

Suspected Cancer Referral for Gynaecology



(Including Ovarian, Endometrial, Cervical, Vulval and Vaginal)

SCR Referral for all patients over the age of 16 years

Priority

Referral Date: Short date letter merged	Priority: Suspected Cancer Referral	NHS Number: NHS Number
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Patient Details / Contact Information

Title: Title	Forename: Given Name	Surname: Surname	
Date of Birth: Date of Birth	Gender: Gender(full)	Ethnicity: Ethnic Origin	
Address: Home Full Address (stacked)	Home Telephone Number: Patient Home Telephone	Email: Patient E-mail Address	
Carer Status:	OR Mobile Telephone Number: Patient Mobile Telephone	Text Message Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Preferred Contact Time:	Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred Language (written):	Preferred Language (spoken):

Referrer / Practice Details

Referring Name: Current User	Referrer Code:	Practice Code: Registered GP Organisation National Practice Code
Registered GP: Registered GP Full Name	Surgery Name: Registered GP Organisation Name	Surgery Address: Registered GP Full Address (stacked)
Surgery Telephone Number: Organisation Telephone Number	Generic Surgery Email Address: Organisation E-mail Address	

Mandatory Information – will be returned if not complete

Most patients will have investigations prior to having an appointment or during their first hospital visit. It is therefore important that patients are prepared for this and aware of the reason for their referral. Please ensure the mandatory information below is provided and all relevant investigations are completed and attached.

		Yes	No
1.	Has the patient been informed they are on a suspected cancer pathway, given appropriate support and advised they need to be available at any time within the next two weeks? If no, please explain why: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Can the patient be contacted by telephone? If yes, have you ensured that the telephone contact details are correct? Landline Number: <input type="text"/> OR Mobile Number: <input type="text"/> If NO, why and what is the preferred method of contact? <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Can the patient be contacted by letter?	<input type="checkbox"/>	<input type="checkbox"/>

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	Please expand below, if needed e.g. "Yes, but in preferred language", "Yes, but letter to be sent to GP Practice", etc. <input type="text"/>		
4.	Have you told your patient they may have appointments and tests arranged at any hospital across Greater Manchester?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Accurate functional status is needed to assess the most appropriate investigation and treatment. Please select a score from one of the following and enter in the score field:	Score: <input type="text"/>	
	Rockwood Score 1-3 Managing Well. Not limited by any comorbidities		
	Rockwood Score 4 Vulnerable, not dependant, symptoms limit activities		
	Rockwood Score 5 Mildly frail, evident slowing, need help with daily activities		
	Rockwood Score 6 Moderately frail, need help with all outside activities and bathing		
	Rockwood Score 7-8 Severely frail, completely dependent for personal care		
	Rockwood Score 9 Terminally ill, life expectancy of <6 months		
6.	Are there any concerns about this patient's capability to consent to investigation/treatment? If Yes, has the next of kin/advocate been asked to attend?	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
7.	Is the patient taking anti-coagulants? If Yes please give details: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the patient diabetic and taking Metformin? If Yes please give details: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Current eGFR of patient: Recent changes to guidance mean eGFR is <u>no longer required in all patients</u>. If the value is not appearing this has not been recorded in the last 3 months, therefore has the eGFR been requested today in patients: <ul style="list-style-type: none"> - with known renal disease (CKD 3/4/5 or renal transplant) - who are diabetic - who are on metformin 	Value: Single Code Entry: GFR (glomerular filtration rate) calculated by abbreviated Modification of Diet in Renal Disease Study Group calculation...	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the patient require Translation or Interpretation Services? If Yes, which language: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does the patient have any other health conditions, impairments or access requirements that may require support? (e.g. physical/learning disability): <input type="text"/>		

If the patient fits the referral criteria for more than one gynaecological pathway, please indicate in the free text box so they can be directed to the most appropriate clinic:

Cancer type suspected:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ovary	Cervix	Endometrium	Vulva	Vagina
Menopausal Status:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pre	Post	Hysterectomy	BSO	HRT
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please consider an STI screen in women with risk factors and abnormal bleeding

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Referral Reason *(include relevant family history and previous history of cancer)*

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OVARIAN CANCER

▪ Pelvic or abdominal mass (which is not obviously uterine fibroids)
▪ Any ovarian cyst on USS and raised CA125
▪ Complex (solid/cystic) suspicious ovarian mass on USS with normal/raised ca125
▪ Ascites
Patients <u>should NOT</u> be referred with just a raised CA125 and normal ovaries on USS (please consult NICE guidelines). Please attach all relevant results.

ENDOMETRIAL CANCER

▪ Any age with post-menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)
▪ USS indicates possible endometrial cancer (any age) – with report attached
Criteria for <u>urgent</u> referral suspected ENDOMETRIAL CANCER:
• Post-menopausal bleeding (>12 months after menstruation has stopped) – patient <i>not</i> on HRT.
• Unscheduled bleeding for 4- 6 months after starting HRT (It is normal to bleed for the first 6 months after starting HRT or changing HRT preparation; any unscheduled bleeding thereafter should be investigated)
• Abnormal abdominal/pelvic ultrasound suggestive of endometrial cancer

CERVICAL CANCER

▪ Appearance of cervix consistent with cervical cancer
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VULVAL CANCER

▪ Unexplained vulval lump
▪ Unexplained vulval ulceration
▪ Unexplained vulval bleeding

VAGINAL CANCER

▪ Unexplained palpable mass in or at the entrance to the vagina
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Patients with the following should be referred for direct access non urgent ultrasound scan

▪ Unexplained symptoms of vaginal discharge who: <ul style="list-style-type: none">▪ are presenting with these symptoms for the first time OR▪ have thrombocytosis OR▪ report haematuria
▪ Visible haematuria and: <ul style="list-style-type: none">▪ low haemoglobin levels OR▪ thrombocytosis OR▪ high blood glucose levels

Consultations

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Consultations

Pathology

Sodium	Single Code Entry: Serum sodium level	Total Chol.	Single Code Entry: Serum total cholesterol level	WCC	Single Code Entry: Total white cell count...
Potassium	Single Code Entry: Serum potassium level	LDL Chol.	Single Code Entry: Serum low density lipoprotein cholesterol level	Plat	Single Code Entry: Platelet count...
Urea	Single Code Entry: Serum urea level	HDL Chol.	Single Code Entry: Serum high density lipoprotein cholesterol level	MCV	Single Code Entry: MCV - Mean corpuscular volume...
Creatinine	Single Code Entry: Serum creatinine level...	Folate	Single Code Entry: Serum folate level	Ferritin	Single Code Entry: Serum ferritin level
eGFR	Single Code Entry: Glomerular filtration rate...	Bilirubin	Single Code Entry: Serum bilirubin level		

Haematology

Haemoglobin: Haemoglobin
Haemoglobin estimation: Single Code Entry: Haemoglobin estimation
ALT: ALT
Blood Glucose: Blood Glucose
Alkaline Phosphatase: Alkaline Phosphatase

Radiology

Radiology: Radiology

Diabetic Control

HbA1c: HbA1c

Thyroid Function (if applicable)

T4 / TSH Test (to ensure this is not repeated unnecessarily in secondary care)	
T4: Single Code Entry: Serum free T4 level	TSH: Single Code Entry: Serum TSH (thyroid stimulating hormone) level

Health Profile

Problems
Medication
Allergies
Family History
Alcohol Consumption
Smoking
Weight
Height
BMI
Blood Pressure

Long Term Conditions

IHD: Single Code Entry: Aortocoronary artery bypass graft repeated...
Diabetes: Single Code Entry: Diabetes mellitus without complication...
Single Code Entry: Diabetes mellitus type 1 with ketoacidotic coma...
Hypertension: Single Code Entry: Hypertensive disease...
Epilepsy: Single Code Entry: Recurrent complex partial epilepsy...

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- Stroke/TIA:** Single Code Entry: Anterior cerebral artery syndrome...
- Parkinson's:** Single Code Entry: Parkinson's disease...
- Dementia:** Single Code Entry: Circumscribed cerebral atrophy...
- COPD:** Single Code Entry: Acute vesicular emphysema...
- CKD:** Single Code Entry: Chronic kidney disease stage 4...
- Neoplasms:** Single Code Entry: [X]Additional neoplasm classification terms...
Single Code Entry: Neuroblastoma of central nervous system...

Contraception

FOR FEMALE PATIENTS ONLY

(please check medication screen for items that may not have filtered through)

Single Code Entry: Prescribed postcoital oral contraceptive pill...