

GYNAECOLOGY/ OBSTETRICS

Priority Criteria Descriptor Guide

November 2007

**Does your patient want a confirmation letter? If NO check here:*

The **confirmation letter** question, which is located inside the box at the top of the Priority Criteria Scoring Tool, indicates whether or not the patient would like to receive a confirmation letter once the required procedure has been scheduled. For confidentiality reasons a patient may not wish to receive a confirmation letter. If the patient **does not** want a confirmation letter, please check the box indicating NO.

1. *Score as proven or suspected cancer only if the patient is being treated for a malignancy or if clinical features and investigations include malignancy in differential diagnosis. Please check the box that most accurately describes the patient's current situation:*

- Patient with proven or suspected invasive cancer.
Priority 1 - 95% of surgeries to be performed within 3 weeks
- Patient with proven or suspected indolent cancer.
Priority 3 - 90% of surgeries to be performed within 3 months
- Patient requires a routine screening or follow-up procedure for cancer detection.
A scheduled procedure to be performed within 12 months.

Surgeons are asked to assign cancer surgery patients to one of the above categories based on their assessment of the patient's condition and urgency.

Checking the "Patient with proven or suspected invasive cancer" box puts the patient into Priority Level I (95% of surgeries to be performed within 3 weeks). *It is expected that most cancers will fall into this category.*

Checking the "Patient with proven or suspected indolent cancer" box puts the patient into Priority Level III (90% of surgeries to be performed within 3 months). *An example might be a "low risk" prostate cancer (early stage, low Gleason score, low PSA level where surgery is recommended). Another example might be a "low risk" thyroid cancer.*

Cases should be scored as proven or suspected cancer only if:

- the patient is being treated specifically for a malignancy; or
- clinical features and investigations include malignancy in differential diagnosis.

Procedures performed for staging (to determine the extent of the cancer within the body) should be identified as proven or suspected cancer.

Do not score reconstructive or palliative surgery as proven or suspected cancer. Palliative surgery is done to relieve symptoms, such as pain, in order to improve quality of life. Reconstructive or rehabilitative surgery is done to repair an organ or other part of the body and not to diagnose or cure the cancer.

The target time frames for these procedures (and other procedures) are wait-time goals that are used in managing the surgical care system. The surgeon, in consultation with the patient, makes the final determination as to when the surgery takes place in each individual case.

Routine screening or follow-up procedures are typically less urgent procedures that are used to detect cancer. These will usually be patients who are considered to be at risk, but are not suspected to have cancer based on clinical features and investigations. For example, a patient who has finished their course of treatment for bladder cancer may have routine follow-up cystoscopies in order to screen for cancer recurrence.

2. *Usual frequency of painful episodes / suffering (associated with condition for which surgery is being purposed).*

None	Currently, the patient does not experience pain associated with the condition.
Occasional	The patient experiences occasional episodes of pain associated with the condition. Pain is experienced once a week or less . Or the patient is aware of a regular trigger that can be avoided .
Often	Patient may experience pain associated with the condition more than once a week but it is not sustained or constant. Or the patient is aware of a regular trigger that cannot be avoided .
Constant	Patient is rarely free from pain (associated with condition).

3. *How intense is the pain at its worst?*

Take into account usual duration, including the need for narcotic vs non-narcotic medication. In your response, consider how the patient would the level of pain on a scale from 1 to 10.

No pain	Patient pain rating: 0. Currently, the patient does not experience pain and patient has no history of pain associated with the condition.
Mild	Patient pain rating: 1 to 3. Patient usually does not require pain medication .
Moderate	Patient pain rating: 4 to 7. Patient occasionally requires non-narcotic pain medication .
Severe	Patient pain rating: 8 to 10. Patient experiences pain most of the time .

4. *Usual intensity / frequency of other symptoms, as identified in the tool.*

For example: bleeding, incontinence, pressure/prolapse, infertility.

