

ADULT SUSPECTED GYNAECOLOGY CANCER REFERRAL FORM

Hospital selection			
Somerset Foundation Trust/Musgrove Park	<input type="checkbox"/>	Yeovil District	<input type="checkbox"/>
<p>Please ensure all mandatory fields are completed, this will help ensure the patient is seen in the most appropriate clinic and in a timely way. Requesting additional information can delay appointments.</p> <p>All mandatory blood tests can be requested on Ordercomms via the “Gynaecology 2WW (<40 years old)”, “Gynaecology 2WW (≥40 years old)” or “Gynaecology 2WW (non-ovarian)” tabs.</p>			

Patient details			
Forename	\${firstname}	Address	\${patientAddress}
Surname	\${surname}		\${postcode}
DOB	\${dob}	NHS No.	\${nhsNumber}
		Hospital No.	\${hospitalNumber}
Home tel number	\${home}	Gender	\${gender}
Mobile tel number	\${mobile}	Ethnicity	\${ethnicity}
Email address	\${email}	Date of decision to refer	\${createdDate}
Is the patient happy to be contacted via email	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Registered GP details			
Practice name	\${practiceName}	Tel number	\${main}
		Bypass number	\${bypass}
Referring GP	\${referringClinical}	Email	\${gpEmail}
GP address	\${practiceAddress}	Practice code	\${practiceCode}

Patient engagement		Yes	No
The patient has been made aware that this is a suspected cancer referral		<input type="checkbox"/>	<input type="checkbox"/>
The patient has received the two week wait referral leaflet		<input type="checkbox"/>	<input type="checkbox"/>
The patient has been informed that they may be contacted by secondary care to undergo tests before the appointment		<input type="checkbox"/>	<input type="checkbox"/>
The patient is available to attend the appointment/tests in the next 14 days		<input type="checkbox"/>	<input type="checkbox"/>
Days the patient is not available:	\${daysNotAvailable}		
If your patient is found to have a cancer, do you have any information which might be useful for secondary care regarding their likely reaction to the diagnosis (e.g. a history of depression or anxiety, or a recent bereavement from cancer might be relevant) or their physical, psychological or emotional readiness for further investigation and treatment?	\${patientConcernSurroundingCancer}		

Referral criteria

Endometrial Cancer

The following should be confirmed for all suspected endometrial cancer referrals prior to referral:

I have undertaken a pelvic exam (including a visual exam with use of a speculum) to exclude an obvious vulval/vaginal or cervical cause for bleeding.

A 2WW pelvic USS has been performed and endometrial thickness is ≥ 4 mm - please attach results.

If cervical screening is overdue, this has been performed.

Unscheduled bleeding on HRT - HRT has been **stopped for 6 weeks** but patient is still bleeding. *Referrals made where HRT has not been stopped will be returned, as bleeding on HRT is common and the patient is at risk of unnecessary invasive procedures, as the endometrium will appear thickened on USS if still on HRT.*

In addition to the above, please complete reason for referral below making available relevant consultation notes:

If your patient does not meet NICE suspected cancer referral criteria, consider urgent Gynaecology referral, or to Gynaecological Oncology, via eRS if the patient has significant risk factors for endometrial cancer (family history; BMI >40; NIDDM etc)

Imaging suggests endometrial cancer

Female aged ≥ 55 yrs **not on HRT** with PMB.

Female on tamoxifen with PMB or persistent intermenstrual bleeding.

Unscheduled bleeding on HRT – **stop HRT for 6 weeks**, if still bleeding then perform a pelvic examination and USS (*attach report*). **Do not restart HRT.**

Persistent PMB **not on HRT** following previously reassuring examination and scan – recurrent bleeding within 12 months (but not within 3 months) of a previously reassuring examination & transvaginal USS.

Please repeat examination and USS and attach the report.










*Endometrial sampling is recommended even if endometrial thickness (ET) is < 4mm on a **second** transvaginal ultrasound scan (TVUSS)*

