Objective
To evaluate the clinical effectiveness of the referral pathway to an ultrasound-based, one-stop rapid access clinic (RAC) for patients with suspected ovarian malignancy.

Method
• Retrospective observational study of data from electronic documents at Northampton General Hospital, UK.
• Data collected from all regional two-week wait referrals for suspected ovarian cancer over two years (August 2016 to August 2018).
• Population defined as all referrals with Ca-125 > 35U/mL (N=224).
• Data included all ultrasounds scan results, surgical intervention(s) and histology results.

Results
126 out of 224 patients were discharged (with or without a repeat Ca-125) after an initial consultation and ultrasound assessment.
Of 224 referrals, 17 patients were diagnosed with cancer and only 12 of these were diagnosed with a primary ovarian malignancy.

On further analysis, we found that defining a higher cut-off value for elevated Ca-125 (70U/mL rather than 35U/mL) would have resulted in 57% fewer referrals and would not have led to a reduced our pick-up rate for gynaecological malignancy.

Conclusion
• A referral based on marginal Ca-125 elevation causes patient anxiety and increases RAC burden.
• Raising the cut-off value from 35 U/mL to 70 U/mL may improve the efficiency of the two-week wait pathway.
• Ultrasound centred one-stop clinics improve the efficiency of the service and we would recommend this to other units.