

TWO WEEK WAIT CANCER REFERRAL PROCESS

GUIDANCE FOR GPs

**APPROVED BY THE CANCER LOCAL
IMPLEMENTATION GROUP
JULY 2010
(revised March 2011)**

This document explains the process that should be used by General Practitioners in Bath and North East Somerset and parts of Wiltshire to ensure that patients (excluding children) with suspected cancers are referred via the two-week wait referral route. Separate referral forms for each type of cancer are included.

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INTRODUCTION

This booklet has been produced jointly by NHS Bath & North East Somerset (B&NES) and NHS Wiltshire Primary Care Trusts with help from the Royal United Hospital (RUH) Bath and the Avon, Somerset and Wiltshire Cancer Services Network (ASWCS). It was approved by the Cancer Local Implementation Group (LIG) and the RUH Cancer Steering Group at meetings in June and July 2010.

The Cancer LIG will review and update the guidance on an annual basis in collaboration with the other organizations noted above.

The purpose of the booklet is to:

- Provide a helpful resource for General Practitioners to ensure that effective, appropriate and prompt referrals for cancer are made through the two-week wait process.
- Provide a link to key national standards and documents relevant to suspected cancer referrals. This includes a link to information about the National Awareness Early Diagnosis Initiative (NAEDI) and data collected by ASWCS in respect of NAEDI.
- Summarize, in broad terms, the two-week wait referral route for cancer patients. (This is shown diagrammatically on page 5).
- Supply copies of the two-week wait referral forms that must be used for every patient with a suspected cancer, with the exception of suspected children's cancers which should be referred by telephone immediately.
- Clarify contact points for queries and advice.

The referral forms contained within this booklet have been written with reference to the following factors:

- ASWCS analysis for the NAEDI baseline assessments in 2009 and 2010 indicated that, in comparison with other areas in the ASWCS network, referrals for people in Bath & North East Somerset and Wiltshire via the two-week wait referral process were low. This suggests, although is not necessarily the case, that people with suspected cancer are waiting too long for their diagnosis. Further detail about the ASWCS analysis can be obtained by contacting lucy.elliss.brookes@aswcs.nhs.uk at ASWCS. The national link for NAEDI is www.naedi.org.uk
- At the same time, the rate of emergency admission to hospital is much higher for cancer patients in Bath & North East Somerset and parts of Wiltshire than elsewhere in the network.
- Across the country many organizations have successfully achieved high levels of referral through the two-week wait route and have written referral guides to support the two-week

wait process. This experience elsewhere has informed the production of the referral forms contained within this booklet which represent a distillation of national best practice into clear, concise and easily understood referral guides for the benefit of patients in Bath & North East Somerset and Wiltshire.

CLINICAL EMERGENCIES

Please note that the two-week wait referral form should **not** be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.

In addition, whilst a page is included in this booklet to provide information about children with suspected cancers, this is not a referral form and children with suspected cancer should be referred immediately by telephone to the RUH Switchboard and not through the two-week wait process.

Some consideration was also given to including a referral form for malignant spinal cord compression in this booklet. However it was agreed that this was a condition for emergency referral and should not be dealt with via the two-week wait process. ASWCS has established a group to review the pathway for these patients and details about developments with this can be obtained by contacting the ASWCS offices.

REFERRAL PROCESS



Responsibilities: GP, RUH, ALL

REFERRAL FORMS

The referral forms (or guidance, in the case of children) for the suspected cancers noted in the contents page are included in pages 7 to 46:

They should be: **FAXED TO:**

01225 821436 (Excludes Breast)

01225 824912 (Breast only)

They can also be e-mailed to RUH-TR.CancerReferrals@.NHS.net

NOTE: Please note that patients with suspected Brain/CNS and Sarcoma are referred by the RUH cancer office directly to other specialist providers. When the RUH Cancer office receives your referral form it will make sure that it is directed to the appropriate provider immediately to ensure that an appointment is offered within two weeks.

Suspected BRAIN/CNS Cancer referral
(two-week wait referral)

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 821436**

or email to: RUH-TR.CancerReferrals@.NHS.net. This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005). This service is provided by North Bristol Trust and the RUH Cancer Office will forward this form to NBT on your behalf.

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)		
SURNAME	Date of Referral	/ /
	Date of Birth	/ /
FIRST NAME	NHS Number	
	Date patient <u>un</u> available in the next 14 days.	
MR MISS MRS MS OTHER _____	M { } F { }	
ADDRESS	Day time phone	Mobile phone
	Language	Interpreter Y N
	Transport Y N	Ethnicity
POST CODE:		
Section 2: Practice Information (Please use practice stamp if available)		
REFERRING GP	Locum Y N	
Practice Address	Telephone	
	Fax	
Post code:		
E-mail address:		

<p>Section 3: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY</p>	
<p><input type="checkbox"/> Rapidly progressive/ sub acute neurological deficit developing over days to weeks</p> <p><input type="checkbox"/> New onset seizures characterized by one or more of the following:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Focal seizures</p> <p style="padding-left: 40px;"><input type="checkbox"/> Prolonged post ictal state</p> <p style="padding-left: 40px;"><input type="checkbox"/> Status epilepticus</p> <p style="padding-left: 40px;"><input type="checkbox"/> Neurological signs between seizures</p> <p><input type="checkbox"/> Headache, vomiting and papilloedema</p> <p><i>If your patient does not meet any of these criteria, or symptoms/signs of brain tumour is suspected or unsure if tumour or other brain pathology, or if the patient has severe symptoms, please contact the neurological team to discuss the referral. Contacts numbers are available in section 5 of this form.</i></p>	
<p>INVESTIGATIONS</p>	<p>MEDICAL HISTORY KNOWN ALLERGIES AND MEDICATION</p>
<p>COMMENTS/OTHER REASONS FOR SUSPECTING A BRAIN TUMOUR</p>	
<p>Section 4: Referral Monitoring Information</p>	
<p>Decision to refer date:</p>	<p>Referral received date:</p>
<p>Has this urgent suspected cancer referral been discussed with the patient? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Does the patient understand that this referral is being made for a suspected cancer? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Has the patient been given the relevant patient information literature? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
<p>Section 5: Criteria for urgent suspected cancer referral</p>	
<p>This section provides a link to the NICE Guidance in respect of suspected Brain/CNS Cancer and supplies contact details for the relevant local provider and department</p> <p>www.nice.org.uk/CG027</p> <p>To access information about suspected Brain/CNS cancer, follow the above link and refer to section 1.12</p>	

on page 40.

The Brain/CNS service is provided by North Bristol Trust and key contacts there are:

Mr Venkat Iyer, Consultant Neurosurgeon, North Bristol Trust, venkat.lyer@nbt.nhs.uk

Mrs Marika Hills, Assistant Lead Cancer Nurse/Cancer Services Project Manager, (0117)3232125
marika.hills@nbt.nhs.uk

Dany Bell, Cancer Services Manager, dany.bell@nbt.nhs.uk, (0117) 323 6283

Other queries should be directed to Sarah Hudson at the RUH Cancer Office: Sarah.Hudson@ruh-bath.swest.nhs.uk (01225) 824042

Further information regarding the neurosurgery at North Bristol services can be found at

<http://www.neurosurgeryuk.com/index.php>

Section 6: HOSPITAL USE

Date of 1 st Appointment	Patient informed by <input type="checkbox"/> letter <input type="checkbox"/> telephone
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NOTE: CLINICAL EMERGENCIES

Please note that the two-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.

