**SUSPECTED UROLOGICAL CANCER REFERRAL FORM**

Please send via eRS to (depending on criteria selected below)

2 ww Haematuria

2ww Urology (NOT Haematuria)

2ww Urology PSA

All above are directly bookable services

or

**if eRS is not available for more than 24 hours, email** to [ruh-tr.CancerReferrals@nhs.net](mailto:ruh-tr.CancerReferrals@nhs.net)

Patient information: <http://test.bathandnortheastsomersetccg.nhs.uk/assets/uploads/2018/04/2-Week-Wait-Leaflet-3.18.pdf>

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| **Referrer Details** | **Patient Details** | |
| Name: <Sender Name> | Name:<Patient Name> | DoB:<Date of birth> |
| Address:  <Sender Address> | Address:  <Patient Address> | Gender:<Gender> |
| Hospital No.: |
| NHS No.:<NHS number> |
| Tel No: <Sender Details> | Home No.:<Patient Contact Details> | *Please check tel. nos.* |
| Mobile No.:<Patient Contact Details> |
| Email: | Carer requirements (has dementia or learning difficulties)? | Does the patient have the capacity to consent? Yes  No |
| Decision to Refer Date:  <Todays date> | Translator Required: Yes  No  Language:<Main spoken language> | Transport required: Yes  No  Mobility: |

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| **Level of Concern**  *I think it is likely that this patient has cancer, and would like the patient to be investigated further even if the first test proves negative, including a Consultant to Consultant referral if deemed appropriate. All non-site specific symptoms (e.g. iron deficiency anaemia, unexplained weight loss) are listed in the clinical details section below.*  **Clinical details**  *Please detail your conclusions and what needs excluding or attach referral letter.*    <Event Details> |

**CASES THAT FALL SHORT OF 2WW REFERRAL**

**CRITERIA SHOULD BE DISCUSSED**

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| **PROSTATE CANCER**  *Urinary tract infection (UTI) must be excluded prior to PSA testing/*  **Prostate feels malignant on digital rectal examination (please request a PSA test prior to referral).**  *Features of malignancy include asymmetry, irregularity, nodules and differences in texture, e.g. firm or hard.*  **PSA levels are above the age-specific reference range.**  PSA level before referral 1st test      ng/ml 2nd test at 6 weeks      ng/ml  **All PSA levels over last 6 Months:**  <Numerics>  *Raised age-specific PSA ranges:*  [INDIVIDUAL CENTRES TO INSERT THEIR LAB REFERENCE RANGES HERE]  *Raised PSA in men ≥ 80 years:*   * + *Asymptomatic and abnormal PSA <20, please discuss as a referral may not be necessary*   + *Asymptomatic and PSA 20–50, urgent rather than fast track referral*   + *Asymptomatic and PSA > 50, for fast track referral*   + *Symptomatic (e.g. bone pain and weight loss) and PSA ≥ 20, for fast track referral.*   *The**PSA**test**should**be**postponed**for**at**least**1**month**after**treatment**of**a**UTI. In patients compromised by co-morbidities or with a <10 year life-expectancy, a discussion with the patient or carers and/or urologist may be more appropriate.* |

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| **BLADDER AND RENAL CANCER**  **Unexplained** v**isible haematuria in adults without UTI.**  *‘Unexplained’ haematuria refers to patients where UTI and urinary stone disease have been excluded.*  Patients < 45 years with unexplained visible haematuria may be referred for prompt assessment using alternate referral routes. Those ≥ 45 years should be referred as a 2WW.  **Visible haematuria in adults that persists or recurs after successful treatment of a UTI.**  Patients < 45 years with unexplained visible haematuria may be referred for prompt assessment using alternate referral routes. Those ≥ 45 years should be referred as a 2WW.  **Non-visible haematuria (age ≥ 60 years) with either dysuria or a raised white cell count (WCC).**  *This includes patients who are symptomatic or asymptomatic with a raised WCC with UTI excluded.*  Dysuria  Y  N  WCC: <Numerics>  **Asymptomatic non-visible haematuria** should be discussed or referred for routine assessment using alternative referral routes as agreed locally.  **A soft tissue mass identified on imaging that appears to arise from the urinary tract.**  Please ensure that the following results are available by the time of review:  FBC *See bloods table attached.*  Creatinine <Numerics>  eGFR <Numerics>  *This includes solid renal masses, complex renal cysts (i.e. cysts containing septa, calcification or soft tissue elements) and soft tissue bladder masses.* |
| **TESTICULAR CANCER**  **Non-painful enlargement or change in shape or texture of the body of the testis.**  *Always perform transillumination to exclude benign epididymal cyst(s). Consider a direct-access ultrasound scan for an unexplained or persistent scrotal swelling that does not transilluminate, or if the body of the testis cannot be easily distinguished on examination* |
| **PENILE CANCER**  **A penile mass or ulcerated lesion, where a sexually transmitted infection has been excluded as a cause**  *This includes progressive ulceration or a mass particularly in the glans penis or prepuce, but can involve the skin of the penile shaft. For lumps within the corpora cavernosa that do not involve the penile skin, please use the routine referral process.*  **A persistent penile lesion after treatment for a sexually transmitted infection has been completed.**  **Unexplained or persistent symptoms affecting the foreskin or glans.**  *This does not include simple phimosis. Please ensure fungal infections and balanoposthitis have been excluded or treated before considering referral.* |

**Blood Results** (Last 2m):

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| **FBC** | <Numerics> | Hb <Numerics>, WCC <Numerics>, Plts <Numerics>, MCV <Numerics>, Neut <Numerics> | | |
| **UE** | <Numerics> | Na <Numerics>, K <Numerics>, Urea <Numerics>, Creat <Numerics>, eGFR <Numerics> | | |
| **LFT** | <Numerics> | ALT <Numerics>, Alk Phos <Numerics>, Bili <Numerics>, Alb <Numerics>, GGT <Numerics>, Serum globulin <Numerics>, Total Protein <Numerics> | | |
| **CRP** | <Numerics> | <Numerics> | **ESR** | <Numerics> |
| **TFTs** | <Numerics> | TSH <Numerics>, Free T4 <Numerics> | **INR** | <Numerics> |
| **Bone** | <Numerics> | Ca <Numerics>, Ca cor <Numerics>, Ca adj <Numerics>, Phos <Numerics> | | |
| **Iron** | <Numerics> | Ferritin <Numerics>, Iron Saturation <Numerics>, TIBC <Numerics> | | |
| **Vitamins** | <Numerics> | B12 <Numerics>, Folate <Numerics> | | |
| **Lipids** | <Numerics> | Chol <Numerics>, LDL <Numerics>, HDL <Numerics>,Chol:HDL ratio <Numerics>, Tri <Numerics> | | |
| **Random Glucose** | | <Numerics> | **Fasting Chol.** | <Numerics> |
| **Fasting Glucose** | | <Numerics> | **HbA1c** | <Numerics> |
| **β-HCG** | <Numerics> | <Numerics> | **α-FP** | <Numerics> |
| **PSA** | <Numerics> | <Numerics> |  |  |

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| **Smoking status**  <Diagnoses>, <Numerics> | **WHO Performance Status:**  **0 -** Fully active  **1 -** Able to carry out light work  **2 -** Up & about 50% of waking time  **3 -** Limited to self-care, confined to bed/chair 50%  **4 -** No self-care, confined to bed/chair 100% |
| **BMI if available**  <Numerics> |

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| **Please attach additional clinical issues list from your practice system.**  **Details to include:** Current Medication, co-morbidities, significant psychosocial issues, allergies, relevant family history & alcohol status. | |
| **Medical Problems:**    <Problems>  <Summary> | |
| **Medication:** | |
| Acutes | <Medication> |
| Repeats | <Repeat templates> |
| **Allergies:**  <Allergies & Sensitivities> | |
| **Relevant Family History**    <Family history> | |
| **Alcohol status**  <Diagnoses>, <Numerics> | |

**Radiology:** (In last 6 months)

<Arden's Ltd - Investigations: Radiology last 6m (view)>

**Minimum Dataset:** (recordings in last 6months)

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| **Blood Pressure** | <Latest BP>, <Numerics> | | |
| **Heart rate** | <Numerics>, <Diagnoses> | | |
| **Height** | <Numerics> | **Carer Status** | <Diagnoses> |
| **Weight** | <Numerics> | **Alcohol Intake** | <Diagnoses>, <Numerics> |
| **BMI** | <Numerics> | **Exercise tolerance:** | <Diagnoses><Diagnoses> |

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| 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.* |

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| **Trust Specific Details** |

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| ***For hospital to complete*** UBRN:  Received date: |