Southend Hospital NHS
NHS Trust

REFERRAL FOR SUSPECTED CANCER ONLY

Fax ALL Cancer Referrals to 01702 508174

PLEASE COMPLETE IN BLACK INK

PLEASE REFER TO NICE GUIDELINES FOR THE REFERRAL OF SUSPECTED CANCER DETAILED OVERLEAF

Please tick box to indicate appropriate tumour site:

Breast	☐	Lung	☐	Upper GI for endoscopy	☐
CNS	☐	Paediatrics	☐	Upper GI for surgery	☐
Gynaecological	☐	Relapsed Cancer/Oncology	☐	Colorectal for endoscopy	☐
Haematological	☐	Skin	☐	Colorectal for surgery	☐
Head and Neck	☐			Urological	☐

Specialty Clinic:

Preferred Consultant:

Patient Name:

NHS No: ☐☐☐☐☐☐☐☐☐☐

Address:

Hospital Number:

Tel Home:

Tel Work:

Postcode:

Date of Birth:

Tel Mobile:

Referring GP:

Date Decision to Refer:

Address:

Postcode:

Telephone No:

Clinical information - Presenting complaint, relevant history, medication, risk factors.

Investigations - Outcomes and pending

Please initial to confirm you have ensured that this patient is aware of the urgent nature of this referral ☐

Fax received:	Consultant:	
Apt Date:	Apt Time:	Clinic:

FORM No 1115

LUNG
Refer for urgent CXR patients with:
Haemoptysis; unexplained or persistent (for up to 3 weeks in high risk patients or over 3 weeks in others) chest and or shoulder pain, dyspnoea; weight loss; chest signs; hoarseness; finger clubbing; cervical lymphadenopathy; cough; supraclavicular lymphadenopathy; features suggestive of metastasis from a lung cancer (e.g. secondaries in brain, bone, liver, skin), or underlying chronic respiratory problems.

Refer for urgent OPA patients with:
Persistent haemoptysis (in smokers or ex-smokers aged 40 or older);
CXR suggestive of cancer (including pleural effusion and slowly resolving consolidation); Normal CXR where there is a high suspicion of lung cancer; A history of exposure to asbestos and recent onset of chest pain; shortness of breath; or Unexplained systemic symptoms where CXR indicated pleural effusion or pleural mass or any suspicious lung pathology

SKIN
Refer for urgent OPA patients with:
A lesion suspected to be melanoma with the following characteristics monitored for over 8 weeks:
- Change in size, irregular shape, irregular colour - 2 points each characteristic
- Largest diameter 7 mm or more, inflammation, oozing, change in sensation -1 points each characteristic; **with a combined score of 3 or more,** or

Non healing keratinizing or crusting tumours larger than 1 cm with significant induration on palpation persistent commonly found on face scalp or back with a documented expansion over 8 weeks;
An organ transplant who also develop new or growing cutaneous lesions; or
A histological diagnosis of squamous cell carcinoma

HEAD AND NECK CANCER INCLUDING THYROID
Refer for an urgent OPA, patients with:
Unexpected lump in neck of recent onset or previously undiagnosed lump that has changed over a period of 3-6 weeks;
An unexplained persistent sore throat or pain on swallowing for more than 3 weeks;
True dysphagia without dyspepsia for more than 3 weeks;
Hoarseness persisting more than 3 weeks with a negative CXR;
Unexplained ulceration of the oral mucosa or a mass persisting for more than 3 weeks;
Unexplained red or white patches (including suspected lichen planus) of the oral mucosa that are painful, swollen or bleeding; or
A thyroid swelling associated with any of the following: a solitary nodule increasing in size; a history of neck irradiation; a family history of endochrine tumour; unexplained hoarseness or voice change; cervical lymphadenopathy; very young patient (pre-puberty); a patient 65 or over.

Refer urgently to an oral surgeon, patients with unexplained tooth mobility persisting for more than 3 weeks.

HAEMATOLOGICAL
Refer for urgent OPA patients with persistent, unexplained splenomegaly
Carry out a full examination and further investigations, including blood count and film before considering referral for patients with combinations of the following symptoms: fatigue, breathlessness, alcohol-induced pain, drenching night sweats, bruising, abdominal pain, fever, bleeding, lymphadenopathy, weight loss, recurrent infections, splenomegaly, generalised itching, or bone pain.