Please use the following explanations of pain sensitivity to determine the intensity of suffering.

None	Currently, the patient does not experience other forms of suffering . Patient has no history of suffering associated with the condition that has necessitated treatment.
Mild	Patient experiences other forms of suffering associated with the surgical condition. Patient has not sought treatment for other forms of suffering associated with the condition.
Moderate	Patient experiences other forms of suffering . Patient has sought treatment for other forms of suffering associated with the condition (e.g., anti-anxiety, anti-depressants, anti-emetic medication). This treatment led to significant improvement .
Severe	Patient intensely experiences other forms of suffering associated with condition. Patient has sought treatment for suffering (e.g., anti-anxiety, anti-depressant, anti-emetics medication). This treatment did NOT lead to significant improvement .

Frequency

None	Currently, the patient does not experience other forms of suffering associated with the condition.
Occasional	The patient may experience occasional episodes of other forms of suffering associated with the condition. The suffering is experienced once a week or less .
Often	Patient may experience other forms of suffering associated with the condition more than once a week but it is not sustained or constant. Or the patient is aware of a regular trigger that cannot be avoided .
Constant	Patient is rarely free from other forms of suffering associated with condition.

5. Recent history of major complications of condition, or significant physical exam results, or significant test results.

Refers to, for example: area of tenderness, palpable mass, anemia, or other gynaecological complications due to the surgical condition. Recent refers to within the previous three months.

No	Patient has not experienced any secondary effects of their condition.
Yes	Patient has experience secondary effects of their condition.

6. Life expectancy implications of condition without surgery.

Refers to the anticipated life expectancy for patient undergoing surgery. Please score according to what you feel is the most likely scenario (i.e., even if diagnosis is not known). Ignore co-morbidity. If cancer is the most likely diagnosis, numbers 3-5 are most appropriate.

1. Minimal threat to life.	Patient has a condition that poses minimal threat to life without the proposed surgical procedure.
2. Patient faces somewhat reduced life expectancy.	Patient has a condition that has the potential to be fatal in the next six to ten years without the proposed surgical procedure.
3. Patient faces substantially reduced life expectancy.	Patient has a condition that has the potential to be fatal in the next three to five years without the proposed surgical procedure.
4. Patient has condition that is likely to be fatal between six months and two years.	Patient has confirmed or suspected cancer or other condition that is likely to be fatal between six months and two years without the proposed surgical procedure.
5. Patient has condition that is likely to be fatal within six months.	Patient has confirmed or suspected cancer or other condition that is likely to be fatal within six months without the proposed surgical procedure.

7. Expected quality of life improvement with the procedure.

In your opinion, how will the increased function anticipated with surgery impact on the patient's ability to function in their environment? Consider the following four quadrants of quality of life: physical, emotional, spiritual and intellectual.

None	Patient's quality of life (QoL) is not expected to change as a result of surgery.
Minimal	Patient's QoL is expected to improve minimally in two quadrants as a result of surgery.
Moderate	Patient's QoL is expected to improve in at least three of the four quadrants or to a significant degree in one quadrant, with some improvements in at least one other quadrant.
Major	Patient's QoL is expected to improve to a significant degree in at least three of the four quadrants.

8. Are there associated factors increasing urgency?

Will a delay in surgery impact on the individual's ability to care for dependent children, spouse, parents or an individual's ability to maintain financial security.

None	Patient's role as caregiver will not be impacted by a delay in surgery.
Care of children	Patient has a significant role as caregiver and ability to care for children will be impacted by a delay in surgery.
Care of dependent spouse	Patient has a significant role as caregiver and ability to care for dependent spouse will be impacted by a delay in surgery.
Care of dependent parents	Patient has a significant role as caregiver and ability to care for dependent parents will be impacted by a delay in surgery.
Inability to work / earn a living	Patient's ability to maintain financial security will be impacted by a delay in surgery.