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Gynaecological cancer in Australian general practice

The BEACH program is a continuous national study of general practice activity in Australia. This article provides an analysis of the encounters where gynaecological cancer was managed from April 1998 to March 2006. This synopsis provides a backdrop against which articles in this issue of the *Australian Family Physician* can be further considered.

Gynaecological cancer is not commonly managed in general practice with only 454 occurrences of the problem in the 8 year period of the BEACH study (Figure 1); or 1 per 1000 encounters with female patients. This represents an average of 57 327 encounters at which gynaecological cancers were managed in general practice across Australia in any 1 year.

The gynaecological cancer group consisted of malignant neoplasms of the female genital system, malignant neoplasms of the cervix, hydatidiform moles and neoplasms of an uncertain nature of the female genital system.

Patient age

Women aged 65–74 years were most likely to have gynaecological cancer managed (1.7 per 1000 encounters) followed by women aged 45–64 years (1.3 per 1000 encounters).

Reasons for encounter

The reason for encounter most often given by these patients was to receive test results (13.7 per 100 gynaecological cancer encounters). Patients also frequently came for the ongoing management of their cancer and for 'check ups' of the genital system.

Other problems managed

Hypertension was the problem most often managed with gynaecological cancer (8.2 per 100 gynaecological cancer encounters) followed by diabetes (3.5 per 100), immunisation (2.4) and depression (2.2). These four

problems align with the chronic and preventive problems most frequently managed in general practice overall.

Medications

The rate of medications prescribed/advised for over-the-counter purchase/supplied was less frequent in the management of gynaecological cancers (33 per 100 problems) than the average for all problems (71 per 100 problems).

The most common medication provided for gynaecological cancer was morphine sulphate given at a rate of 5.3 per 100 gynaecological cancer problems, followed by metoclopramide 2.2 per 100, oxycodone and the paracetamol/codeine combination (both 1.5 per 100 problems).

Other treatments

The rate of nonpharmacological treatments provided (including clinical and procedural treatments) was significantly higher in the management of gynaecological cancer (37 per 100 selected problems) than average in BEACH 2005–2006 (29.9 per 100).

Therapeutic counselling (16.3 per 100 gynaecological cancer problems), health education and advice (8.2 per 100 problems), and administrative procedures (1.8 per 100) were the most common clinical treatments provided to patients with gynaecological cancer.

Pap tests were the most common procedure performed for gynaecological cancer (5.7 per 100 problems).

Referrals

Referrals for gynaecological cancer were provided

at a rate of 33 per 100 problems. This was four times higher than average in BEACH 2005–2006 (8.2 per 100 problems). One-fifth of patients with gynaecological cancer were referred to gynaecologists at the encounter. Referrals to oncologists and surgeons were also common (3.5 and 1.5 per 100 gynaecological cancer problems respectively). BEACH only records new referrals.

It must be remembered that some patients could have been referred at an earlier encounter.

Conflict of interest: none.

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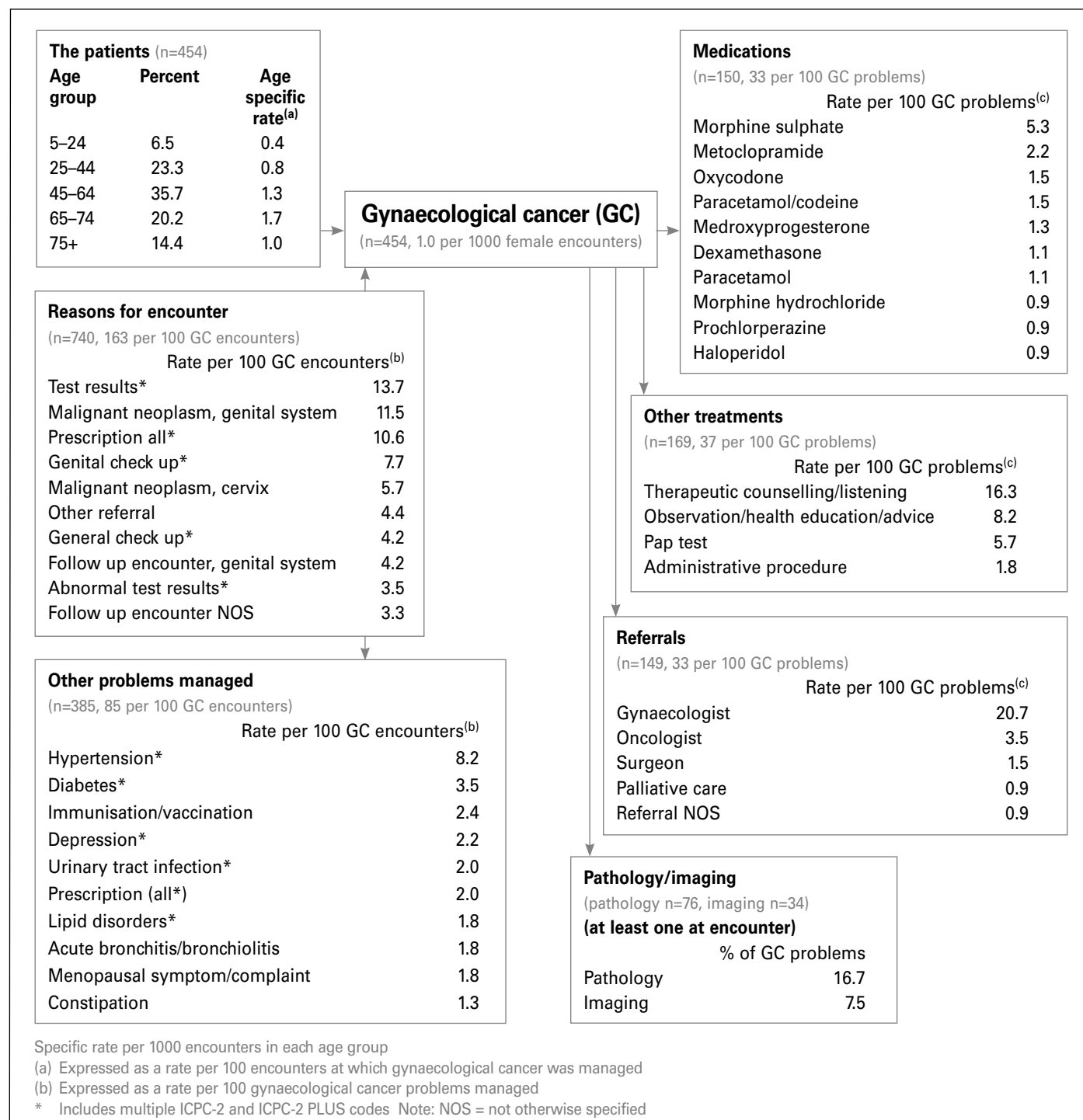


Figure 1. Management of gynaecological cancer in Australian general practice