BONE CANCER AND SARCOMA
Refer for an urgent OPA patients:
Whose CXR indicates possible bone cancer;
With a palpable lump that is: greater than 5 cm in diameter, deep to fascia, fixed or immobile, increasing in size, painful, recurrent after previous excision; or who have HIV and Kaposi's sarcoma is suspected

Urgently investigate where patients present: increasing unexplained or persistent bone pain or tenderness, pain at rest if not in joint, unexplained limp, or where there is a risk of metastases, myeloma, lymphoma or sarcoma

BRAIN AND CNS CANCER
Refer for urgent OPA patients with:
Symptoms related to the CNS including: progressive neurological deficit, new onset seizures, headaches, mental changes, cranial nerve palsy unilateral, sensorineural deafness, where a brain tumour is suspected:
Headaches of recent onset accompanied by features suggestive of raised intracranial pressure including: vomiting, drowsiness, posture related headache, pulse synchronous tinnitus;
Headaches of recent onset accompanied by focal or non focal neurological symptoms: black-out, change in personality or memory;
A new, qualitatively different, unexplained headache that becomes progressively severe; suspected recent onset seizures; or
a previously diagnosed cancer who develop any of the following symptoms: recent onset seizure, progressive neurological deficit, persistent headaches, new mental or cognitive changes, new neurological signs.

Consider an urgent referral in patients with rapid progression of subacute focal neurological deficit, unexplained cognitive impairment, behavioural disturbance or slowness; or a combination of these personality changes confirmed by a witness, for which there are no reasonable explanation even in the absence of other symptoms or signs of a brain tumour

BREAST
Refer for an urgent OPA patients:
Of any age with a discrete hard lump with fixation, with or without skin tethering;
Who are female aged 30 and over with a discrete lump which persists after next period or present after menopause;
Of any age with previous breast cancer who present with further lump or suspicious symptom;
With unilateral eczematous skin or nipple change that does not respond to topical treatment;
With nipple distortion of recent onset;
With spontaneous unilateral bloody nipple discharge; or
Who are male aged 50 and older with a unilateral firm sub-areolar mass with or without nipple distortion or associated skin changes.

GYNAECOLOGICAL
Refer for urgent OPA patients with:
Clinical features suggestive of cervical cancer on examination;
Post menopausal bleeding, not on HRT;
Persistent or unexplained post menopausal bleeding either on HRT or after cessation of HRT for 6 weeks;
Post menopausal bleeding and taking tamoxifen;
An unexplained vulval lump;
Vulval bleeding due to ulceration;
An ultrasound scan suggestive of cancer; or
Palpable abdominal mass on examination that is not obviously uterine fibroids of gastrointestinal or urological origin and where an urgent ultrasound scan is not available

Consider urgent referral for patient with persistent inter-menstrual bleeding and negative pelvic examination.

Refer urgently for ultrasound scan patients with palpable abdominal mass on examination that is not obviously uterine fibroids of gastrointestinal or urological origin.

LOWER GI
Refer for urgent OPA patients:
Aged 40 and over reporting rectal bleeding with change of bowel habit towards looser stools and increased stool frequency persisting > 6 weeks;
Aged 60 and over with rectal bleeding persisting >6 weeks without change in bowel habit or anal symptoms;
Aged 60 and over with change in bowel habit to looser stools and increased stool frequency persisting > 6 weeks without rectal bleeding;
Any age with right lower abdominal mass consistent with involvement of the large bowel;
Any age with palpable rectal intraluminal mass; or
Men of any age or non menstruating women with unexplained iron deficiency and haemoglobin of 11g/100ml or below.

UPPER GI
Refer urgently for endoscopy, or to a specialist, patients with:
Dyspepsia and any of the following: chronic intestinal bleeding, dysphagia, progressive unintentional weight loss, persistent vomiting, iron deficiency anaemia, epigastric mass, suspicious barium meal results

Refer for urgent OPA patients with: unexplained abdominal pain and weight loss with or without back pain, obstructive jaundice – consider urgent ultrasound

Refer urgently for endoscopy patients aged 55 and over with unexplained and persistent recent onset dyspepsia alone

Consider urgent referral for patients with:
Persistent vomiting and weight loss in the absence of dyspepsia;
Unexplained weight loss or iron deficiency in the absence of dyspepsia;
Unexplained worsening of dyspepsia and Barrett's oesophagus; known dysplasia; atrophic gastritis or intestinal metaplasia or peptic ulcer surgery over 20 years ago

UROLOGICAL
Refer for urgent OPA patients:
With a hard irregular prostate carcinoma. PSA should be measured and the result should accompany the referral;
A normal prostate but raised age-specific PSA with or without lower urinary tract symptoms;
With symptoms and high PSA;
With a swelling or mass in the body of the testes;
Of any age with painless macroscopic haematuria;
40 and over who present with recurrent or persistent urinary tract infection associated with haematuria;
50 and over who are found to have unexplained microscopic haematuria;
With abdominal mass identified clinically or on imaging that is though to arise from the urinary tract; or
With symptoms or signs of penile cancer: progressive ulceration, mass in the glans or prepuce particularly or skin of the shaft.

An urgent referral is not needed when:
The prostate is enlarged and the PSA is in the age-specific reference range.
Patient is compromised by other comorbidities – a discussion with the patient may be more appropriate.
The patient has lumps in the corpora cavernosa indicating Peyronie's disease.

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