

# Suspected Cancer Referral for Urology



(Including Prostate, Bladder, Renal, Testicular & Penile)

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 <b>at any time</b> 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? Please expand below, if needed e.g. "Yes, but in preferred language", "Yes, but letter to be sent to GP Practice", etc.	<input type="checkbox"/>	<input type="checkbox"/>

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	<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:  <b>Recent changes to guidance mean eGFR is <u>no longer required in all patients</u>.</b>  <b>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:</b> <ul style="list-style-type: none"> <li>- with known renal disease (CKD 3/4/5 or renal transplant)</li> <li>- who are diabetic</li> <li>- who are on metformin</li> </ul>	Value: Single Code Entry: GFR (glomerular filtration rate) calculated by abbreviated Modification of Diet in Renal Disease Study Group calculation...	
		<b>Yes</b>	<b>No</b>
		<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"/>		

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

## Referral Information

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## PROSTATE CANCER

Patient information leaflet

[Prostate Patient Information - Greater Manchester Cancer \(gmcancer.org.uk\)](http://gmcancer.org.uk)

### Ensure that all available PSA values are included in this referral.

Consider the impact of referring patients with significant co-morbidity and the very frail elderly as referral may not be appropriate. If in doubt consult your local specialist.

	<b>LEFT</b>	<b>RIGHT</b>
▪ Hard irregular prostate on DRE (please specify side)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>YES</b>	<b>NO</b>
▪ Raised age-related PSA UTI having been excluded	<input type="checkbox"/>	<input type="checkbox"/>

### Information regarding PSA testing:

- PSA can be markedly raised in a UTI and should avoided in this scenario
- If there are any sign of advanced or metastatic prostate cancer a two week wait referral is still indicated irrespective of a UTI
- Following a UTI it can take up to six weeks or more for the PSA to normalise
- Rectal examination and exercise have minimal effect on PSA and should not affect the timing of testing
- Ejaculation only has a minor impact on PSA results but it is best avoided for 48 hours

### Age related cut-off measurements for PSA:

<49 years: refer if PSA level is 2.0 nanogram/mL or higher

50–59 years: refer if PSA level is 3.0 nanogram/mL or higher

60–69 years: refer if PSA level is 4.0 nanogram/mL or higher

70–74 years: refer if PSA level is 5.0 nanogram/mL or higher

75–80 years: refer if PSA level is 7.5 nanogram/ml or higher

>80 years: Men aged 80 years and over can be referred for assessment but there is no stipulated range to necessarily trigger a 2 week wait other than Clinician discretion

**NHSE is considering reviewing PSA referral criteria. Currently the GM Cancer Alliance is using the age specific PSA levels above.**

PSA Result (latest): Single Code Entry: PSA (prostate-specific antigen) level

### BLADDER AND RENAL CANCER (age 45 and above)

	<b>YES</b>	<b>NO</b>
▪ Unexplained visible haematuria and no UTI	<input type="checkbox"/>	<input type="checkbox"/>
▪ Visible haematuria that persists or recurs after successful treatment of UTI	<input type="checkbox"/>	<input type="checkbox"/>

### BLADDER CANCER (age 60 and above)

	<b>YES</b>	<b>NO</b>
▪ Unexplained non-visible haematuria <b>PLUS</b> either:	<input type="checkbox"/>	<input type="checkbox"/>
▪ Dysuria	<input type="checkbox"/>	<input type="checkbox"/>
▪ Raised white cell count on blood test	<input type="checkbox"/>	<input type="checkbox"/>

### TESTICULAR CANCER

	<b>YES</b>	<b>NO</b>
▪ Non painful enlargement or change in shape or texture of testis	<input type="checkbox"/>	<input type="checkbox"/>
▪ Suspected testicular cancer on USS report (report attached)	<input type="checkbox"/>	<input type="checkbox"/>

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## PENILE CANCER

YES

NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## HAEMATURIA

<input type="checkbox"/>	Refer patients under 45 with visible haematuria for non-urgent investigation.
<input type="checkbox"/>	Refer patients with persistent non-visible haematuria for non-urgent investigation.
<input type="checkbox"/>	Consider prostate cancer via DRE and PSA.

## Consultations

Consultations

## Pathology

<b>Sodium</b>	Single Code Entry: Serum sodium level	<b>Total Chol.</b>	Single Code Entry: Serum total cholesterol level	<b>WCC</b>	Single Code Entry: Total white cell count...
<b>Potassium</b>	Single Code Entry: Serum potassium level	<b>LDL Chol.</b>	Single Code Entry: Serum low density lipoprotein cholesterol level	<b>Plat</b>	Single Code Entry: Platelet count...
<b>Urea</b>	Single Code Entry: Serum urea level	<b>HDL Chol.</b>	Single Code Entry: Serum high density lipoprotein cholesterol level	<b>MCV</b>	Single Code Entry: MCV - Mean corpuscular volume...
<b>Creatinine</b>	Single Code Entry: Serum creatinine level...	<b>Folate</b>	Single Code Entry: Serum folate level	<b>Ferritin</b>	Single Code Entry: Serum ferritin level
<b>eGFR</b>	Single Code Entry: Glomerular filtration rate...	<b>Bilirubin</b>	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)	
<b>T4:</b> Single Code Entry: Serum free T4 level	<b>TSH:</b> Single Code Entry: Serum TSH (thyroid stimulating hormone) level

## Health Profile

Problems  
Medication  
Allergies  
Family History  
Alcohol Consumption

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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...  
**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...