

Fax: Contact Centre – Rotherham General Hospital 01709 424138

Referring Clinician:

Patient's Details:

<p>GP Name: Address:</p> <p>Tel No: Fax No:</p>	<p>NHS No: Name: Address:</p> <p>Tel No (home & mobile): DOB: Male/Female Language: Interpreter required () Transport required ()</p>
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Please use separate children's proforma for patients under 16

Dear Colleague

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

I can confirm that I have discussed the possibility with the patient that the diagnosis may be cancer ()
I confirm that I have explained the 2 week wait appointment and process to the patient ()

PLEASE HAND THE PATIENT A COPY OF THE URGENT REFERRALS PATIENT INFORMATION LEAFLET

[2ww Patient Information Leaflet](#)

Is the patient available to attend an appointment within the next 2 weeks? (Yes) (No) Permission to delay 2ww referral (Yes)

SUSPECTED OVARIAN CANCER:				Tick if criteria applies
<ul style="list-style-type: none"> Pelvic or abdominal mass (not obviously fibroid) Ascites USS suggestive of ovarian cancer 				
CA125 Result:		USS (pelvis/abdo) Requested?:	Yes	No
SUSPECTED ENDOMETRIAL CANCER:				Tick if criteria applies
<ul style="list-style-type: none"> Post Menopausal Bleeding (unexplained vaginal bleeding > 12 months after menstruation has stopped due to menopause) 				
Ultrasound scan requested?:	Yes	No	Result:	
SUSPECTED CERVICAL CANCER:				Tick if criteria applies
<ul style="list-style-type: none"> Appearance of cervix consistent with cervical cancer 				
SUSPECTED VUVAL CANCER:				Tick if criteria applies
<ul style="list-style-type: none"> Vulval lump Ulceration Bleeding 				
SUSPECTED VAGINAL CANCER:				Tick if criteria applies
<ul style="list-style-type: none"> Palpable mass in or at entrance to vagina 				

RECURRENCE OF CANCER:	
• Suspicion of recurrence of known gynaecological cancer	

Clinical Information:

Medical History

Active problems:

Investigations: **FBC U&E LFT INR (as necessary) TFT Triple swabs (including Chlamydia) CA125**

Known Allergies

Medications

Family History:

Is there a family history of disease? **Yes () No ()**

Please provide details

CANCER REFERRAL GUIDELINES

GYNAECOLOGY		
OVARIAN	URGENT	<p>Urgent 2ww referral if physical examination identifies any of the following:</p> <ul style="list-style-type: none"> • Ascites • Pelvic or abdominal mass (which is not obviously uterine fibroids) <p><i>*See flow chart</i></p>
	URGENT	<p>Urgent investigation:</p> <p>Arrange CA125 and/or USS (especially if 50 or over) with any of the following on a persistent or frequent basis, particularly more than 12 times per month:</p> <ul style="list-style-type: none"> • Persistent abdominal distension (bloating) • Early satiety and/or loss of appetite • Pelvic or abdominal pain • Increased urinary urgency and/or frequency • New onset symptoms suggestive of IBS (as IBS rarely presents for the first time in women 50 or over) <p>Consider CA125 and/or USS if any of the following is reported;</p> <ul style="list-style-type: none"> • Unexplained weight loss • Fatigue • Changes in bowel habit (though colorectal cancer is a more common malignant cause)
ENDOMETRIAL	URGENT	<p>Urgent 2ww referral if aged under 55 or 55 and over with:</p> <ul style="list-style-type: none"> • Post menopausal bleeding (unexplained vaginal bleeding > 12 months after menstruation has stopped due to menopause) <p>Investigations:</p> <p>Consider direct access USS if aged 55 and over presenting with unexplained symptoms of vaginal discharge who:</p> <ul style="list-style-type: none"> • Are presenting with these symptoms for the first time or • Have thrombocytosis or • Report haematuria <p>Consider direct access USS if aged 55 and over presenting with visible haematuria and any of the following:</p> <ul style="list-style-type: none"> • Low Hb • Thrombocytosis • High blood glucose level
CERVICAL	URGENT	<p>Consider 2ww referral if:</p> <ul style="list-style-type: none"> • The appearance of the cervix is consistent with cervical cancer <p><i>A smear test is not required before referral and a previous negative result should not delay referral</i></p>
VULVAL	URGENT	<p>Consider 2ww referral with any of the following unexplained vulval signs or symptoms:</p> <ul style="list-style-type: none"> • A vulval lump • Ulceration • Bleeding
VAGINAL	URGENT	<p>Consider 2ww referral in women with unexplained palpable mass in or at the entrance to the vagina</p>

* Ovarian cancer

