**PROJECT:**  GP and gynaecologist referral patterns for women with gynaecological symptoms

**CLIENT:**  Cancer Australia and the National Centre for Gynaecological Cancers (NCGC)

**TYPE:**  Two national surveys – mail and online, randomised incomplete block study design

In Australia, over 4,000 women are diagnosed with a gynaecological cancer each year. Delays in the diagnosis of women affected by gynaecological cancer are a major cause of health outcome variations.

Understanding why and when GPs and gynaecologists refer women with gynaecological symptoms is an important step in:

- understanding the overall diagnosis and management of women with suspected gynaecological cancers,
- reducing variability in the diagnosis and management of these cancers and
- improving health outcomes.

**METHODOLOGY / SKILLS**

The study design was developed as part of a separate pilot project conducted by a team of researchers from Monash University. It was based on an extensive review of evidence-based clinical practice guidelines relevant to referral behaviour for four cancers (endometrial, ovarian, cervical and vulval) to inform the development of the study instrument, i.e. a set of vignettes.

HRF conducted two national surveys (one of GPs and one of gynaecologists) using a randomised incomplete block design. Each GP/gynaecologist was presented with a randomised allocation of 12 vignettes in a self-completed questionnaire to be returned by mail or completed online. The aim was to assess the likelihood of referral and determine the patient and clinician factors that were the strongest predictors of referral. Logistic regression was used to estimate the odds ratio of being referred associated with each patient and clinician factor included in the study. Data collection was conducted between April and August 2009.

Of the 520 gynaecologists who were selected and eligible for participation, 404 responded to the survey giving an overall response rate of 77.1%. Of the 3,132 GPs who were selected and eligible for participation, 1,402 responded giving an overall response rate of 45.4%. Overall, there appears to be significant variation in referral practices amongst GPs and gynaecologists and this variation is greater for vulval and endometrial cancer for which there are currently no evidence-based clinical practice guidelines in Australia. Patient factors were stronger predictors of referral compared with clinician factors.

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