**Suspected Gynaecological Cancer Two Week Wait Referral Form**

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| **Referrer Details** | **Patient Details** | | | | | | | |
| Name: | Name: | | | | | DoB: | | |
| Address: | Address: | | | | | Gender: | | |
| Hospital No.: | | |
| NHS No.: | | |
| Tel No: | Tel No. (1): | | | | | *Please check tel. nos.* | | |
| Tel No. (2): | | | | |
| Email: | Carer requirements (has dementia or learning difficulties)? | | | | | Capacity concerns? | | |
| Decision to Refer Date: | Translator Required: Yes 🞏 No 🞏 Language……. | | | | Mobility: | | | |
|  | Military Service Person |  | Military Veteran | | |  | Member of Military Family |

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| **Level of Concern**  *I think it is likely that this patient has cancer, and would like the patient to be investigated further, even if the first test proves negative, including a Consultant to Consultant referral if deemed appropriate. All non-site specific symptoms (e.g. iron deficiency anaemia, unexplained weight loss) are listed in the clinical details section below.*  **Clinical details**  *Please detail your conclusions and what needs to be excluded or attach a referral letter.* |

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| **Ovarian cancer**  physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids)  CA 125 over 35 **AND** ultrasound suggests ovarian cancer  *Please perform CA125 test prior to referral (plus LDH, HCG, AFP if the patient is under 40 years of age)* |
| **Endometrial cancer**  post-menopausal bleeding **NOT ON HRT** (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)  persistent or unexplained post-menopausal bleeding after cessation of HRT **for 6 weeks**.  *For heavy peri-menopausal bleeding over 45 / irregular bleeding / heavy menstrual bleeding despite medical treatment, consider an urgent referral to a Menstrual Dysfunction clinic / General Gynaecology via choose and book as per NICE guidelines.* |
| **Cervical cancer**  appearance of their cervix on examination is consistent with cervical cancer  *For persistent post-coital bleeding, swab and consider an urgent referral to Colposcopy / Gynaecology* |
| **Vulval cancer**  unexplained vulval lump, ulceration or bleeding  *(suspected lichen sclerosus can be referred to VSC, urgently if necessary)* |
| **Vaginal cancer**  unexplained palpable mass in or at the entrance to the vagina |
| **Please ensure the following recent blood results are available (less than 8 weeks old)**  FBC, Us and E’s |

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| **Smoking status** | **WHO Performance Status:**  **0** Fully active  **1** Able to carry out light work  **2** Up & about greater than 50% of waking time  **3** Confined to bed/chair for greater than 50%  **4** Confined to bed/chair 100% |
| **BMI if available** |

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| Please confirm that the patient has been made aware that this is a suspected cancer referral: Yes No  Please confirm that the patient has received the two week wait referral leaflet: Yes No  Please provide an explanation if the above information has not been given:  If your patient is found to have 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? |
| Date(s) that patient is unable to attend within the next two weeks  *If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.* |

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| **Please attach additional clinical issues list from your practice system**  **Details to include:**  Current medication, significant issues, allergies, relevant family history, alcohol status and morbidities |

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| **Trust Specific Details**  'If your patient does not meet any of these criteria for 2ww referral but you are worried, please send a referral labelled as urgent, or email sft.gynaecology@nhs.net where a consultant will triage your referral or provide prompt advice' |

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| ***For hospital to complete*** UBRN:  Received date: |

# Please send via ERS