

Suspected Cancer of Unknown Primary

Fast Track Referral – 2 week wait
Please refer via the e-referral service

Patient Details:

Patient Name			
Address			
DOB		NHS No.	
Home Tel. No.		Gender	
Mobile Tel. No.		Ethnicity	
Preferred Tel. No		Email Address	
Main Spoken Language		Interpreter needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ambulance booking required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient agrees to telephone message being left?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication requirements:	Hard of hearing: <input type="checkbox"/> Visually impaired: <input type="checkbox"/> Learning/mental difficulties: <input type="checkbox"/>		

Referring Clinician:

Referring GP		Date of Referral	
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Registered GP Details:

Practice Name			
Registered GP		Usual GP	
Registered GP Address			
Tel No.		Fax No.	
Email		Practice Code	

Please use separate children's pro-forma for patients under 16

Dear Colleague,

I would be grateful for your opinion on the patient named above who presents with the clinical findings I consider suspicious of malignancy.

1. I have discussed the **possibility of cancer** with this patient. **Yes** **No**
2. I confirm that I have explained the 2 week wait appointment and the patient has confirmed that they can be available to attend an appointment within the next two weeks **Yes** **No**

WHO performance status: (please tick for ALL patients)	
0 – Able to carry out all normal activity without restriction	<input type="checkbox"/>
1 – Restricted in physically strenuous activity but able to walk and do light work	<input type="checkbox"/>
2 – Able to walk, capable of all self-care. Unable to carry out any work. Up & about 50% of waking hours	<input type="checkbox"/>
3 – Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	<input type="checkbox"/>
4 – Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair	<input type="checkbox"/>

Prior to referring the patient, please confirm:	
If the patient is willing and fit enough to undergo further investigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the patient is fit enough to attend outpatient clinic?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have advised the patient that they may be called for additional tests prior to their clinic appointment	<input type="checkbox"/>
Patients with no radiological evidence of malignancy but unexplained weight loss, anorexia or persisting abdominal pain DO NOT USE THIS FORM. Please consider using Vague Symptoms Pathway	N/A
If the patient is very unwell, consider admission rather than outpatient attendance Contact your Trust Lead Clinician for advice prior to referral if necessary – contact details are at the bottom of this form	N/A

Reason for referral: Please tick at least one box (Failure to provide adequate information will cause further delay in patient treatment. Inappropriate referrals will be rejected following discussion with the General Practitioner)	Tick if criteria applies
• Metastases identified on imaging modality with no known or identifiable primary:	<input type="checkbox"/>
• For sclerotic bone metastases only, exclude prostate cancer with DRE and PSA prior to referral	<input type="checkbox"/>
• For lytic bone metastases only, complete a breast examination to exclude palpable breast lesion and exclude myeloma with immunoglobulins and urinary Bence Jones Protein or Serum Free Light Chains prior to referral	<input type="checkbox"/>
• Other presentation as discussed with the local lead clinician and accepted as appropriate referral	<input type="checkbox"/>

Investigations suggested:	
<ul style="list-style-type: none"> • PSA in men with bone mets prior to referral • Baseline tests: FBC U&E LFT LDH Coag screen • For patients with liver lesions: AFP • For male patients with midline nodal disease: AFP and HCG 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Symptoms

Family history of cancer

Carcinogen exposure

Comorbidities

Investigations to date

Past medical history – to include previous cancer history

Smoking and alcohol history

Current medications

Any additional information

To be completed by the Admin Team at the Provider Trust	
Date of appointment	
Date of earliest offered appointment (if different from above)	
Specify reason if not seen at earliest offered appointment	
Periods of unavailability	
Booking number (UBRN)	

Guidance

Referral Guidance	
Specific presentations excluded from this pathway	
Solitary axillary nodes in women	Refer to breast 2ww as per referral guidelines
Solitary neck nodes	Refer to Head and Neck 2ww as per referral guidelines

NICE Guidance	
Metastatic malignant disease of unknown primary origin in adults: diagnosis and management	
NICE Guidance CG104	https://www.nice.org.uk/guidance/cg104

Vague Symptoms DO NOT USE THIS FORM TO REFER	
Refer to local pathways	
Referral criteria for vague symptoms pathways	<ul style="list-style-type: none"> • Painless and painful jaundice • Unexplained and proven weight loss • Suspicious but non-specific abdominal symptoms • Recurrent abdominal pain

Contact Details for Advice:

Chesterfield

Name: Dr David Brooks,
Lead Clinician for Cancer of Unknown Primary

Email: davidbrooks@nhs.net; **Direct dial:** 01246 513473; **Mobile:** 07789 935724

Generic Email: Acute Oncology Service: crhft.acute-onc@nhs.net

Rotherham

Name: Dr Victoria Athey,

Lead Clinician for Cancer of Unknown Primary
Email: vicky.athey@nhs.net; **Direct dial:** 01709 427168

Doncaster & Bassetlaw

Name: Dr Maurice Fernando,
Lead Clinician for Cancer of Unknown Primary

Email: justin.fernando@nhs.net; **Direct Dial:** 01302 644095
Generic Email: dbth.acute.oncology@nhs.net

Barnsley: currently no 2WW clinics

Sheffield: currently no 2WW clinics