**Suspected Gynaecological 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 numbers 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? | | | Yes No |
| 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 | Yes No | 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.* |
| **Reasons for Referral** |
| **All patients should meet NICE guidelines for suspected cancer 2015**  **Please detail your reasons for referring, presenting symptoms and your examination findings OR attach a referral letter containing these details.** |

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| **Referral Criteria** | |
| ***Please check site-specific guidance below for required pre-referral tests or treatment changes.***  **Please see the local guidelines on the Devon Formulary website if you are unsure whether your patient requires referral.**  **Postcoital bleeding and intermenstrual bleeding with a normal examination should be managed initially using local CRG [**[Northern](about:blank), [Eastern](about:blank), [Western](about:blank), [Southern](about:blank)**]** | |
| **Ovarian cancer** | |
|  | Physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids). |
|  | Ultrasound suggests ovarian cancer. |
| ***Please include results of CA 125, FBC, Ferritin, LFT, Renal and ideally if patient under age 40 LDH, B HCG and aFP, to facilitate triage.***  *You may want to consider completing all tests necessary for an* [*NSS referral*](about:blank) | |
| **It can be difficult to be certain of clinical pelvic examination findings. If you have a low suspicion for cancer**, **please consider organising urgent ultrasound marked ‘to exclude cancer’ where it is available.** | |
| **Endometrial cancer** | |
| **Bleeding on HRT is only associated with a 1-1.5% risk of endometrial cancer. PV bleeding may not be endometrial. Please examine the vulva, vagina and cervix prior to referral.** | |
|  | **Not on HRT:** women with an intact uteruswith post-menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause) |
|  | **On HRT** with concern of endometrial cancer: |
|  | **MAJOR** risk factors – any of:   * BMI ≥ 40 * Unopposed oestrogen >6m (in women with a uterus) * Sequential HRT for >5 years when started after age 45 * Inadequate progestogen >12m\* * Familial risk (Lynch, Cowden syndrome) |
|  | **MINOR** risk factors – three or more of:   * BMI 30-39 * Diabetes * PCOS (or other causes of anovulatory cycles) * Unopposed oestrogen 3-6m * Inadequate progestogen 6-12m\* * Expired LNG-IUS |
|  | Endometrial thickness of **greater than 4mm** on **continuous** combined **HRT** |
|  | Endometrial thickness of **greater than 7mm** on **sequential** combined **HRT** |
|  | Other unscheduled bleeding on HRT with GP cancer concern (*outside of guidelines)* |
| Please consider an up-to-date FBC prior to referral | |
| **Cervical cancer** | |
| Appearance of patient’s cervix on examination is consistent with cervical cancer | |
| **Vulval cancer** | |
| Unexplained vulval lump, ulceration or bleeding that is suspicious for malignancy | |
| **Vaginal cancer** | |
| Unexplained palpable mass in or at the entrance to the vagina that is suspicious for malignancy | |

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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)**:** |

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