

Patient Details:

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|-----------------------------|--|----------------------------|--|
| Patient Name | | | |
| Address | | | |
| DOB | | NHS No. | |
| Home Tel. No. | | Gender | |
| Mobile Tel. No. | | Ethnicity | |
| Preferred Tel. No. | | Email Address | |
| Main Spoken Language | | Interpreter needed? | |
| Transport needed? | | | |

Registered GP Details:

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

Please use separate children's proforma for patients under 16

Dear Colleague,

I would be grateful for your opinion on the patient named who presents with the clinical findings indicated below.

1. I have discussed the possibility of cancer with this patient. Yes No
2. Has the patient confirmed they are 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"/> |

| Prostate Cancer | |
|--|---------------------------------|
| <p>All patients should have Digital Rectal Examination (DRE), PSA and U&E/eGFR blood tests, urine dipstick (+ MSU result if dipstick positive) prior to referral. PSA testing should be carried out in the absence of a UTI (at least 6 weeks following clearance of symptoms) FOLLOWING counselling about the risks/benefits of PSA testing*.</p> <p>*Informed consent: Prostate Cancer Risk Management Programme (PCRMP) leaflet https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/509191/Patient_info_sheet.pdf</p> | |
| 2ww referral if: | Tick if criteria applies |
| Single PSA \geq 20.0 ng/ml in the absence of a documented UTI | <input type="checkbox"/> |
| Prostate feels malignant: Prostate is firm, hard, nodular or craggy on DRE | <input type="checkbox"/> |
| <p>Asymptomatic patient with benign prostate on DRE: Where the initial PSA result is between 3 and 20 ng/mL, a repeat should be obtained at least 4 weeks later.</p> <p>Refer if:</p> <ul style="list-style-type: none"> Both PSA tests \geq 3.0 AND $<$ 20 ng/mL (for all ages) <p>Caution: For men with significant co-morbidities, performance status \geq 2 or life expectancy $<$10 years, consider discussion with patient/family/carers and/or a Urologist about the risks of diagnosis and slow natural history of prostate cancer rather than a 2WW pathway referral.</p> <p>N.B. Median life expectancy for UK men aged 76 years is 9 years.</p> | <input type="checkbox"/> |
| <p>Symptomatic patient** – LUTS with benign prostate on DRE: As above*</p> <p>Refer if either:</p> <ul style="list-style-type: none"> Abnormal DRE Two PSAs \geq 3.0 ng/ml (Two PSA tests at least 4 weeks apart. Refer if both \geq 3.0) <p>**Men treated with Finasteride/ Dutasteride have a median reduction of PSA of 50% after 6 months of continuous treatment. A rise of PSA of 2ng/mL or more from their nadir value should be considered significant. An approximate rule of thumb is to double the PSA level if nadir PSA level not available.</p> <p>Caution: For men with significant co-morbidities, performance status \geq 2 or life expectancy $<$10 years, consider discussion with patient/family/carers and urgent urological referral rather than a 2WW pathway referral.</p> | <input type="checkbox"/> |

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| <p>Symptomatic patient - Suspected metastases (e.g. back pain, weight loss, constitutional symptoms):</p> <p>Refer if either:</p> <ul style="list-style-type: none"> • Abnormal DRE • Single PSA ≥ 20 <p>In this group of patients if initial PSA result is between 10-20ng/mL, suggest repeat and review in 4 weeks with second PSA test. (If repeat PSA level <10 ng/mL then constitutional symptoms are unlikely to be directly due to prostate cancer but consider criteria above)</p> | <input type="checkbox"/> |
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| Bladder / Renal tract cancer | |
|--|---------------------------------|
| 2ww referral if: | Tick if criteria applies |
| <p>Visible Haematuria Aged $\geq 45y$ with unexplained visible haematuria without UTI</p> <p>PLEASE ENSURE that a U&E HAS BEEN UNDERTAKEN within 1 MONTH of referral (FOR CT SCAN)</p> | <input type="checkbox"/> |
| <p>Visible Haematuria Aged $\geq 45y$ with unexplained visible haematuria that persists or recurs after successful treatment of UTI</p> <p>PLEASE ENSURE that a U&E HAS BEEN UNDERTAKEN within 1 MONTH of referral (FOR CT SCAN)</p> | <input type="checkbox"/> |
| <p>Non-visible Haematuria Aged $\geq 60y$ with unexplained non visible haematuria and either;</p> <p>Dysuria <input type="checkbox"/> or</p> <p>Raised blood white cell count <input type="checkbox"/></p> <p>PLEASE ENSURE that a U&E HAS BEEN UNDERTAKEN within 1 MONTH of referral – include result <u>if</u> available</p> | <input type="checkbox"/> |
| <p>Mass on Imaging: Mass in the kidney or bladder on USS or CT</p> | <input type="checkbox"/> |

| Penile Cancer | |
|---|---------------------------------|
| 2ww Referral if | Tick if criteria applies |
| <p>Penile mass or ulcerated lesion and STI excluded</p> | <input type="checkbox"/> |
| <p>Persistent penile lesion after treatment for STI completed</p> | <input type="checkbox"/> |

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| Routine referral for: |
| Non-visible Haematuria (A trace of blood on urine dipstick is not considered to be of significance) |
| All patients 60yrs and under |
| If proteinuria or raised creatinine – <i>refer to renal physician</i> |
| If no proteinuria and normal creatinine – <i>refer to a urologist</i> |

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| Testicular Cancer | |
| REFER THROUGH TESTICULAR LUMP PATHWAY | Tick if criteria applies |
| <u>Testicular Lump Pathway</u> | |

Clinical Information

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| Medical History |
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| Examination |
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| Current Medications |
| Is this patient anticoagulated? Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| Known allergies |
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| Family History |
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| Patient anxiety level & support needs |
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| Information given to the patient |
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| Any additional information |
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| To be completed by the Data Team | |
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| Date of decision to refer | |
| Date of appointment | |
| Date of earliest offered appointment (if different to above) | |
| Specify reason if not seen at earliest offered appointment | |
| Periods of unavailability | |
| Booking number (UBRN) | |

Final diagnosis: Malignant Benign

Summary of the NICE 2015 Suspected Cancer Guidelines

| Renal tract cancer | |
|--|---|
| Bladder/renal tract cancer | |
| The age threshold for both visible and nonvisible haematuria has been raised. Remember that haematuria may be a feature of prostate or endometrial cancer as well as bladder/renal cancer. | |
| Refer via cancer pathway | <ul style="list-style-type: none"> Aged ≥ 45y and have unexplained visible haematuria without UTI or visible haematuria that persists or recurs after successful treatment of UTI (? bladder or renal cancer). Aged ≥ 60y with unexplained non-visible haematuria and either dysuria or raised blood white cell count (? bladder cancer). |
| Consider non urgent referral | <ul style="list-style-type: none"> Aged ≥ 60y with recurrent or persistent UTI that is unexplained (? bladder cancer). |

| Male cancers | |
|--|---|
| Prostate cancer | |
| Refer via cancer pathway | <ul style="list-style-type: none"> Prostate feels malignant on digital rectal examination (DRE) PSA above age-specific reference range. |
| Consider DRE and PSA test to assess for prostate cancer in men with: | <ul style="list-style-type: none"> Any lower urinary tract symptoms such as nocturia, urinary frequency, hesitancy, urgency or retention. Erectile dysfunction. Visible haematuria (in the absence of UTI or not resolving/ recurring after successful treatment). |
| Testicular cancer - <i>Peak age of onset 30-34y</i> | |
| Refer via cancer pathway | Non-painful enlargement or change in shape or texture of the testis. |
| Consider direct access USS as part of clinical reassessment | Unexplained or persistent testicular symptoms |
| Penile cancer | |
| Refer via cancer pathway | <ul style="list-style-type: none"> Penile mass or ulcerated lesion and STI excluded, or Persistent penile lesion after treatment for STI completed. |
| Consider cancer pathway referral | <ul style="list-style-type: none"> Unexplained or persistent symptoms affecting the foreskin or glands. |