Endometrial Cancer	<p>Unexplained vaginal discharge females aged ≥ 55 yrs with any of the following:</p> <ul style="list-style-type: none"> ○ First presentation of these symptoms ○ With thrombocytosis ○ With haematuria <p>Please request urgent USS and attach report.</p> <p><i>Please ensure that causes of vaginal discharge other than endometrial cancer have been excluded prior to referral. Include details in the referral letter below.</i></p>	<input type="checkbox"/>
	<p>Visible haematuria females aged ≥ 55 yrs with any of the following:</p> <ul style="list-style-type: none"> ○ Low haemoglobin levels; ○ Thrombocytosis ○ High blood glucose levels <p>Please request urgent USS and attach report.</p> <p><i>Please ensure that causes of the visible haematuria other than endometrial cancer have been excluded prior to referral. Include details in the referral letter below.</i></p>	<input type="checkbox"/>
Cervical Cancer	Appearance of the cervix on examination is consistent with cervical cancer	<input type="checkbox"/>
	<p>Persistent post-coital bleeding in females aged ≥ 35 yrs</p> <p>Prior to referral, please check cervical screening history and include in referral letter below, perform only if overdue. Perform high vaginal swabs for M,C&S and Chlamydia to exclude infection as a cause.</p> <p><i>For females with PCB age <35 yrs consider an urgent referral to Colposcopy / Gynaecology via eRS after ensuring cervical screening is up to date (take only if overdue) and high vaginal swabs for M,C&S and Chlamydia have been taken prior to referral to exclude infection as a cause.</i></p>	<input type="checkbox"/>
Vulval Cancer	Vulval lesion concerning for malignancy	<input type="checkbox"/>
	Vulval ulceration in postmenopausal woman	<input type="checkbox"/>
Vaginal Cancer	Suspicious vaginal lesion	<input type="checkbox"/>
Ovarian Cancer (CA125 required with referral, plus LDH, HCG and AFP in aged < 40 yrs)	<p>The following should be confirmed for all suspected Ovarian cancer referrals prior to referral:</p> <p>I have undertaken a pelvic exam (including a speculum and visual exam)</p>	<input type="checkbox"/>
	A 2WW pelvic USS has been performed - please attach results.	<input type="checkbox"/>
	Bloods have been taken for CA125, Ca19-9 and CEA required with referral, plus LDH, HCG and AFP in aged < 40 yrs	<input type="checkbox"/>
	Imaging suggests ovarian cancer	<input type="checkbox"/>
	Pelvic or abdominal mass (which is not obviously uterine fibroids)	<input type="checkbox"/>
	Ascites without cardiac or liver cause	<input type="checkbox"/>

Referral letter (please include any symptoms and examination findings)
#{symptomsAndExaminationFindings}

Additional clinical information		
Past history of cancer	\${pastHistoryOfCancer}	
Hysterectomy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family history	\${relevantFamilyHistoryOfCancer}	
Smoking status	\${smoking}	
Alcohol intake	\${alcoholConsumption}	
Is the patient currently on any anticoagulants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\${isAnticoagulatedWith}
Is the patient currently on any antiplatelet medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\${antiPlatelets}
Latest BP	\${bloodPressureG}	
Latest height	\${lastHeight}	
Latest weight	\${lastWeight}	
Latest BMI	\${bodyMassIndex}	

Relevant investigations (within last 12 weeks)	
Please ensure test results are completed, populated and reviewed before referral. All mandatory blood tests can be requested on Ordercomms via the “Gynaecology 2WW (<40 years old)”, “Gynaecology 2WW (≥40 years old)” or “Gynaecology 2WW (non-ovarian)” tabs.	
FBC	#{fbcG}
U&E (inc. eGFR)	#{renalFunctionG}
CA125 (in suspected ovarian cancer)	#{ca125G}
<i>If < 40yrs with suspected ovarian cancer you must include:</i>	
LDH	#{ldhG}
HCG	#{hcgG}
AFP	#{afpG}
If available:	
CA19.9	#{ca199G}
CEA	#{ceaG}
Clotting	#{clottingG}
BNP	#{bnpG}
Please include USS reports. When requesting scans, please request they are performed at the same hospital as the one you are referring the patient to via this form.	
Ultrasound abdomen and pelvis Result	#{ultrasoundAbdomenandPelvisG}
GP has reviewed all applicable test results	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rockwood frailty score		
<input type="checkbox"/>		1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
<input type="checkbox"/>		2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.
<input type="checkbox"/>		3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.
<input type="checkbox"/>		4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.
<input type="checkbox"/>		5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
<input type="checkbox"/>		6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.
<input type="checkbox"/>		7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).
<input type="checkbox"/>		8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.
<input type="checkbox"/>		9. Terminally Ill - Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

Health inequalities information			
Patient agrees to telephone message being left?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical disabilities	<input type="text" value="{physicalDisabilities}"/>
Learning difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	Learning disabilities	<input type="text" value="{learningDisabilities}"/>
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language required	<input type="text" value="{language}"/>
Language/hearing difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severe anxiety	<input type="text" value="{severeAnxiety}"/>
Known safeguarding concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient able to give consent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobility requirements (unable to climb on/off bed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental capacity assessment required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your patient fit for day case investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason NOT fit for day case	<input type="text" value="{reasonNotFitForDayCase}"/>

Consultations

#{additionalClinicalInfo}

Past Medical History

#{medicalHistory}

Current Medications

#{medication}

Allergies

#{allergies}

For hospitals to complete	
UBRN	
Received date	