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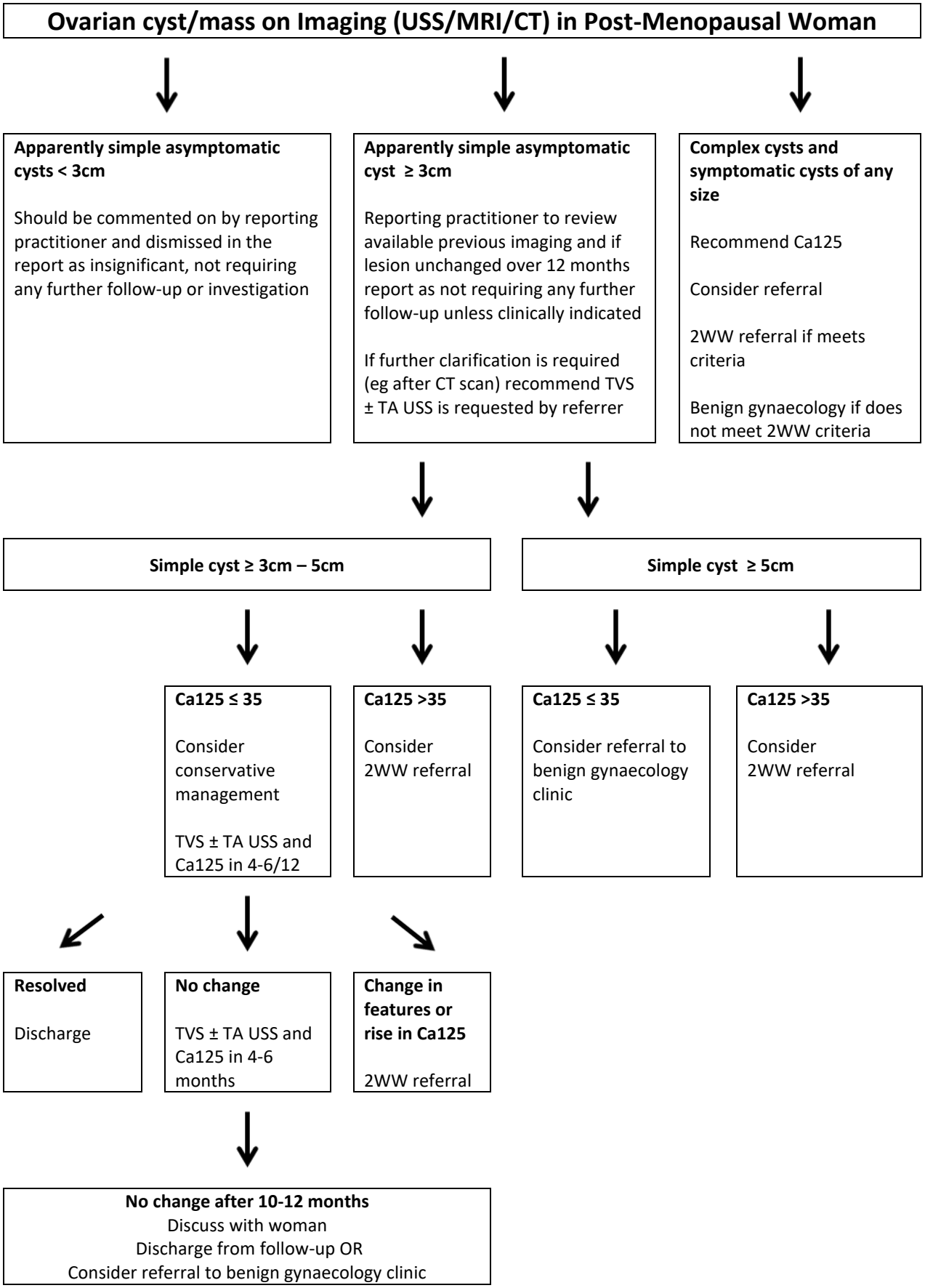
Royal Cornwall Hospitals NHS Trust

The Initial Management of Ovarian Cysts After the Menopause Clinical Guideline

V2.0

January 2023

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.

1.3. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

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.

- 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”.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
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	Miss Sophia Julian; Consultant Gynaecological Oncologist
Tool	Monitoring of incidents via datix
Frequency	On-going monitoring, acting on incidents that are reported
Reporting arrangements	Via datix
Acting on recommendations and Lead(s)	Specialism leads within the relevant Care Group where the incident occurred.

Information Category	Detail of process and methodology for monitoring compliance
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. CIOS ICB (and Peninsula Ultrasound) will be informed that the RMS will need to be updated once the guideline is fully ratified.

4. Equality and Diversity

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

4.2. Equality Impact Assessment

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

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	The Initial Management of Ovarian Cysts After the Menopause Clinical Guideline V2.0
This document replaces (exact title of previous version):	The Initial Management of Ovarian Cysts After the Menopause Clinical Guideline V1.0
Date Issued/Approved:	December 2022
Date Valid From:	January 2023
Date Valid To:	January 2026
Directorate / Department responsible (author/owner):	Sophia Julian; Consultant Gynaecological Oncologist
Contact details:	01872 253215
Brief summary of contents:	The Initial Management of Ovarian Cysts After the Menopause
Suggested Keywords:	Ovarian cysts, post menopausal
Target Audience:	RCHT: Yes CFT: No CIOS ICB: Yes
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Gynaecology Specialty Meeting
General Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming approval by specialty and care group management meetings:	Caroline Amukusana
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/

Information Category	Detailed Information
	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. Sauders 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
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Gynaecology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
19/11/2019	V1.0	Initial version	Sophia Julian; Consultant Gynaecological Oncologist
07/12/2022	V2.0	Full review- no update to guidance required. Formatting updated to new Trust template.	Sophia Julian; Consultant Gynaecological Oncologist

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	The Initial Management of Ovarian Cysts After the Menopause Clinical Guideline V2.0
Directorate and service area:	Gynaecology
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sophia Julian; Consultant Gynaecological Oncologist
Contact details:	01872 253215

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Clinicians involved in the management of ovarian cysts after the menopause
2. Policy Objectives	To standardise the initial clinical management of ovarian cysts diagnosed after the menopause
3. Policy Intended Outcomes	To standardise the clinical management of ovarian cysts after the menopause
4. How will you measure each outcome?	See section 3 - Monitoring compliance and effectiveness
5. Who is intended to benefit from the policy?	Post-menopausal people with ovarian cysts

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Gynaecology Specialty Meeting
6c. What was the outcome of the consultation?	Approved- 16 December 2022
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	The guideline will apply to all post-menopausal people with ovaries regardless of age.
Sex (male or female)	No	The guideline will apply to all post-menopausal people with ovaries regardless of how they identify.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	The guideline will apply to all post-menopausal people with ovaries regardless of how they identify.
Race	No	Any information provided should be in an accessible format for the patient's needs – i.e. available in different languages if required/access to an interpreter if required

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those patients with any identified additional needs will be referred for additional support as appropriate - i.e to the Liaison team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g. easy read, audio etc
Religion or belief	No	The guideline will apply to all post-menopausal people with ovaries regardless of religion or other beliefs.
Marriage and civil partnership	No	The guideline will apply to all post-menopausal people with ovaries regardless of marital/civil partnership status
Pregnancy and maternity	No	This guideline will not be applicable to people that are pregnant
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	The guideline will apply to all post-menopausal people with ovaries regardless of sexual orientation

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Sophia Julian; Consultant Gynaecological Consultant

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis