

# Gynaecological Urgent Suspected Cancer e-Referral Form Kent and Medway Cancer Alliance

PATIENT DETAILS				GP DETAILS	
Surname:	[MERGED FIELD]	First Name:	[MERGED FIELD]	Name:	[MERGED FIELD]
D.O.B.:	[MERGED FIELD]	Gender:	[MERGED FIELD]	Code:	[MERGED FIELD]
Age:	[MERGED FIELD]	NHS No.:	[MERGED FIELD]	Address:	[MERGED FIELD]
Address:	[MERGED FIELD]				
Post code:	[MERGED FIELD]				
Home Tel.:	[MERGED FIELD]	Mobile:	[MERGED FIELD]	Post code:	[MERGED FIELD]
Other Tel.:		Other Tel Name:		Tel. No.:	[MERGED FIELD]
Interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First Language:	E-mail:	[MERGED FIELD]

PATIENT ENGAGEMENT AND AVAILABILITY	
<b>I confirm the following:</b>	
I have discussed the possibility that the diagnosis may be cancer; I have provided the patient with an Urgent Suspected Cancer referral leaflet and advised the patient that they will need to attend an appointment within the next two weeks	
GP Name:	Date of decision to refer (dd/mm/yy):

REFERRAL CRITERIA
<b>Ovarian cancer</b>
<input type="checkbox"/> Physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids)
<input type="checkbox"/> If the ultrasound suggests ovarian cancer, refer the woman urgently for further investigation

GUIDANCE ON URGENT INVESTIGATIONS IN PRIMARY CARE (OVARY)
<ul style="list-style-type: none"> <li>- Carry out tests in primary care if a woman (especially if 50 or over) reports having any of the following symptoms on a persistent or frequent basis – particularly more than 12 times per month:               <ul style="list-style-type: none"> <li>▪ persistent abdominal distension (women often refer to this as 'bloating')</li> <li>▪ feeling full (early satiety) and/or loss of appetite</li> <li>▪ pelvic or abdominal pain</li> <li>▪ increased urinary urgency and/or frequency</li> </ul> </li> <li>- Carry out tests in primary care if a woman (especially if 50 or over) reports symptoms within the last 12 months that suggest irritable bowel syndrome (IBS), because IBS rarely presents for the first time in women of this age</li> <li>- Consider carrying out tests in primary care if a woman reports unexplained weight loss, fatigue or changes in bowel habit</li> </ul>

TESTS PATHWAY FOR PRIMARY CARE		
Measure serum CA 125 in primary care in women with symptoms that suggest ovarian cancer	≥ 35 IU/ml	Arrange urgent ultrasound scan of abdomen and pelvis (see Urgent Direct Access Ultrasound Referral Form)
	< 35 IU/ml	Reassess

For any woman who has normal serum CA125 (less than 35 IU/ml), or CA125 of 35 IU/ml or greater but a normal ultrasound:

- assess her carefully for other clinical causes of her symptoms and investigate if appropriate
- if no other clinical cause is apparent, advise her to return to her GP if her symptoms become more frequent and/or persistent

Endometrial cancer
<input type="checkbox"/> Refer women using a suspected cancer pathway referral (for an appointment within 2 weeks) for endometrial cancer if they are aged 55 and over with post-menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)
<input type="checkbox"/> Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for endometrial cancer in women aged under 55 with post-menopausal bleeding
<input type="checkbox"/> Pelvic ultrasound suggestive of endometrial cancer (attach report)

**GUIDANCE FOR ULTRASOUND (see Urgent Direct Access Ultrasound Referral Form)**

Consider a direct access ultrasound scan to assess for endometrial cancer in women aged 55 and over with:

- unexplained symptoms of vaginal discharge who:
  - are presenting with these symptoms for the first time **or**
  - have thrombocytosis **or**
  - report haematuria, **or**
- visible haematuria **and**:
  - low haemoglobin levels **or**
  - thrombocytosis **or**
  - high blood glucose levels

**Cervical cancer**

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for women if, on examination, the appearance of their cervix is consistent with cervical cancer

**Vulval cancer**

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for vulval cancer in women with an unexplained vulval lump, ulceration or bleeding

**Vaginal cancer**

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for vaginal cancer in women with an unexplained palpable mass in or at the entrance to the vagina

**REFERRAL WHERE NICE NG 12 GUIDANCE IS NOT MET**

**NOTE:** Whilst guidance assists the practice of healthcare professionals, they do not replace their knowledge, skills or clinical judgement. Tick the following boxes if you are unsure if a patient meets the NICE criteria

I am very concerned my patient has cancer but they do not meet the NICE NG 12 criteria

If yes, please state why you have suspicions:

**CLINICAL INFORMATION**

**NOTE:** Please ensure urgent blood tests are undertaken for FBC, electrolytes and creatinine

Relevant clinical details including past history of cancer, family history and examination findings:

Anticoagulation

Yes

Cognitive Impairment (e.g. dementia/learning disability, memory loss etc.)

Yes

Is a hoist required to examine the patient?

Yes

**PATIENT'S WHO PERFORMANCE STATUS**

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 0 | Able to carry on 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 | Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours |
| <input type="checkbox"/> | 3 | Symptomatic and in a chair or in a bed for greater than 50% of the day but not bedridden  |
| <input type="checkbox"/> | 4 | Completely disabled; cannot carry out any self-care; totally confined to bed or chair   |

**ADDITIONAL GP GUIDANCE**

**NOTE:** If significantly compromised by other co-morbidities or with limited life expectancy consider a discussion with the patient and carer regarding whether investigation is necessary

Advise any woman who is not suspected of having ovarian cancer to return to her GP if her symptoms become more frequent and/or persistent

**PATIENT CLINICAL INFORMATION FROM MERGED GP ELECTRONIC RECORDS**

Allergies:	[MERGED FIELD]
Active Problems:	[MERGED FIELD]
Investigations:	[MERGED FIELD]
Significant past history:	[MERGED FIELD]
Current medication:	[MERGED FIELD]
Repeat medication:	[MERGED FIELD]