**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, Eastern, Western, Southern**]** |
| **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* |
| **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)
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|  | **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:  |