Ultrasound. Management of asymptomatic ovarian and other adnexal cysts imaged at US: Society of Radiologists in Ultrasound consensus conference statement. Ultrasound Q 2010;26: 121–31.

Saunders B et al. Risk of malignancy in sonographically confirmed septated cystic ovarian tumors. Gynecologic Oncology 2010;118:278-282

Sharma, A et al. Risk of epithelial ovarian cancer in asymptomatic women with ultrasound-detected ovarian masses: a prospective cohort study within the UK collaborative trial of ovarian cancer screening (UKCTOCS). Ultrasound Obstet Gynecol 2012; 40: 338–344.

Timmerman, D et al. Terms, definitions and measurements to describe the sonographic features of adnexal tumors: a consensus opinion from the International Ovarian Tumor Analysis (IOTA) group. Ultrasound Obstet Gynecol 2000; 16: 500±505.

https://www.rcog.org.uk/globalassets/documents/guidelines/green-top-guidelines/gtg_34.pdf

3. Monitoring compliance and effectiveness

Element to be monitored	Unfortunately given the current IT capabilities within the wider NHS, is not possible to monitor this complex system as a whole, as it encompasses care provided for women in primary care, Peninsula Ultrasound, RCHT Radiology department, RCHT Gynaecology department including peripheral clinics and RCHT gynaeoncology services. Vetting does take place for: Radiology requests Gynaecology referrals 2WW referrals. Any requests/referrals not meeting the criteria set out in this document will be rejected during the vetting process
Lead	Not applicable
Tool	Not applicable
Frequency	Not applicable
Reporting arrangements	Not applicable
Acting on recommendations and Lead(s)	Not applicable
Change in practice and lessons to be shared	This guideline involves very little change from the status quo. Some minor changes are recommended for colleagues in radiology. The lead radiologists for gynaecology are already aware of the changes and will be responsible for dissemination to colleagues in their department. The wider O&G Workforce will be informed of the new guideline once it had been ratified in directorate and published on the intranet. KCCG (and Peninsula Ultrasound) will be informed that the RMS will need to be updated once the guideline is fully ratified.

Equality and Diversity

1.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion & Human Rights Policy' or the Equality and Diversity website.

1.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	The Initial Management of Ovarian Cysts After the Menopause		
Date Issued/Approved:	*Date signed off by Directorate Committee*		
Date Valid From:	*Date document is uploaded to Document Library*		
Date Valid To:	*No more than 3 years from Date Valid From*		
Directorate / Department responsible (author/owner):	Sophia Julian Consultant Gynaecological Oncologist WCSH		
Contact details:	(01872) 2523215		
Brief summary of contents	The Initial Management of Ovarian Cysts After the Menopause		
Suggested Keywords:	Ovarian Cysts Post-Menopausal		
Target Audience	RCHT	CFT	KCCG
	✓		✓
Executive Director responsible for Policy:	Debra Shields		
Date revised:	Not applicable – new document		
This document replaces (exact title of previous version):	New Document		
Approval route (names of committees)/consultation:	Gynaecological Oncology MDT		
Care Group General Manager confirming approval processes	Debra Shields		
Name and Post Title of additional signatories	Not required		
Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings	{Original Copy Signed}		
	Name:		
Signature of Executive Director giving approval	{Original Copy Signed}		

Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Gynaecology Folder AND Clinical Imaging Folder			
Links to key external standards	https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg34/			
Related Documents:	https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg34/			
Training Need Identified?	No			

Version Control Table

Date	Version No	Summary of Changes	Changes Made by *(Name and Job Title)*
19/11//2019	V1.0	Initial version	Sophia Julian

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

<table>
<tr><td colspan="6">The Management of Ovarian Cysts After the Menopause</td></tr>
<tr><td colspan="3">Directorate and service area:
Primary Care
Radiology
Gynaecology</td><td colspan="3">New or existing document:
New</td></tr>
<tr><td colspan="3">Name of individual completing assessment:
Sophia Julian</td><td colspan="3">Telephone:
Ext 3215</td></tr>
<tr><td>1. Policy Aim*

Who is the strategy / policy / proposal / service function aimed at?</td><td colspan="5">Clinicians involved in the management of ovarian cysts after the menopause</td></tr>
<tr><td>2. Policy Objectives*</td><td colspan="5">To standardise the initial clinical management of ovarian cysts diagnosed after the menopause</td></tr>
<tr><td>3. Policy – intended Outcomes*</td><td colspan="5">To standardise the clinical management of ovarian cysts after the menopause</td></tr>
<tr><td>4. *How will you measure the outcome?</td><td colspan="5">There are no plans to measure the outcome</td></tr>
<tr><td>5. Who is intended to benefit from the policy?</td><td colspan="5">Post-menopausal people with ovarian cysts</td></tr>
<tr><td rowspan="2">6a Who did you consult with</td><td>Workforce</td><td>Patients</td><td>Local groups</td><td>External organisations</td><td>Other</td></tr>
<tr><td>x</td><td></td><td></td><td></td><td></td></tr>
<tr><td>b). Please identify the groups who have been consulted about this procedure.</td><td colspan="5">Discussed at a meeting of the RCHT Gynaecological Cancer Team on 4th September 2019. Minutes of meeting can be supplied on request.</td></tr>
<tr><td>What was the outcome of the consultation?</td><td colspan="5">The existing NSSG Guideline (currently in use from the Radiology “Shared Drive”) was ratified with some minor changes, as per the minutes of the meeting</td></tr>
</table>

7. The Impact
Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step**.

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		**x**		The guideline will apply to all post-menopausal people with ovaries regardless of age.
Sex (male, female, trans-gender / gender reassignment)		**x**		The guideline will apply to all post-menopausal people with ovaries regardless of how they identify.
Race / Ethnic communities /groups		**x**		The guideline will apply to all post-menopausal people with ovaries regardless of race or ethnicity or member ship of any other group.
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		**x**		The guideline will apply to all post-menopausal people with ovaries regardless of disability.
Religion / other beliefs		**x**		The guideline will apply to all post-menopausal people with ovaries regardless of religion or other beliefs.
Marriage and Civil partnership		**x**		The guideline will apply to all post-menopausal people with ovaries regardless of marital/civil partnership status
Pregnancy and maternity		**x**		This guideline will not be applicable to people that are pregnant
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		**x**		The guideline will apply to all post-menopausal people with ovaries regardless of sexual orientation

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation**. or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.	**Yes**		**No**	**x**

9. If you are **not** recommending a Full Impact assessment please explain why.

Not indicated

Date of completion and submission	*19th November 2019*	Members approving screening assessment	Policy Review Group (PRG) *'APPROVED' to be added here once reviewed at PRG.*

This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust's web site.