

Patient Details:

Patient Name			
Address			
DOB		NHS No.	
Home Tel. No.		Gender	
Mobile Tel. No.		Ethnicity	
Preferred Tel. No.		Email Address	
Main Spoken Language		Able to communicate effectively in English or interpreter needed?	
Transport needed?		Contactable by telephone?	

Registered GP Details:

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

3 Mandatory actions prior to referral

(1) Faecal Immunochemical Test (FIT)	
With the exception of patients presenting with rectal bleeding, abdominal/rectal or anal mass ALL patients with suspicious of bowel cancer (NG12 compatible) symptoms must have a FIT prior to instigation of referral	
Patients with a positive FIT result (> 9.9) should be referred via the 2 week wait in accordance with the SYB Optimum LGI Rapid Diagnostic Pathway protocol	
Patients with a negative FIT result (<4) and who do not need a LGI 'suspicious of cancer' referral should be reassured (and safety netted as required) or referred on an alternative pathway	
Iron Deficiency Anaemia with negative FIT result (<4) - Referral to Gastroenterology should still be considered but on a non-cancer pathway. In the absence of any other symptoms the risk of LGI or UGI cancer is low	
Patients who have a FIT result of 4 - 9.9 should only be referred if there is otherwise strong clinical suspicion and/or evidence of anaemia WITH either low Ferritin (<25) or raised Ferritin (≥350) OR WITH Thrombocytosis (platelets > 400)	
Please confirm the patient has undergone FIT and you have reviewed the result (check box for Y)	<input type="checkbox"/>

(2) Bloods	
ALL patients requiring a 'suspicious of cancer' referral must have a recent (<3 months) FBC, Ferritin and U&E result.	
Please confirm the patient has undergone the necessary blood tests (check box for Y)	
(3) Patient Engagement	
The patient has been informed that the reason for referral is to rule out or rule in cancer and supporting information (2ww leaflet) provided? (check box for Y)	
The patient has been informed of the likely next pathway steps and the time in which they should be contacted? (check box for Y)	
The patient has confirmed that they are willing and available to be contacted and attend the hospital for appointments and tests within the required timeframes? (and that this may include virtual or telephone consultations if appropriate) (check box for Y)	

Additional Supporting Information		
Has the patient had a colonoscopy in the last 3 years? (check box if Yes) (If yes please provide summary of result in free text box below)		
I can confirm the patient has the cognitive ability to discuss undergoing colonoscopy (check box for Y)		
Patients with a change in bowel habit to looser stools. I can confirm that a Stool Culture has been performed prior to referral <i>(but do not delay referral to await result)</i> (Please indicate as applicable)	Yes No N/A	
The patient is on Warfarin or any other anticoagulants or antiplatelets? (check box if Yes)		
COVID status		
I can confirm that the patient reports no COVID related symptoms (at time of consultation) OR has had a recent negative COVID test (check box if Yes)		
Please indicate COVID-19 risk:		
	Standard	No co-morbidities
	Vulnerable	Co-morbidities/frailty
	Shielded	In the shielded group because of high risk of COVID-19 infection
Has the patient received 2 doses of the COVID vaccine? (Y/N)		

WHO performance status: (please discuss with and confirm 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"/>

Additional tests that may be useful in the assessment of lower GI symptoms, but are not mandatory prior to referral, include TSH, coeliac antibodies, Faecal Pancreatic Elastase, LFT, clotting.

Please ask patients to discontinue the following medications until after they have been reviewed by the secondary care team: oral iron, Loperamide, codeine, stool bulkers

NG12 criteria – 'suspicious of bowel cancer'	
2ww referral - FIT not required:	Tick if criteria applies
<u>All Ages</u> Abdominal, rectal, anal mass/ulceration	
Aged \geq 50y with unexplained fresh rectal bleeding alone persisting for \geq 3 weeks	
Aged \geq 50y with unexplained dark red rectal bleeding mixed with stool	
Aged \geq 50y with change in bowel habit to looser stools and rectal bleeding	
2ww referral - FIT positive (> 9.9):	Tick if criteria applies
<u>All Ages</u> All other NG12 symptom criteria (see end of form) AND positive FIT result >9.9	
Consider 2ww referral – FIT negative (4 - 9.9) if:	Tick if criteria applies
NG12 symptom criteria PLUS anaemia WITH low Ferritin (<25) or raised Ferritin (\geq 350) or with Thrombocytosis (platelets >400)	
Specific clinical concern of colorectal cancer where safety netting or management via an alternative pathway is not appropriate. Include details in the reason for referral below	

Reason for Referral

Examination – including current BP and DRE *(please perform DRE where possible and appropriate as this will help to inform Triage, or give reason when not undertaken)*

Past Medical History *(please outline or attach most recent or significant history)*

Current Medications

Known Allergies

Family History

Patient anxiety level and any supportive needs

Other information

To be completed by the Admin Team at the Provider Trust

Date of appointment or STT

Date of earliest offered appointment (if different to above)

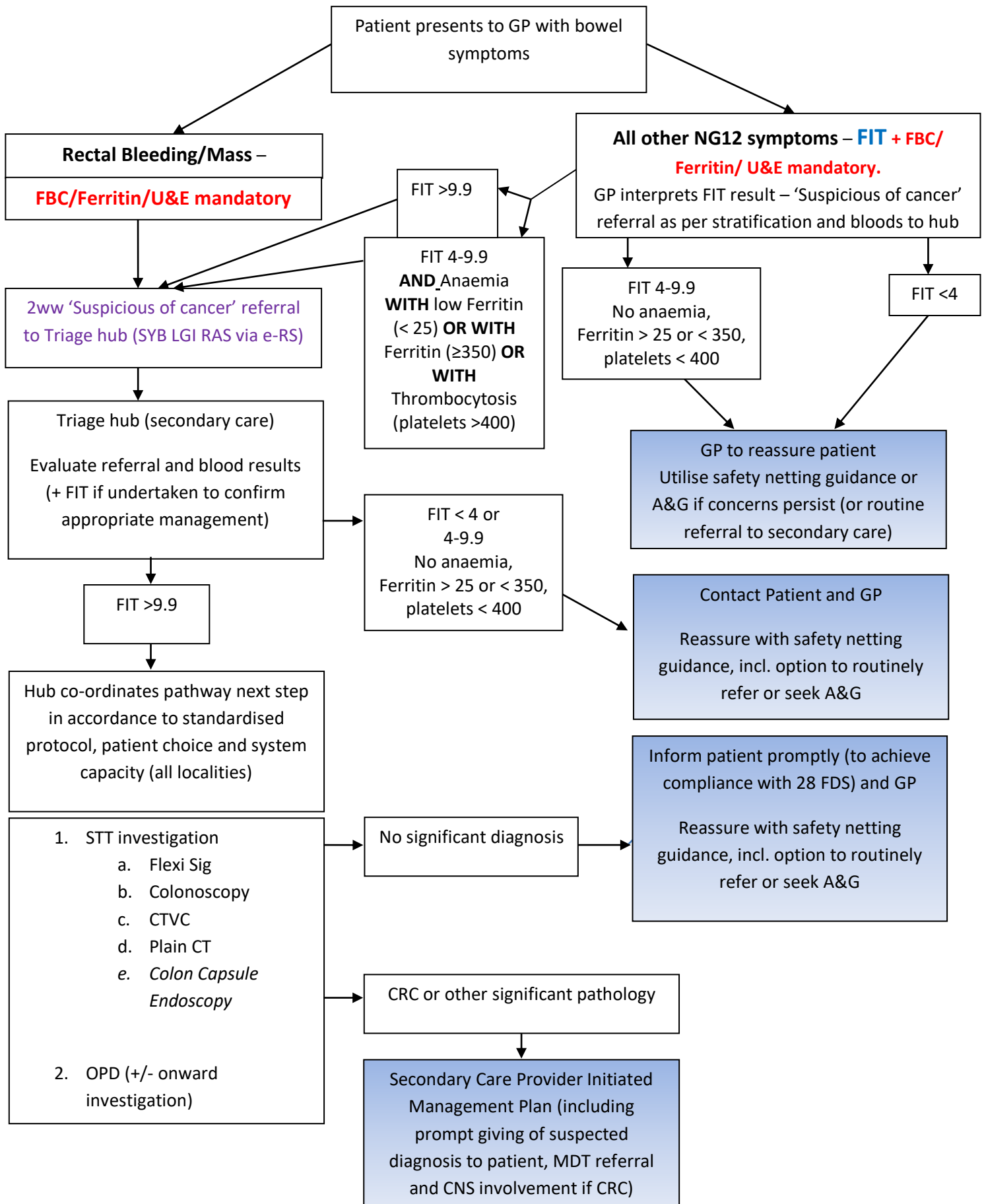
Specify reason if not seen at earliest offered appointment

Periods of unavailability

Booking number (UBRN)

Summary of the NICE NG12 Suspected Cancer Guidelines (Sept 2020 update)

- | |
|---|
| <ul style="list-style-type: none"> • Aged ≥ 40y with unexplained weight loss and abdominal pain. • Aged ≥ 50y with unexplained rectal bleeding • Aged ≥ 60y with: <ul style="list-style-type: none"> ○ Iron deficiency anaemia (<i>N.B. in draft guidance NICE defined this as Hb ≤ 12 in men and Hb ≤ 11 in women – this was based on primary care research that showed these lower thresholds would pick up more cases – it was removed from final guidance and left to our discretion</i>) ○ Changes in their bowel habit. |
| <ul style="list-style-type: none"> • Rectal or abdominal mass. • < 50y and rectal bleeding with any of the following unexplained symptoms or findings: <ul style="list-style-type: none"> ○ Abdominal pain. ○ Change in bowel habit. ○ Weight loss. ○ Iron deficiency anaemia. |
| <ul style="list-style-type: none"> • Aged 50y and over and have abdominal pain or weight loss. • Aged < 60y and have change in bowel habit or iron deficiency anaemia. • Aged 60y and over and have anaemia - even in absence of iron deficiency |
| <ul style="list-style-type: none"> • Unexplained anal mass or ulceration. |



<u>Document Control</u>			
Version	Date	Author	Edit
2.0	07/01/2021	G Thompson	Revised Draft
2.1	08/01/2021	G Thompson	Updated following feedback from Dr Alex Ball
2.2	08/01/2021	G Thompson	Further revisions from Dr Alex Ball
2.3	09/01/2021	G Thompson	Updated following feedback from Mr Kevin Sargen
2.4	11/01/2021	G Thompson	Updated following feedback from Dr Steph Edgar
2.5	27/01/2021	G Thompson	Minor change to COVID vaccine Q following feedback from Dr Alex Ball
2.6	01/03/2021	G Thompson	Addition of 'IDA with FIT negative' advice following feedback from Mr Tim Wilson
2.7	04/03/2021	G Thompson	Minor changes following feedback from Primary Care Leads