Suspected Breast Cancer referral

(two-week wait referral)

In accordance with NICE Guidance 2005

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 824912**

This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005)

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)		
SURNAME	Date of Referral / /	
	Date of Birth / /	
FIRST NAME	NHS Number _____	
	RUH REG NO _____	
	Date patient <u>un</u> available in the next 14 days.	
Mr MISS MRS MS OTHER _____	M { } F { }	
ADDRESS	Day time phone	Mobile/work phone
	Transport Y N	Interpreter Y N
	Language	Ethnicity
POST CODE:		
Section 2: Practice Information (Please use practice stamp if available)		
REFERRING GP	Locum Y N	
Practice Address	Telephone	
	Fax	
Post code:		
E-mail address:		

**Guidance for children with suspected cancer in
accordance with NICE 2005**

Please DO NOT refer children with suspected cancer by the two-week wait process. Please ring the RUH switchboard on 01225-428331 and ask to speak to the on-call paediatric registrar or on-call paediatric consultant for same day assessment.

CLINICAL INFORMATION: You might find it beneficial to look at the following and tick all applicable entries in preparation for your discussion with the children's team at the RUH.	
SUSPECTED DIAGNOSIS: <input type="checkbox"/> Leukaemia <input type="checkbox"/> Brain tumour <input type="checkbox"/> Lymphoma <input type="checkbox"/> Neuroblastoma <input type="checkbox"/> Wilms' tumour <input type="checkbox"/> Soft tissue sarcoma <input type="checkbox"/> Retinoblastoma <input type="checkbox"/> Hepatoblastoma <input type="checkbox"/> Other (please specify)	CLINICAL EXAMINATION: <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Soft tissue mass <input type="checkbox"/> Fever <input type="checkbox"/> Abdominal mass <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Splenomegaly <input type="checkbox"/> Pallor / signs of anaemia <input type="checkbox"/> Neurological signs <input type="checkbox"/> Other (please specify)
SYMPTOMS: <input type="checkbox"/> Fatigue / malaise / lethargy <input type="checkbox"/> Bone pain <input type="checkbox"/> Headache <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Behavioural change <input type="checkbox"/> Deteriorating school performance <input type="checkbox"/> Haematuria

CRITERIA FOR URGENT SUSPECTED CANCER

This section provides a link to the NICE Guidance in respect of suspected Children's Cancer and supplies contact details for the provider and department.

www.nice.org.uk/CG027

To access information about suspected cancer in Children and Young People, follow the above link and refer to section 1.14 on page 45.

Key contacts for the children's clinical oncology service at the RUH are:

Dr Chris Oakhill, Associate Specialist, Paediatric Oncology- Christine.Oakhill@ruh-bath.swest.nhs.uk

Dr Polly Bates, Associate Specialist, Paediatric Oncology- Polly.Bates@ruh-bath.swest.nhs.uk

To telephone them please call the RUH switchboard on: **01225-428331**

General queries about the cancer service at the RUH should be addressed to the Cancer Manager, Sarah Hudson on Sarah.Hudson@ruh-bath.swest.nhs.uk **01225 824042**.

Useful links to the RUH children's service are:

http://www.ruh.nhs.uk/gps/urgent_referrals/oncology_services/paediatric.asp?menu_id=1

<http://www.ruh.nhs.uk/gps/services/specialties/paediatrics/index.asp>

Colorectal Suspected Cancer referral
(two-week wait referral)

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 821436**

or e-mail to RUH-TR.CancerReferrals@NHS.net. This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005).

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)		
SURNAME	Date of Referral	/ /
	Date of Birth	/ /
FIRST NAME	NHS Number	
	Date patient <u>un</u> available in the next 14 days.	
MR MISS MRS MS OTHER _____	M { } F { }	
ADDRESS POST CODE:	Day time phone	Mobile phone
	Language	Interpreter Y N
	Transport Y N	Ethnicity
Section 2: Practice Information (Please use practice stamp if available)		
REFERRING GP	Locum Y N	
Practice Address Post code: E-mail address:	Telephone	
	Fax	

<p>Section 3: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY</p>	
<p>All referral forms will be triaged by a clinician to decide the most appropriate diagnostic procedure.</p> <p>Patients may have lower gastro-intestinal endoscopy at their first appointment and must therefore be suitable for a day case procedure.</p> <p>Would the patient be able to manage oral bowel preparation at home <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the patient suitable for a day case procedure <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If your patient is NOT suitable, please indicate this as part of the accompanying information.</p>	
<p><input type="checkbox"/> 40 years and older with rectal bleeding and change in bowel habit which is defined as change to loose stools &/or increased frequency of defecation persisting for <u>6 weeks or more.</u></p> <p><input type="checkbox"/> 60 years and older with rectal bleeding persisting 6 weeks or more without change in bowel habit, as defined above, or anal symptoms.</p> <p><input type="checkbox"/> 60 years and older with change in bowel habit, as defined above, <u>for 6 weeks or more.</u></p> <p><input type="checkbox"/> Palpable rectal mass</p> <p><input type="checkbox"/> lower abdominal mass consistent with involvement of the large bowel.</p>	<p><input type="checkbox"/> men with unexplained iron deficiency anaemia and haemoglobin of 11g/100ml or below.</p> <p><input type="checkbox"/> Non-menstruating women with unexplained iron deficiency anaemia and haemoglobin of 10g/100ml or below.</p> <hr/> <p>Duration of symptoms _____</p> <p>Abdominal pain present? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HB_____ Ferritin_____</p> <p>MCV_____ CREA_____</p>
<p><i>If your patient does not meet any of these criteria, or if the patient has severe symptoms, please contact the colorectal team to discuss the referral. Contacts details are included in section 5 of this form.</i></p>	
<p>MEDICAL HISTORY KNOWN ALLERGIES AND MEDICATION</p>	
<p>COMMENTS/OTHER REASONS FOR SUSPECTING CANCER</p>	

Section 4: Referral Monitoring Information	
Decision to refer date:	Referral received date:
<p>Has this urgent suspected cancer referral been discussed with the patient? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Does the patient understand that this referral is being made for a suspected cancer? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Has the patient been given the relevant patient information literature? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
Section 5: Criteria for urgent suspected cancer referral	
<p>This section provides a link to the NICE Guidance in respect of Colorectal Cancer and supplies contact details for the provider and department</p> <p>www.nice.org.uk/CG027</p> <p>Information about suspected colorectal cancer is provided in the Lower Gastrointestinal Cancer in section 1.5 on page 20.</p> <p>The Colorectal clinical service at the RUH is provided by:</p> <p>Mr Mike Williamson, Lead Clinician, Mike.Williamson@ruh-bath.swest.nhs.uk, 01225 824922 Ms Siobhan John, Colorectal Lead Nurse, colorectal.nurses@ruh-bath.swest.nhs.uk, 01225 825836</p> <p>General queries about the two-week wait process for suspected cancers should be addressed to the Cancer Manager, Sarah Hudson on Sarah.Hudson@ruh-bath.swest.nhs.uk 01225 824042</p>	
Section 6: For Hospital Use	
Date of 1st Appointment	Patient informed by <input type="checkbox"/> letter <input type="checkbox"/> telephone
<p>NOTE: CLINICAL EMERGENCIES Please note that the two-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.</p>	

**Gynaecological Suspected Cancer referral
(two-week wait referral)**

In accordance with NICE Guidance 2005

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 821436**

or email to: RUH-TR.CancerReferrals@NHS.net. This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005). Do NOT use this form for non-suspected cancer referrals.

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)		
SURNAME	Date of Referral / /	
	Date of Birth / /	
FIRST NAME	NHS Number	
	Date patient <u>un</u> available in the next 14 days.	
MISS MRS MS OTHER (SPECIFY)	Home phone:	
ADDRESS	Day time phone	Mobile phone
	Language	Interpreter Y N
	Transport Y N	Ethnicity
POST CODE:		
Section 2: Practice Information (Please use practice stamp if available)		
REFERRING GP	Locum Y N	
Practice Address	Telephone	
	Fax	
Post code:		
E-mail address:		

<p>Section 3: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY</p>		
<p>MENOPAUSAL STATUS</p> <p><input type="checkbox"/> Hysterectomy</p> <p><input type="checkbox"/> On HRT</p> <p><input type="checkbox"/> Postmenopausal (>1 year since LMP)</p> <p><input type="checkbox"/> Premenopausal</p>	<p>CANCER TYPE SUSPECTED</p> <p><input type="checkbox"/> Ovary</p> <p><input type="checkbox"/> Cervix</p> <p><input type="checkbox"/> Endometrium</p> <p><input type="checkbox"/> Vagina/vulva</p>	<p>Medical History, Known Allergies and Medication</p>
<p>SYMPTOMS</p> <p><input type="checkbox"/> 1 or more episodes of PMB & NOT on HRT</p> <p><input type="checkbox"/> PCB lasting 4 weeks <u>and</u> >35 years</p> <p><input type="checkbox"/> Persistent or unexplained PMB 6/52 after cessation of HRT</p> <p><input type="checkbox"/> Persistent abdominal pain or distension (consider ovarian ca)</p>	<p>CLINICAL FINDINGS</p> <p><input type="checkbox"/> Palpable pelvic mass (not fibroids)</p> <p><input type="checkbox"/> Suspicious lesion on cervix or vagina on speculum examination</p> <p><input type="checkbox"/> Suspicious pelvic mass on ultra sound</p> <p><input type="checkbox"/> Unexplained vulval lesion/lump/bleed</p>	<p>INVESTIGATIONS</p>
<p>If USS has been performed, please attach report.</p> <p>Date of USS: _____</p>		
<p><i>If your patient does not meet any of these criteria, or if the patient has severe symptoms, please contact the gynaecological team to discuss the referral. Contacts numbers are included in section 5 of this form.</i></p>		
<p>COMMENTS/OTHER REASONS FOR SUSPECTING CANCER</p>		
<p>Section 4: Referral Monitoring Information</p>		
<p>Decision to refer date:</p>	<p>Referral received date:</p>	
<p>Has this urgent suspected cancer referral been discussed with the patient? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Does the patient understand that this referral is being made for a suspected cancer? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Has the patient been given the relevant patient information literature? <input type="checkbox"/> Y <input type="checkbox"/> N</p>		
<p>Section 5: Criteria for urgent suspected cancer referral</p>		

This section provides a link to the NICE Guidance in respect of suspected and supplies contact details for the provider and department

www.nice.org.uk/CG027

To access information about suspected gynaecological cancer follow the above link and refer to Section 1.7 on page 26.

General queries about the two-week wait process for suspected cancers should be addressed to the Cancer Manager, Sarah Hudson on Sarah.Hudson@ruh-bath.swest.nhs.uk 01225 824042.

Section 6 INVESTIGATIONS

- ✓ A full pelvic examination, including speculum examination of the cervix, is recommended for patients presenting with any of the following:
 - alterations in the menstrual cycle
 - intermenstrual bleeding
 - postcoital bleeding
 - postmenopausal bleeding
 - vaginal discharge.

- ✓ Ovarian cancer is difficult to diagnose. In patients with vague, non-specific, unexplained abdominal symptoms such as:
 - bloating
 - constipation
 - abdominal pain
 - back pain
 - urinary symptoms

carry out an abdominal palpation. Also consider a pelvic examination.

- ✓ In patients with vulval pruritus or pain, a period of 'treat, watch and wait' is reasonable. Active follow-up is recommended until symptoms resolve or a diagnosis is confirmed. If symptoms persist, the referral may be urgent or non-urgent, depending on the symptoms and the degree of concern about cancer.

Note: both cervical and endometrial cancer can produce intermenstrual bleeding, although endometrial cancer is more common in postmenopausal women.

Section 7 HOSPITAL USE

Date of 1 st Appointment	Patient informed by <input type="checkbox"/> letter <input type="checkbox"/> telephone
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NOTE: CLINICAL EMERGENCIES

Please note that the two-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.

Haematology Suspected Cancer referral
(two-week wait referral)

Please FAX within 24 hours to Cancer Two Week Wait Office on **01225 821436**

or e-mail to RUH-TR.CancerReferrals@NHS.net. This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005).

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)			
SURNAME	Date of Referral	/	/
	Date of Birth	/	/
FIRST NAME	NHS Number		
	Date patient <u>un</u> available in the next 14 days.		
MR MISS MRS MS OTHER _____	M { } F { }		
ADDRESS	Day time phone	Mobile phone	
	Language	Interpreter Y N	
	Transport Y N	Ethnicity	
POST CODE:			
Section 2: Practice Information (Please use practice stamp if available)			
REFERRING GP	Locum Y N		
Practice Address	Telephone		
	Fax		
Post code:			
E-mail address:			
Section 3: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY			
BLOOD COUNT or BLOOD FILM suggestive of ACUTE LEUKAEMIA or CHRONIC MYELOID LEUKAEMIA. Discuss immediately by	<input type="checkbox"/> SIGNIFICANT LYMPHADENOPATHY <i>IF PERSISTING FOR >6 WEEKS OR >2CM OR widespread OR with splenomegaly OR with</i>	<i>One or more of:</i> <input type="checkbox"/> BONE PAIN/ X-RAY suggestive of MYELOMA <input type="checkbox"/>	<input type="checkbox"/> UNEXPLAINED PERSISTENT SPLENOMEGALY Without evidence of chronic liver disease:

<p>telephone with duty haematology consultant or SPR</p> <p>WBC []</p> <p>Hb []</p> <p>Platelets []</p> <p>Neutrophils []</p> <p>Lymphocytes []</p>	<p>B symptoms.</p> <p>(If <1cm unlikely to be significant)</p> <p>Size []cm</p> <p>Site(s) (please list)</p>	<p>HYPERCALCAEMIA</p> <p><input type="checkbox"/> RENAL IMPAIRMENT</p> <p><input type="checkbox"/> ANAEMIA</p> <p><input type="checkbox"/> SPINAL CORD COMPRESSION</p> <p><u>With</u></p> <p><i>One or more of</i></p>	<p>Please detail.</p>
<p>Investigations:</p>	<p><i>Before referring please ensure that glandular fever test is negative if patient >30years and localized infections treated. Also consider HIV infection.</i></p>	<p><input type="checkbox"/> SERUM PARAPROTEIN</p> <p><input type="checkbox"/> URINARY BJP</p> <p><input type="checkbox"/> IMMUNE PARESIS</p> <p>Renal failure or spinal cord compression in suspected myeloma:</p> <p>DISCUSS IMMEDIATELY BY TELEPHONE WITH DUTY HAEMATOLOGY CONSULTANT OR SpR</p>	<p>2 or MORE of the following symptoms, particularly if severe or associated with abnormal FBC:</p> <p><input type="checkbox"/> Abdominal pain</p> <p><input type="checkbox"/> Bone bleeding</p> <p><input type="checkbox"/> Bruising/bleeding</p> <p><input type="checkbox"/> Fatigue</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Itching-generalized</p> <p><input type="checkbox"/> Night sweats-drenching</p> <p><input type="checkbox"/> Pain on drinking alcohol</p> <p><input type="checkbox"/> Recurrent infections</p> <p><input type="checkbox"/> Stomatitis/Mouth ulcers</p> <p><input type="checkbox"/> weight loss</p>
<p><i>If your patient does not meet any of these criteria, or if the patient has severe symptoms, please contact the haematological team to discuss the referral. Contact numbers are included in section 5 of this form.</i></p>			
<p>INVESTIGATIONS</p>	<p>MEDICAL HISTORY KNOWN ALLERGIES AND MEDICATION</p>		
<p>COMMENTS/OTHER REASONS FOR SUSPECTING CANCER</p>			

Section 4: Referral Monitoring Information	
Decision to refer date:	Referral received date:
<p>Has this urgent suspected cancer referral been discussed with the patient? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Does the patient understand that this referral is being made for a suspected cancer? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Has the patient been given the relevant patient information literature? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
Section 5: Criteria for urgent suspected cancer referral	
<p>This section provides a link to the NICE Guidance in respect of suspected Haematological Cancer and supplies contact details for the provider and department</p> <p>www.nice.org.uk/CG027</p> <p>To access information about suspected haematological cancers please follow the above link and refer to section 1.9 on page 31.</p> <p>Queries about the haematological service at the RUH can be addressed by:</p> <p>Consultant Haematologists :</p> <p>Dr C. Knechtli- contact secretary on: 01225 824704, Christopher.Knechtli@ruh-bath.swest.nhs.uk</p> <p>Dr C. Singer- contact secretary on: 01225 824488</p> <p>Dr S. Wexler- contact secretary on: 01225 824487</p> <p>Dr J.N. Crowe-contact secretary on 01225 821793</p> <p>Theresa Peters, Clinical Nurse Specialist- 01225 825091</p> <p>There is also a mobile telephone manned by a Consultant or SpR haematologist from 15.00-17.00hrs Monday-Fridays for general enquiries about clinical and laboratory queries. The number is 07789 928466.</p> <p>General queries about the two-week wait process for suspected cancers should be addressed to the Cancer Manager, Sarah Hudson on Sarah.Hudson@ruh-bath.swest.nhs.uk (01225)824042.</p> <p>The link to the RUH website for haematological cancer is:</p> <p>http://www.ruh.nhs.uk/gps/urgent_referrals/oncology_services/haematology.asp?menu_id=1</p>	
IMMEDIATE REFERRAL	
<p>Refer patients immediately:</p> <ul style="list-style-type: none"> ○ with blood count/film reported as acute leukaemia ○ with spinal cord compression or renal failure 	

Section 6: INVESTIGATIONS

In patients with:

- persistent unexplained fatigue carry out a FBC, blood film and ESR, plasma viscosity or C-reactive protein (according to local policy). Repeat at least once if the patient's condition remains unexplained and does not improve
- unexplained lymphadenopathy carry out a FBC, blood film and ESR, plasma viscosity or C-reactive protein. Consider glandular fever test if age <30 and consider a course of antibiotics if lymphadenopathy localized.
- any of the following additional features of lymphadenopathy:
 - persistence for 6 weeks or more
 - lymph nodes increasing in size
 - lymph nodes greater than 2 cm in size
 - widespread nature
 - associated splenomegaly, night sweats or weight loss

investigate further and/or refer

- unexplained bruising, bleeding and purpura or symptoms suggesting anaemia, carry out FBC, blood film, clotting screen and ESR, plasma viscosity or C-reactive protein (according to local policy)
- persistent and unexplained bone pain, carry out FBC and X-ray, urea and electrolytes, liver and bone profile, PSA test (in males) and ESR, plasma viscosity or C-reactive protein (according to local policy).

Section 7: For Hospital Use

Date of 1st Appointment	Patient informed by <input type="checkbox"/> letter <input type="checkbox"/> telephone
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NOTE: CLINICAL EMERGENCIES

Please note that the two-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.

**Head & Neck (excluding thyroid) Suspected Cancer referral
(two-week wait referral)**

In accordance with NICE Guidance 2005

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 821436**

or e-mail to: RUH-TR.CancerReferrals@NHS.net. This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005).

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)		
SURNAME	Date of Referral / /	
	Date of Birth / /	
FIRST NAME	NHS Number	
	Date patient <u>un</u> available in the next 14 days.	
MR MISS MRS MS OTHER _____	M { } F { }	
ADDRESS	Day time phone	Mobile phone
	Language	Interpreter Y N
	Transport Y N	Ethnicity
POST CODE:		
Section 2: Practice Information (Please use practice stamp if available)		
REFERRING GP	Locum Y N	
Practice Address	Telephone	
	Fax	
Post code:		
E-mail address:		

<p>Section 3: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY</p>	
<p>PLEASE INDICATE TYPE OF REFERRAL</p> <p><input type="checkbox"/> ENT</p> <p><input type="checkbox"/> ORAL MAXILLO-FACIAL</p> <p><input type="checkbox"/> EITHER</p>	
<p>To be seen by ENT surgeon:</p> <p><input type="checkbox"/> Hoarseness persisting > 6 weeks</p> <p><input type="checkbox"/> Dysphagia persisting > 3 weeks</p> <p><input type="checkbox"/> Unilateral nasal obstruction particularly with associated purulent discharge</p> <p><input type="checkbox"/> Unresolving neck masses > 3 weeks</p> <p>To be seen by OMF surgeon:</p> <p><input type="checkbox"/> Ulceration of oral mucosa persisting > 3 weeks</p> <p><input type="checkbox"/> Oral swellings persisting > 3 weeks</p> <p><input type="checkbox"/> All red or red and white patches of the oral mucosa</p> <p><input type="checkbox"/> Unexplained tooth mobility not associated with periodontal disease.</p> <p>To be seen by ENT or OMF surgeon:</p> <p><input type="checkbox"/> Cranial neuropathies</p> <p><input type="checkbox"/> Orbital masses</p>	
<p>AREA:</p> <p><input type="checkbox"/> Mouth <input type="checkbox"/> Face</p> <p><input type="checkbox"/> Lip <input type="checkbox"/> Tongue</p> <p><input type="checkbox"/> Pharynx <input type="checkbox"/> Nasopharynx</p> <p><input type="checkbox"/> Larynx <input type="checkbox"/> Nose/sinuses</p> <p><input type="checkbox"/> Thyroid <input type="checkbox"/> Neck</p> <p><input type="checkbox"/> Salivary</p> <p><input type="checkbox"/> Other (specify)_____</p>	<p>SYMPTOMS:</p> <p><input type="checkbox"/> Hoarseness</p> <p><input type="checkbox"/> Ulceration/visible lesion</p> <p><input type="checkbox"/> Pain on swallowing</p> <p><input type="checkbox"/> Bleeding</p> <p><input type="checkbox"/> Dysphagia</p> <p><input type="checkbox"/> Orbital symptoms eg, proptosis</p> <p><input type="checkbox"/> Other (specify)_____</p>
<p>Smoking Status:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Ex <input type="checkbox"/> No</p>	<p>The level of suspicion is further increased if the patient is a heavy smoker or heavy alcohol drinker, aged >45 years and male. Other forms of tobacco</p>

If yes, no smoked per day _____ Alcohol: <input type="checkbox"/> Heavy drinker. Units P/week _____	used (chewing Betel, Gutkha, Pan) should arouse suspicion.
<p><i>If your patient does not meet any of these criteria, or if the patient has severe symptoms, please contact the head and neck team to discuss the referral. Contact numbers are included in section 5 of this form.</i></p>	
<p>COMMENTS/OTHER REASONS FOR SUSPECTING CANCER</p>	
<p>Section 4: Referral Monitoring Information</p>	
<p>Decision to refer date:</p>	<p>Referral received date:</p>
<p>Has this urgent suspected cancer referral been discussed with the patient? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Does the patient understand that this referral is being made for a suspected cancer? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Has the patient been given the relevant patient information literature? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
<p>Section 5: Criteria for urgent suspected cancer referral</p>	
<p>This section provides a link to the NICE Guidance in respect of suspected Head & Neck Cancer and supplies contact details for the provider and department:</p> <p>www.nice.org.uk/CG027</p> <p>To access information about suspected Head & Neck cancers please follow the above link and refer to Section 1.11 on page 37.</p> <p>General queries about the two-week wait process for suspected cancers should be addressed to the Cancer Manager, Sarah Hudson on Sarah.Hudson@ruh-bath.swest.nhs.uk 01225 824042.</p>	
<p>Section 6: For Hospital Use</p>	
<p>Date of 1st Appointment</p>	<p>Patient informed by <input type="checkbox"/> letter <input type="checkbox"/> telephone</p>
<p>NOTE: CLINICAL EMERGENCIES Please note that the two-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.</p>	

Lung Suspected Cancer referral (two-week wait referral)

In accordance with NICE Guidance 2005

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 821436**

or e-mail to: RUH-TR.CancerReferrals@NHS.net. This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005).

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)		
SURNAME	Date of Referral / /	
	Date of Birth / /	
FIRST NAME	NHS Number	
	Date patient <u>un</u> available in the next 14 days.	
MR MISS MRS MS OTHER _____	M { } F { }	
ADDRESS	Day time phone	Mobile phone
	Language	Interpreter Y N
	Transport Y N	Ethnicity
POST CODE:		
Section 2: Practice Information (Please use practice stamp if available)		
REFERRING GP	Locum Y N	
Practice Address	Telephone	
	Fax	
Post code:		
E-mail address:		

Section 3: Referral Monitoring Information	
Decision to refer date:	Referral received date:
Has this urgent suspected cancer referral been discussed with the patient?	Y N
Has the patient been given the relevant patient literature?	Y N
Section 4: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY	
Brief Clinical History. Please outline any symptoms and record any significant medical history, co-morbidities, present medication, recent blood test results or any other relevant information	
<p>Patients must meet one or more of the following criteria:</p> <p><input type="checkbox"/> Signs of superior vena cava obstruction</p> <p><input type="checkbox"/> Stridor</p> <p><input type="checkbox"/> Persistent haemoptysis (in smokers or ex-smokers 40 years or older)</p> <p><input type="checkbox"/> Chest X-Ray suggestive of lung cancer (including pleural effusion and slowly resolving consolidation)</p> <p><input type="checkbox"/> Normal chest X-ray with high suspicion of lung cancer</p> <p><input type="checkbox"/> history of asbestos exposure and recent onset of chest pain, shortness of breath or unexplained systemic symptoms where a chest x-ray indicates pleural effusion, pleural mass or any suspicious lung pathology.</p>	<p><input type="checkbox"/> Haemoptysis</p> <p><input type="checkbox"/> Unexplained or persistent (>3weeks)</p> <p><input type="checkbox"/> Chest and shoulder pain</p> <p><input type="checkbox"/> Dyspnoea</p> <p><input type="checkbox"/> weight loss</p> <p><input type="checkbox"/> chest signs</p> <p><input type="checkbox"/> hoarseness</p> <p><input type="checkbox"/> Finger clubbing</p> <p><input type="checkbox"/> Cervical or supraclavicular lymphadenopathy</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Features suggestive of metastasis from a lung cancer (eg, secondaries in the brain, bone, liver, skin)</p> <p>Duration_____</p> <p><input type="checkbox"/> Underlying chronic respiratory problems with unexplained changes in existing symptoms.</p>

Smoking status:	
[] Current [] Ex [] Never	
If current/ex smoker please state the number of packs per day that are/have been smoked and the number of years that the patient has smoked:	
____packs/____years	
<i>If your patient does not meet any of these criteria, or if the patient has severe symptoms, please contact the lung team to discuss the referral. Contact numbers are included in Section 5 of this form.</i>	
INVESTIGATIONS	
All patients referred on this form must have had a chest x-ray within the last 4 weeks.	
Date of X-ray_____	
Where performed_____	
If not at RUH please attach copy of scan and report.	
If no chest x-ray has been performed at time of referral, please request urgently.	
Date of X-ray request_____	
<i>Please advise your patient that they may receive an appointment for a staging CT scan.</i>	
Section 5: Criteria for urgent suspected cancer referral	
This section provides a link to the NICE Guidance in respect of suspected Lung Cancer and supplies contact details for the provider and department: www.nice.org.uk/CG027	
To access information about suspected Lung Cancer, please follow the above link and refer to Section 1.3 on Page 15.	
Queries about the lung cancer service at the RUH can be addressed by:	
Dr Masani , Lead Clinician, Secretary: 01225 821841	
Lung Cancer Nurse Specialists- 01225 821847	
General queries about the two-week wait process for suspected cancers should be addressed to the Cancer Manager, Sarah Hudson on Sarah.Hudson@ruh-bath.swest.nhs.uk 01225 824042.	
The Link to the RUH website for lung cancer services is: http://www.ruh.nhs.uk/gps/urgent_referrals/oncology_services/lung.asp?menu_id=1	
Section 6: For Hospital Use	
Date of 1st appointment	Patient informed by [] letter [] telephone
NOTE: CLINICAL EMERGENCIES	
Please note that the two-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.	

Sarcoma Suspected Cancer referral (two-week wait referral)

In accordance with NICE Guidance 2005

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 821436**

or e-mail to: RUH-TR.CancerReferrals@NHS.net. This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005). This service is not provided by the RUH. The RUH Cancer Office will forward to the appropriate provider and ensure that an outpatient appointment is confirmed within 2 weeks.

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)		
SURNAME	Date of Referral / /	
	Date of Birth / /	
FIRST NAME	NHS Number	
	Date patient <u>un</u> available in the next 14 days.	
MR MISS MRS MS OTHER _____	M { }	F { }
ADDRESS	Day time phone	Mobile phone
	Language	Interpreter Y N
	Transport Y N	Ethnicity
POST CODE:		
Section 2: Practice Information (Please use practice stamp if available)		
REFERRING GP		Locum Y N
Practice Address		Telephone
Post code:		Fax
E-mail address:		

Section 3: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY

<p>SUSPICIOUS SOFT TISSUE MASS with one or more of:</p> <p><input type="checkbox"/> Size >5cms</p> <p><input type="checkbox"/> Painful</p> <p><input type="checkbox"/> Increasing in size</p> <p><input type="checkbox"/> Deep to fascia</p> <p><input type="checkbox"/> Recurrence after previous excision</p>	<p>PRIMARY BONE TUMOUR</p> <p><input type="checkbox"/> Radiological suspicion of a primary bone tumour based on evidence of bone destruction, new bone formation, soft tissue swelling and periosteal elevation.</p> <p><i>Please enclose radiological report)</i></p>	<p>Investigations:</p> <p><input type="checkbox"/> Radiology report</p> <p><input type="checkbox"/> Other</p> <hr/> <p>Medication</p>
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If your patient does not meet any of these criteria, or if the patient has severe symptoms, please contact the sarcoma team to discuss the referral. Contacts numbers are included in Section 5 on this form.

Medical History/ Known Allergies

COMMENTS/OTHER REASONS FOR SUSPECTING CANCER

Section 4: Referral Monitoring Information

Decision to refer date:

Referral received date:

Has this urgent suspected cancer referral been discussed with the patient?

Y N

Does the patient understand that this referral is being made for a suspected cancer?

Y N

Has the patient been given the relevant patient information literature?

Y N

Section 5: Criteria for urgent suspected cancer referral	
<p>This section provides a link to the NICE Guidance in respect of suspected Sarcoma Cancer and supplies contact details for the provider and department</p> <p>www.nice.org.uk/CG027</p> <p>To access information about suspected Bone Cancer and Sarcoma, please follow the above link and refer to Section 1.13 on page 43.</p> <p>Queries about the Bone Cancer and Sarcoma service should be addressed in the first instance to the RUH Cancer Service: Sarah Hudson Sarah.Hudson@ruh-bath.swest.nhs.uk 01225 824042</p> <p>The link to the RUH website for sarcoma cancer is:http://www.ruh.nhs.uk/gps/urgent_referrals/oncology_services/sarcoma.asp?menu_id=1</p>	
Section 6: For Hospital Use	
Date of 1st Appointment	Patient informed by <input type="checkbox"/> letter <input type="checkbox"/> telephone
<p>NOTE: CLINICAL EMERGENCIES</p> <p>Please note that the two-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.</p>	

Skin Cancer Suspected referral (two-week wait referral)

In accordance with NICE Guidance 2005

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 821436**

or e-mail to: RUH-TR.CancerReferrals@NHS.net. This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005).

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)		
SURNAME	Date of Referral / /	
	Date of Birth / /	
FIRST NAME	NHS Number	
	Date patient <u>un</u> available in the next 14 days.	
Mr MISS MRS MS OTHER_____	M { } F { }	
ADDRESS	Day time phone	Mobile phone
	Language	Interpreter Y N
	Transport Y N	Ethnicity
POST CODE:		
Section 2: Practice Information (Please use practice stamp if available)		
REFERRING GP	Locum Y N	
Practice Address	Telephone	
	Fax	
Post code:		
E-mail address:		

Section 3: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY		
<p>MALIGNANT MELANOMA</p> <p><input type="checkbox"/> Lesion suspected of melanoma which scores 3 points or more on the checklist for assessment of pigmented skin lesions after 8 weeks of monitoring.</p> <p><input type="checkbox"/> Strong suspicion of melanoma with one or more abnormal features (as on the checklist below).</p> <p>Checklist for the assessment of pigmented lesions:</p> <p>Major Features (2 points each)</p> <p><input type="checkbox"/> Change in size</p> <p><input type="checkbox"/> Irregular shape</p> <p><input type="checkbox"/> Irregular colour</p> <p>Major Features (1 point each)</p> <p><input type="checkbox"/> largest diameter 7mm or more</p> <p><input type="checkbox"/> Inflammation</p> <p><input type="checkbox"/> Oozing</p> <p><input type="checkbox"/> Change in sensation</p>	<p>SQUAMOUS CELL CARCINOMA</p> <p><input type="checkbox"/> Non-healing keratinizing or crusted tumours larger than 1 cm with significant induration on palpation, with documented expansion over 8 weeks.</p> <p><input type="checkbox"/> Patients who have had an organ transplant and have developed new or growing cutaneous lesions.</p> <p><input type="checkbox"/> Histological diagnosis of SCC</p>	
	<p>LOCATION</p> <p><input type="checkbox"/> Face</p> <p><input type="checkbox"/> Ears</p> <p><input type="checkbox"/> Lower leg</p> <p><input type="checkbox"/> Back</p> <p><input type="checkbox"/> Scalp</p> <p><input type="checkbox"/> Back of hand</p> <p><input type="checkbox"/> Other (specify)</p>	<p>RISK FACTORS</p> <p><input type="checkbox"/> Multiple naevi</p> <p><input type="checkbox"/> Fair skin/poor tanning</p> <p><input type="checkbox"/> Excessive UV exposure</p> <p><input type="checkbox"/> Family History</p>
<p><i>If your patient does not meet any of these criteria, or if the patient has severe symptoms, please contact the skin cancer team to discuss the referral. Contacts numbers are available on page xx of this referral booklet.</i></p>		
<p>MEDICAL HISTORY KNOWN ALLERGIES AND MEDICATION-Please outline any significant medical history, co-morbidities, present medication, recent blood results or any other relevant information.</p>		
<p>COMMENTS/OTHER REASONS FOR SUSPECTING SKIN CANCER</p>		

Section 4: Referral Monitoring Information	
Decision to refer date:	Referral received date:
Has this urgent suspected cancer referral been discussed with the patient? [<input type="checkbox"/> Y [<input type="checkbox"/> N	
Does the patient understand that this referral is being made for a suspected cancer? [<input type="checkbox"/> Y [<input type="checkbox"/> N	
Has the patient been given the relevant patient information literature? [<input type="checkbox"/> Y [<input type="checkbox"/> N	
Section 5: Criteria for urgent suspected cancer referral	
<p>This section provides a link to the NICE Guidance in respect of suspected Skin Cancer and supplies contact details for the provider and department</p> <p>www.nice.org.uk/CG027</p> <p>To access information about suspected skin cancer, please follow the above link and refer to Section 1.10 on Page 34.</p> <p>Queries about the skin cancer service at the RUH can be addressed by:</p> <p>Dr W Phillips, William.Phillips@ruh-bath.swest.nhs.uk, secretary: 01225 824525</p> <p>General queries about the two-week wait process for suspected cancers should be addressed to the Cancer Manager, Sarah Hudson on Sarah.Hudson@ruh-bath.swest.nhs.uk 01225 824042.</p> <p>The link to the RUH website for skin cancer is:</p> <p>http://www.ruh.nhs.uk//patients/services/clinical_depts/kinghorn_dermatology_unit/contacts.asp?menu_id=5</p> <p>Please note that there is also an ASWCS primary skin cancer referral policy which can be obtained from carmen.rodriquez@aswcs.nhs.uk at the ASWCS Network Office.</p>	
Section 6: For Hospital Use	
Date of 1st Appointment	Patient informed by [<input type="checkbox"/>] letter [<input type="checkbox"/>] telephone
<p>NOTE: CLINICAL EMERGENCIES</p> <p>Please note that the two-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.</p>	

Suspected Cancer referral for Thyroid Cancer

(two-week wait referral)

In accordance with BTA Guidance 2007

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 821436**.

This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005).

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)			
SURNAME		Date of Referral / /	
		Date of Birth / /	
FIRST NAME		NHS Number	
		Date patient <u>un</u> available in the next 14 days.	
MR MISS MRS MS OTHER _____	M { } F { }		
ADDRESS		Day time phone	Mobile phone
		Language	Interpreter Y N
		Transport Y N	Ethnicity
POST CODE:			
Section 2: Practice Information (Please use practice stamp if available)			
REFERRING GP		Locum Y N	
Practice Address		Telephone	
		Fax	
Post code:			
E-mail address			

Section 3: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY

The following information has been derived from the 2007 Thyroid Cancer guidelines produced by the British Thyroid Association (a link is provided in the next section)

Please tick the relevant boxes at the end of this section before completing this referral.

The Thyroid Cancer Guidelines Update Group recommends that thyroid nodules need not be referred under the two-week cancer rule unless there are suspicious clinical features (section 2.2), and that optimum care can be delivered by adopting a target of 4 weeks from referral to first assessment in secondary care for all other thyroid modules (IV, C).

Section 2.2

Patients with thyroid nodules who may be managed in primary care (IV, C):

Patients with a history of a nodule or goitre which has not changed for years and who have no other worrying features (ie adult patient, no history of neck irradiation, no family history of thyroid cancer, no palpable cervical lymphadenopathy).

Patients with a non-palpable asymptomatic nodule <1 cm in diameter discovered coincidentally by imaging of the neck without other worrying features.

Patients who should be referred non-urgently (IV, C):

Patients with nodules who have abnormal thyroid function tests (TFTs). These patients should be referred to an endocrinologist; thyroid cancer is very rare in this group.

Patients with a history of sudden onset of pain in a thyroid lump (likely to have bled into a benign thyroid cyst).

Patients with a thyroid lump which is newly presenting or increasing in size over months.

Symptoms needing urgent referral (2-week rule)50 (IV, C):

Unexplained hoarseness or voice changes associated with a goitre.

Thyroid nodule in a child.

Cervical lymphadenopathy associated with a thyroid lump (usually deep cervical or supraclavicular region).

A rapidly enlarging painless thyroid mass over a period of weeks (a rare presentation of thyroid cancer and usually associated with anaplastic thyroid cancer or thyroid lymphoma).

Symptoms needing immediate (same day) referral (IV, C):

Stridor associated with a thyroid lump.

Thyroid swelling associated with any of the following: (please tick the box)

- New increasing in size []
- Family history of thyroid/endocrine cancer []
- Cervical lymphadenopathy []
- History of previous neck irradiation []
- Unexplained hoarseness or voice change []
- Age >65yrs with a diffuse hard goitre []
- Pre-pubertal []

Additional clinical information including drug history. Please include fax print out summary if available.

If your patient does not meet any of these criteria, or if the patient has severe symptoms, please contact the team to discuss the referral. Contacts numbers are available on page 15 of this referral booklet.

INVESTIGATIONS	MEDICAL HISTORY KNOWN ALLERGIES AND MEDICATION
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COMMENTS/OTHER REASONS FOR SUSPECTING

Section 4: Referral Monitoring Information

Decision to refer date:	Referral received date:
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Has this urgent suspected cancer referral been discussed with the patient? **Y**
N

Has the patient been given the relevant patient information literature? **Y**
N

Section 5: Criteria for urgent suspected cancer referral

This section provides a link to the British Thyroid Association , 2007 ,Thyroid Cancer Guidelines and provides details of key contacts for the thyroid cancer service at the RUH.

http://www.british-thyroid-association.org/news/Docs/Thyroid_cancer_guidelines_2007.pdf

Key contacts are:

Tony Robinson, 01225824530 tony.robinson@ruh-bath.swest.nhs.uk,

Alexandra Ward, 01225826232 Alexandra.Ward@ruh-bath.swest.nhs.uk,

Kate Allen, 01225 824477 kate.allen@ruh-bath.swest.nhs.uk Paul Maddox, paul.maddox@ruh-bath.swest.nhs.uk John Budd, john.budd@ruh-bath.swest.nhs.uk	
Section 6: For Hospital Use	
Date of 1st Appointment	Patient informed by <input type="checkbox"/> letter <input type="checkbox"/> telephone
NOTE: CLINICAL EMERGENCIES Please note that the two-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.	

**Suspected Cancer referral for Metastatic Malignant Disease
of Unknown Primary Origin (two-week wait referral)**

In accordance with NICE Guidance

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 821436**

or e-mail to: RUH-TR.CancerReferrals@.NHS.net. This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005).

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)		
SURNAME	Date of Referral / /	
	Date of Birth / /	
FIRST NAME	NHS Number	
	Date patient <u>un</u> available in the next 14 days.	
MR MISS MRS MS OTHER _____	M { }	F { }
ADDRESS	Day time phone	Mobile phone
	Language	Interpreter Y N
	Transport Y N	Ethnicity
POST CODE:		
Section 2: Practice Information (Please use practice stamp if available)		
REFERRING GP		Locum Y N
Practice Address	Telephone	
	Fax	
Post code:		
E-mail address:		

Section 3: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications, PAST MEDICAL HISTORY and RELEVANT IMAGING REPORTS

Imaging suggestive of metastatic disease (and NO primary organ specific symptoms)*

**If patient has a history of cancer please consider whether this is more likely to be a recurrence than a true unknown primary cancer. Patients with suspected recurrence should be referred back to the site specific team.*

- USS: Specify site _____
- CT scan: Chest, abdomen and pelvis Chest and abdomen
- MRI: Specify site _____

Symptoms

- Progressive unintentional weight loss
- anorexia
- Pain: Specify site _____
- other: _____

Further Information**

**The referral CANNOT be made unless ALL these are completed

Current WHO Performance Status of patient (please tick one)

- 0** Able to carry out normal activity without restriction
- 1** Restricted in physical strenuous activity but ambulatory and able to carry out light work
- 2** Ambulatory and capable of self care but unable to carry out any work: up and about for more than 50% waking hours
- 3** Capable only of limited self care; confined to bed or chair for more than 50% waking hours
- 4** Completely disabled; cannot carry out any self-care; totally confined to bed or chair
- Patient aware of suspected diagnosis of cancer
- Patient understands that further tests may be required **AND** is willing to accept these
- Patient is fit enough to undergo further tests **AND** for consideration of treatment if cancer confirmed

If your patient does not meet any of these criteria, or if the patient has severe symptoms, please contact the upper GI team to discuss the referral. Contacts numbers are included in Section 5 on this form.

INVESTIGATIONS	MEDICAL HISTORY KNOWN ALLERGIES AND MEDICATION
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COMMENTS/OTHER REASONS FOR SUSPECTING CANCER	
Section 4: Referral Monitoring Information	
Decision to refer date:	Referral received date:
<p>Has this urgent suspected cancer referral been discussed with the patient? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Does the patient understand that this referral is being made for a suspected cancer? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Has the patient been given the relevant patient information literature? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
Section 5: Criteria for urgent suspected cancer referral	
<p>This section provides a link to the NICE Guidance in respect of Metastatic malignant disease of unknown primary origin and supplies contact details for the provider and department. Please click on the link below for the guidelines and related documents:</p> <p>http://guidance.nice.org.uk/CG104</p> <p>Queries about the Carcinoma Unknown Primary service at the RUH can be addressed by:</p> <p>Dr Louise Medley, Lead Clinician on 01225 824317</p> <p>General queries about the 2 week wait process for suspected cancers should be addressed to the Cancer Manager, Sarah Hudson on Sarah.Hudson@ruh-bath.swest.nhs.uk , 01225 824042.</p>	
Section 6: For Hospital Use	
Date of 1st Appointment	Patient informed by <input type="checkbox"/> letter <input type="checkbox"/> telephone
<p>NOTE: CLINICAL EMERGENCIES Please note that the 2-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.</p>	

Upper GI Suspected Cancer referral (two-week wait referral)

In accordance with NICE Guidance 2005

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 821436**

or e-mail to: RUH-TR.CancerReferrals@.NHS.net. This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005).

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)			
SURNAME		Date of Referral / /	
		Date of Birth / /	
FIRST NAME		NHS Number	
		Date patient <u>un</u> available in the next 14 days.	
MISS MRS MS OTHER _____	M { } F { }		
ADDRESS		Day time phone	Mobile phone
		Transport Y N	Interpreter Y N
		Language	Ethnicity
POST CODE:			
Section 2: Practice Information (Please use practice stamp if available)			
REFERRING GP		Locum Y N	
Practice Address		Telephone	
		Fax	
Post code:			
E-mail address:			

Section 3: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY

Urgent referral for **GASTROSCOPY**

Refer for gastroscopy any of the following **with or without dyspepsia**

<p><input type="checkbox"/> Dysphagia</p> <p><input type="checkbox"/> Persistent vomiting and weight loss</p> <p><input type="checkbox"/> Unexplained worsening of dyspepsia and any of: Barrett's oesophagus Peptic ulcer surgery >20 years Known dysplasia, atrophic gastritis, intestinal metaplasia</p> <p><input type="checkbox"/> Aged >55 years with unexplained persistent, recent onset* dyspepsia</p> <p>*recent onset means NEW and not a recurrence of previous dyspepsia. Persistent is defined as longer than expected (Usually >6 weeks). Unexplained after history/GP investigations.</p>	<p>Refer 2WW gastroscopy</p>
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Refer for gastroscopy patients of any age **with dyspepsia** and any of the following:

<p><input type="checkbox"/> Progressive unintentional weight loss</p> <p><input type="checkbox"/> Chronic gastrointestinal bleeding</p> <p><input type="checkbox"/> Epigastric mass</p> <p><input type="checkbox"/> Iron deficiency anaemia</p> <p><input type="checkbox"/> Suspicious barium meal results/CT/USS</p> <p>Patients presenting with unexplained anaemia: GP measure Full Blood Count and forward result to expedite assessment.</p>	<p>Refer 2WW gastroscopy</p>
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Urgent referral to a **SPECIALIST**

<p><input type="checkbox"/> I do not consider this patient fit enough to undergo gastroscopy and would prefer an urgent specialist outpatient appointment.</p>
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Urgent referral to a **SPECIALIST**

Refer urgently patients presenting with:

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<p><input type="checkbox"/> Upper abdominal mass without dyspepsia <input type="checkbox"/> Obstructive jaundice Patients presenting with jaundice and / or a palpable epigastric or abdominal mass: GP request an urgent abdominal ultrasound examination to expedite assessment.</p>	<p>Refer 2WW to specialist gastroenterologist</p>
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<p>INVESTIGATIONS</p>
<p>MEDICATION & ANY KNOWN ALLERGIES</p>
<p>MEDICAL HISTORY</p>
<p>COMMENTS/OTHER REASONS FOR SUSPECTING CANCER</p>

Section 4: Referral Monitoring Information	
Decision to refer date:	Referral received date:
<p>Has this urgent suspected cancer referral been discussed with the patient? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Does the patient understand that this referral is being made for a suspected cancer? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Has the patient been given the relevant patient information literature? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
Section 5: Criteria for urgent suspected cancer referral	
<p>This section provides a link to the NICE Guidance in respect of suspected Upper Gastro-Intestinal Cancer and supplies contact details for the provider and department</p> <p>www.nice.org.uk/CG027</p> <p>To access information about suspected upper gastro-intestinal cancer, please follow the above link and refer to Section 1.4 on page 17.</p> <p>Queries about the upper gastro-intestinal cancer service at the RUH can be addressed by:</p> <p>Mr Richard Krysztopik, Lead Clinician on Richard.Krysztopik@ruh-bath.swest.nhs.uk Secretary: 01225 824545</p> <p>Jo Price, Nurse Specialist,</p> <p>General queries about the two-week wait process for suspected cancers should be addressed to the Cancer Manager, Sarah Hudson on Sarah.Hudson@ruh-bath.swest.nhs.uk 01225 824042.</p> <p>The link to the RUH website for upper GI Cancer is:</p> <p>http://www.ruh.nhs.uk/gps/urgent_referrals/oncology_services/upper_gi.asp?menu_id=1</p>	
Section 6: For Hospital Use	
Date of 1st Appointment	Patient informed by <input type="checkbox"/> letter <input type="checkbox"/> telephone
<p>NOTE: CLINICAL EMERGENCIES</p> <p>Please note that the 2-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.</p>	

Urology Suspected Cancer referral (two-week wait referral)

In accordance with NICE Guidance 2005

Please **FAX** within **24 hours** to Cancer Two Week Wait Office on **01225 821436**

or e-mail to: RUH-TR.CancerReferrals@NHS.net. This form should only be used for patients who meet the NICE referral criteria for suspected cancer (2005).

Section 1: PATIENT INFORMATION (Please complete in BLOCK CAPITALS)		
SURNAME	Date of Referral / /	
	Date of Birth / /	
FIRST NAME	NHS Number	
	Date patient <u>un</u> available in the next 14 days.	
MR MISS MRS MS OTHER _____	M { } F { }	
ADDRESS	Day time phone	Mobile phone
	Language	Interpreter Y N
	Transport Y N	Ethnicity
POST CODE:		
Section 2: Practice Information (Please use practice stamp if available)		
REFERRING GP	Locum Y N	
Practice Address	Telephone	
	Fax	
Post code:		
E-mail address:		

Section 3: Referral Monitoring Information	
Decision to refer date:	Referral received date:
<p>Has this urgent suspected cancer referral been discussed with the patient? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Does the patient understand that this referral is being made for a suspected cancer? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Has the patient been given the relevant patient information literature? <input type="checkbox"/> Y <input type="checkbox"/> N</p>	
Section 4: CLINICAL INFORMATION (Please tick all applicable entries) Please enclose print outs of CURRENT medications and PAST MEDICAL HISTORY	
<p>PROSTATE</p> <p><input type="checkbox"/> Elevated age specific PSA in men under 75 with 10 year life expectancy.</p> <p>Age Specific PSA Ranges:</p> <p>40-49 years 0-2.5ng/ml</p> <p>50-59 years 0-3.5ng/ml</p> <p>60-69 years 0-4.5ng/ml</p> <p>70-79 years 0-6.5ng/ml</p> <p><input type="checkbox"/> Hard, irregular prostate typical of prostate carcinoma</p> <p><input type="checkbox"/> Suspicion of metastatic disease (eg high PSA with bone pain)</p> <p>PSA result: _____</p> <p>Date taken: _____</p> <p>NB Men over 75 with raised PSA</p> <p>- if asymptomatic and PSA<20 please discuss as referral may not be necessary</p> <p>- if asymptomatic and PSA<50 please consider urgent referral rather than 2WW</p>	<p>BLADDER AND RENAL</p> <p><input type="checkbox"/> Any age with painless macroscopic haematuria</p> <p><input type="checkbox"/> 50 years and older with unexplained microscopic haematuria.</p> <p><input type="checkbox"/> 40 years and older with recurrent or persistent urinary tract infection associated with haematuria.</p> <p><input type="checkbox"/> Renal mass identified on imaging or examination</p> <hr/> <p>TESTICULAR</p> <p><input type="checkbox"/> Swelling or mass in the body of the testis</p> <hr/> <p>PENIS</p> <p><input type="checkbox"/> Suspected penile cancer</p>

If your patient does not meet any of these criteria, or if the patient has severe symptoms, please contact the urological team to discuss the referral. Contacts numbers are included in Section 5 on this form.

MEDICAL HISTORY KNOWN ALLERGIES AND MEDICATION. Please outline any symptoms and record significant medical history, co-morbidities, present medication, recent blood results or any other relevant information.

Section 5: Criteria for urgent suspected cancer referral

This section provides a link to the NICE Guidance in respect of suspected Urological Cancer and supplies contact details for the provider and department

www.nice.org.uk/CG027

To access information about suspected urological cancer, please follow the above link and refer to Section 1.8 on page 28.

Queries about the urological service at the RUH can be addressed by:

Jon McFarlane, Clinical Lead, jonathan.mcfarlane@ruh.nhs.uk **01225 824575**

Uro-oncology nurse specialists **01225 821784**

General queries about the two-week wait process for suspected cancers should be addressed to the Cancer Manager, Sarah Hudson on Sarah.Hudson@ruh-bath.swest.nhs.uk **01225 824042.**

The link to the RUH website for urological cancer is:

<http://www.ruh.nhs.uk/gps/services/specialties/oncology/index.asp>

Section 6: For Hospital Use

Date of 1st Appointment

NOTE: CLINICAL EMERGENCIES

Please note that the two-week wait referral form should not be used if you believe that your patient needs to be seen as an emergency. In this circumstance, please refer your patient as an emergency in the normal way.

Useful information

Numbers

<u>The NHS Smoking Helpline</u>	Telephone No: 0800 1690169
<u>Marie Curie Cancer Care</u>	Telephone No: 020 72353325
<u>The Benefit Enquiry Line</u>	Telephone No: 0800 882200

Links

<u>Bristol Cancer Help Centre</u>	Telephone No: 0117 9809505
<u>Cancer-UK</u>	(summary of UK based cancer resources)
<u>CancerBACUP</u>	Telephone No: 0808 8001234
<u>Carers UK</u>	Telephone No: 0808 8087777
<u>Citizens Advice Bureaux</u>	Telephone No: 020 783321281
<u>Dorothy House Hospice Care</u>	Telephone No: 01225 722988
<u>Positive Action On Cancer</u>	Telephone No: 01373 455255
<u>Macmillan Cancer Relief</u>	Telephone No: 0845 6016161

This booklet was produced by Rachel Ferris Consulting Ltd, August 2010 and revised by NHS B&NES.

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