

SUSPECTED SARCOMA REFERRAL FORM

Referrer Details	Patient Details		
Name:	Forename:	Surname	DOB:
Address:	Address:		Gender:
			Hospital No:
			NHS No:
Tel No:	Tel No. (1):	<i>Please check telephone numbers</i>	
	Tel No. (2):		
Email:	Carer requirements (has dementia or learning difficulties)?	Does the patient have the capacity to consent? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Decision to Refer Date:	Translator Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Language		Mobility:

REFERRAL GUIDANCE

- **Soft-tissue sarcomas** are managed by the Bristol Sarcoma Service (www.nbt.nhs.uk/sarcoma) - please refer on NHS e-Referral Service (eRS) via Secondary Care Menu

Telephone: 0117 4140538 / 0117 4140527

Fax: 0117 4140540

- **Bone sarcomas** should be referred directly to the Oxford Bone Sarcoma Service <http://www.ouh.nhs.uk/oxfordsarcomaservice/>
- **Suspected paediatric (age < 16) soft-tissue and bone sarcomas** should be referred directly the Paediatric Oncology Service at Bristol Royal Hospital for Children using the Childhood Cancer referral form, and should be scanned within 48 hours.

Please refer to the NICE Guidance for suspected cancer referrals: <http://www.nice.org.uk/guidance/NG12/chapter/1-Recommendations-organised-by-site-of-cancer#sarcomas>

In general:

1. Arrange an urgent direct access ultrasound scan locally (to be performed within 2 weeks) to assess for possible soft tissue sarcoma in adults with an unexplained lump that is increasing in size
2. Arrange a suspected cancer pathway referral using this form for adults who have ultrasound scan findings that are suggestive of soft tissue sarcoma, or if ultrasound findings are uncertain and clinical concern persists
3. In cases where suspicion is low (e.g. probable stable lipoma or cyst), refer for a routine ultrasound locally, with referral using this form only if the scan does not confirm benign disease

Features which may suggest a sarcoma: mass greater than 5cm, enlarging, deep to fascia

Benign lumps measuring less than 10cm in diameter, such as an ultrasound confirmed lipoma, can usually be safely observed. If the patient prefers to have an excision, then an application for NHS funding will be required before routine referral to plastic surgery.

THE REFERRAL

1. Site of abnormality:
2. Location of ultrasound:
3. Reason for referral:

Please include a medications list, medical history, and comorbidities from your practice system and consider a referral letter for complex cases

Smoking status:

WHO Performance Status:

- 0** Fully active
- 1** Able to carry out light work
- 2** Up and about greater than 50% of waking time
- 3** Confined to bed/chair for greater than 50%
- 4** Confined to bed/chair 100%

Please confirm that the patient has been made aware that this is a suspected cancer referral: Yes No

Please confirm that the patient has received the two week wait referral leaflet: Yes No

Please provide an explanation if the above information has not been given:

If your patient is found to have cancer, do you have any information which might be useful for secondary care regarding their likely reaction to the diagnosis (e.g. a history of depression or anxiety, or a recent bereavement from cancer might be relevant) or their physical, psychological or emotional readiness for further investigation and treatment?

Date(s) that patient is unable to attend within the next two weeks:

If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.

For hospital to complete

UBRN:

Received date:

Triaged to 2WW clinic appointment: