10 RED FLAGS IN GYNAECOLOGICAL CANCER PATHWAYS THAT COULD INDICATE BREACH

A solicitor-focused list helping you spot where things went wrong and strengthen breach arguments in gynaecological cancer claims.

This checklist was produced by INNEG based on key clinical insights shared during our September 2025 webinar on Delayed Diagnosis in Gynaecological Cancer: Breach, Causation and Missed Opportunities

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10 RED FLAGS MISSED IN GYNAECOLOGICAL CANCER DIAGNOSIS

And Why They Matter to Your Clinical Negligence Claim

1. Persistent postmenopausal bleeding
Why it matters: This should trigger a two-week wait referral. Delay here is one of the most common breach points.

2. Repeated normal ultrasounds despite ongoing symptoms
Why it matters: Normal imaging does not rule out cancer. Solicitors should question why further escalation (e.g. MRI/biopsy) wasn't pursued.

3. Failing to consider ovarian or peritoneal cancer when the uterus appears normal
Why it matters: Ovarian cancer can present subtly. If symptoms persist and other sources are ruled out, failing to expand the differential may support breach.

4. Delays in organising MDT reviews
Why it matters: A delayed MDT can postpone diagnosis or treatment planning. Cases may turn on whether a review should have occurred sooner.

5. Ignoring non-gynaecological symptoms (e.g. GI changes)
Why it matters: Solicitors should look for evidence of blinkered clinical focus. Missed extra-pelvic symptoms may be pivotal in establishing breach.

6. Failing to chase or complete recommended scans (e.g. CT after MRI)
Why it matters: This is often where delays occur, if a scan is ordered but never performed, responsibility lies with the team. This can be strong breach evidence.

7. No documentation of alternative causes being considered
Why it matters: Good clinical reasoning includes documenting the differential. Its absence may show an unacceptably narrow approach.

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8. Delayed biopsy or hysteroscopy despite abnormal scans
Why it matters: When scans show thickened endometrium or other red flags, prompt sampling is essential. Delays here often indicate substandard care.

9. Overreliance on transvaginal ultrasound alone
Why it matters: Ultrasound has limitations, MRI or CT should follow when concerns persist. A missed opportunity here strengthens causation arguments.

10. Late or absent discussion of fertility preservation options
Why it matters: For younger claimants, this adds significant value to damages. Evidence that fertility loss was avoidable can transform a case.

Disclaimer: This checklist is for reference only and should not be considered legal advice