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| Text  Description automatically generated | | **SUSPECTED CANCER OF UNKNOWN PRIMARY**  ***Urgent Suspected Cancer (USC) referral***  ***Please refer via e-Referral Service*** | |
| **Please use separate children’s proforma for patients under 16.**  **Please see attached link for additional information for referring clinicians please** [**MUO/CUP Investigation and Management Guidelines**](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcanceralliancesyb.co.uk%2Fapplication%2Ffiles%2F9217%2F3737%2F1989%2FSouth_Yorkshire_Guidelines_for_the_Investigation_and_Management_of_Metastatic_Malignant_Disease_of_Unknown_Primary_Origin.pdf&data=05%7C02%7Candreastothard%40nhs.net%7Ccf576c2d716044bdb91e08dd78fd4fa9%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638799751584375027%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=e%2BUwGiXYw7ZVzucXJcAb5vWC6xm%2Fqo4HBRccRygh4Y8%3D&reserved=0)  **\*Patients with no radiological evidence of malignancy but unexplained weight loss, anorexia or persisting abdominal pain DO NOT USE THIS FORM. Please consider using Vague Symptoms Pathway\***  **\*If the patient is very unwell, consider admission rather than outpatient attendance\* -Contact your Trust Lead Clinician for advice prior to referral if necessary – contact details are at the bottom of this form** | |

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| **Patient details** | | | |
| **Patient Name** | ${firstname} ${surname} | | |
| **Address** | ${patientAddress}  ${postcode} | | |
| **DOB** | ${dob} | **NHS No.** | ${nhsNumber} |
| **Home Tel. No.** | ${home} | **Gender** | ${gender} |
| **Mobile Tel. No.** | ${mobile} | **Ethnicity** | ${ethnicity} |
| **Preferred Tel. No.** | ${preferredNumber} | **Email Address** | ${email} |
| **Main Spoken Language** | ${language} | **Interpreter needed?** | Yes  No |
| **Transport needed?** | ${transportNeeded} | **Patient agrees to telephone message being left?** | Yes  No |
| **Communication requirements** | Hard of hearing:  Visually impaired:  Learning/mental difficulties:  Dementia:  Has the patient capacity? Yes  No  Communication difficulties other: (please specify)  ${communicationDifficultiesOther} | | |
| **Safeguarding concerns?** | ${safeguardingConcerns} | | |
| **Date of Decision to Refer** | ${createdDate} | | |

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| **Registered GP details** | | | |
| **Practice Name** | ${practiceName} | | |
| **Registered GP** | ${usualName} | **Usual GP / Referring GP** | ${referringClinical} |
| **Registered GP**  **Address** | ${practiceAddress} | | |
| **Tel No.** | ${main} | **Fax No.** | ${fax} |
| **Email** | ${gpEmail} | **Practice Code** | ${practiceCode} |

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| **Patient engagement** | |
| **The patient has been informed that the reason for referral is to rule out or rule in Cancer.** |  |
| **Supporting information (USC leaflet) provided** |  |
| **I confirm that I have explained the urgent suspected cancer appointment and the patient has confirmed that they can be available to attend an appointment within the next two weeks** |  |
| **The patient is willing and fit enough to undergo further investigation?** |  |
| **The patient is fit enough to attend outpatient clinic?** |  |
| **I have advised the patient that they may be called for additional tests prior to their clinic appointment** |  |
| **Does the patient want a relative present at the appointment** | Yes  No |
| **Patient or Carer Concerns/ Support Needs at the point of referral:** | |
| ${carerConcernsOrSupportNeeds} | |

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| **Referral criteria**  **(Failure to provide adequate information will cause further delay in patient treatment. Inappropriate referrals will be rejected following discussion with the General Practitioner)** | |
| Metastases identified on imaging modality with no known or identifiable primary: |  |
| For sclerotic bone metastases only, exclude prostate cancer with DRE and PSA prior to referral |  |
| For lytic bone metastases only, complete a breast examination to exclude palpable breast lesion and exclude myeloma with immunoglobulins and urinary Bence Jones Protein or Serum Free Light Chains prior to referral |  |
| Other presentation, as discussed with local CUP lead clinician in secondary care (contact details at the end of the form)  Who is appropriate to refer via this CUP form? [Click here](https://resources.cthesigns.co.uk/CUP-form-professional-resource-SYB.pdf) |  |

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| **Additional clinical information** | |
| **Smoking history** | ${smoking} |
| **Alcohol intake** | ${alcoholConsumption} |
| **Carcinogen exposure** | ${carcinogenExposure} |

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| **Please add clinical details and examination findings**  **(this can be copied from your consultation note)** |
| ${symptomsAndExaminationFindings} |

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| **Relevant investigations** | |
| **All patients requiring a 'suspicious of cancer' referral must have a recent (< 3 months) U&E result to facilitate efficient pathway next steps.** | |
| **For all patients** | |
| **FBC** | ${fbcG} |
| **U&E** | ${renalFunctionG} |
| **LFTs** | ${lftG} |
| **LDH** | ${ldhG} |
| **Clotting** | ${clottingG} |
| **For men with bone metastases** | |
| **PSA** | ${psaG} |
| **For patients with liver lesions** | |
| **AFP** | ${afpG} |
| **For men with midline nodal disease** | |
| **AFP** | ${afpG} |
| **HCG** | ${hcgG} |

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| **Performance status - WHO classification** | |
| **0 - Able to carry out all normal activity without restriction** |  |
| **1 - Restricted in physically strenuous activity, but able to walk and do light work** |  |
| **2 - Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours** |  |
| **3 - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours** |  |
| **4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair** |  |

**Consultations**

${additionalClinicalInfo}

**Past Medical History**

${medicalHistory}

**Family history**

${relevantFamilyHistoryOfCancer}

**Current Medications**

${medication}

**Allergies**

${allergies}

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| **To be completed by the Hospital Data Team** | |
| **Date of decision to refer** |  |
| **Date of appointment** |  |
| **Date of earliest offered appointment (if different to above)** |  |
| **Specify reason if not seen at earliest offered appointment** |  |
| **Periods of unavailability** |  |
| **Booking number (UBRN)** |  |
| **Final diagnosis: Malignant**  **Benign** | |

**Guidance**

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| **Referral Guidance** | |
| **Specific presentations excluded from this pathway** | |
| Solitary axillary nodes in women  Solitary neck nodes | Refer to breast USC as per referral guidelines  Refer to Head and Neck USC as per referral guidelines |

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| **NICE Guidance** | |
| **Metastatic malignant disease of unknown primary origin in adults: diagnosis and management** | |
| NICE Guidance CG104 | <https://www.nice.org.uk/guidance/cg104> |

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| **Vague Symptoms** DO NOT USE THIS FORM TO REFER | |
| **Refer to local pathways** | |
| Referral criteria for vague symptoms pathways | * Painless and painful jaundice * Unexplained and proven weight loss * Suspicious but non-specific abdominal symptoms * