

**Suspected Urological Cancer Referral Form**

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| **Patient Details** | | | |
| Surname: | | Date of Birth: | |
| Forename(s): | | Gender: | |
| Address (inc postcode): | | NHS Number: | |
| Telephone Numbers  **Please check tel no's with patient** | Tel No (Home): | Tel No (work): | Tel No (Mobile): |
| **GP Details** | | | |
| Referring GP: | | GP Tel No: | |
| Practice Name: | | Practice Email Address: | |
| Practice Address: | | Date of decision to refer: | |

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| **Patient Information** | | | |
| Does your patient have a learning disability? | | | YesNo |
| Is your patient able to give informed consent? | | | YesNo |
| Is your patient fit for day case investigation? | | | YesNo |
| If a translator is required, please specify language: | | | |
| Is patient on any of the following medications? | | | |
| Aspirin | YesNo | Indication for therapy: | |
| Clopidogrel /Prasugrel etc . | Yes No | Indication for therapy: | |
| Warfarin | Yes No | Indication for therapy: | |
| NOAC (Rivaroxaban etc.) | Yes No | Indication for therapy: | |
| Insulin | Yes No |  | |

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| It would be helpful if you could provide performance status information (please tick as appropriate)  Fully active  Able to carry out light work  Up & about 50% of waking time  Limited to self-care, confined to bed/chair 50%  No self-care, confined to bed/chair 100% |

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| Please confirm that the patient is aware that this is a suspected cancer referral:  Yes No |
| 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.* |
| ***The above details are required before we can begin booking appointments*** |

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| **Level of Cancer Concern** (completion optional) |
| **All patients should meet NICE guidelines for suspected cancer 2015**  *“I’m very concerned that my patient has cancer”*  *“I’m unsure, it might well be cancer but there are other equally plausible explanations.”*  *“I don’t think it likely that my patient has cancer but they meet the guidelines.”*  If your patient does not fit the 2ww referral criteria but you still have significant concerns, you may wish to use the Seeking Advice in the ICO service as an alternative to a routine referral.  **Reasons for referring**  *Please detail patient and relevant family history, examination and investigation findings, your conclusions and what needs excluding or attach referral letter.* |

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| **Referral Criteria** |
| **Prostate cancer**  prostate feels malignant on digital rectal examination (please complete PSA before 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  **Age specific PSA abnormal range (from Macmillan referral guidance):**  40–49 years > 2.5 ng/L  50 – 59 years > 3.5 ng/L  60 – 69years > 4.5 ng/L  70yrs and older > 6.5 ng/L  *Additional Advice*  *Consider alternative contributing factors that may influence an individual’s PSA ranges.*  *The**PSA**test**should**be**postponed**for**at**least**1**month* ***after*** *treatment**of**a**UTI.**In patients with a borderline raised PSA, repeat the PSA after 1 month and refer as a fast track if the second PSA has risen. 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.*  *Radical curative treatment appro*p*riate if life expectancy is >10yrs.* |
| **Bladder and Renal cancer**  ***Aged 45 and over*** and have:  unexplained visible haematuria without urinary tract infection ***or***  *Unexplained’ haematuria refers to patients who do not currently have conditions that can cause haematuria, e.g. urinary stone disease and UTI.*  visible haematuria that persists or recurs after successful treatment of urinary tract infection, or  ***Aged 60 and over*** and have unexplained non-visible haematuria with dysuria  *Unexplained’ haematuria refers to patients who do not currently have conditions that can cause haematuria, e.g. urinary stone disease and UTI.*  *Dysuria is defined as burning or discomfort in the urethra on voiding.*  *Menstruating females may have non-visible haematuria for 3 days prior to and 5 days post menstruation. non-visible haematuria may also be present for 3 days post intercourse. Please exclude these prior to referral*  ***Aged 60 and over*** and have unexplained non-visible haematuria with a raised white cell count on a blood test.  **Please provide: FBC (< 8 weeks old)**  *Unexplained’ haematuria refers to patients who do not currently have conditions that can cause haematuria, e.g. urinary stone disease and UTI.*  *A raised WCC is defined as >11 x 109/L*  *Menstruating females may have non-visible haematuria for 3 days prior to and 5 days post menstruation. non-visible haematuria may also be present for 3 days post intercourse. Please exclude these prior to referral*  A soft tissue mass identified on imaging thought to arise from the urinary tract.  **Please provide: FBC, U&E (including creatinine and eGFR) (< 8 weeks old)**  *This includes solid renal masses, complex renal cysts (i.e. cysts containing septa, calcification or soft tissue elements) and soft tissue bladder masses. This does not include distended bladders of urinary retention.* |
| **Testicular cancer**  non-painful enlargement or change in shape or texture of the testis (consider).  *If swelling is clearly separate from Testis on examination, it is unlikely to be a testicular tumour. Consider ultrasound before referral.*  *Always perform transillumination to exclude benign epididymal cyst(s). Consider a direct access ultrasound scan for a scrotal mass that does not transilluminate or when the body of the testis cannot be easily distinguished on examination (e.g. large hydrocele).* |
| **Penile cancer**  penile mass or ulcerated lesion, where a sexually transmitted infection has been excluded as a cause (consider)  *This includes progressive ulceration or a mass particularly in the glans penis or prepuce, but can involve the skin of the penile shaft. Lumps within the corpora cavernosa not involving the penile skin are usually not cancer but indicate benign Peyronie’s disease, which does not require urgent or fast track referral.*  a persistent penile lesion after treatment for a sexually transmitted infection has been completed (consider)  unexplained or persistent symptoms affecting the foreskin or glans (consider).  *This does not include simple phimosis, fungal infections and balanoposthitis.* |
| **Additional Guidance**  Where referral guidance says ‘consider’ this means the patients symptoms indicate a < 3% risk of cancer and alternative diagnoses may be more likely. However the proforma may still be used. |

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| **Clinical Summary** |
| **Clinical History (significant past and current medical history):** |
| **Current medication:** |
| **Blood Tests (if available – last 3 months):** |
| **Allergies:** |
| **Smoking:** |
| **BMI** (if available): |
| **Alcohol** (if available)**:** |

**Attachments:** Letter Medication List  Other

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

In the event of e-Referral service not available - please email to; [sdhct.urology@nhs.net](mailto:sdhct.urology@nhs.net) with title “2ww urgent referral”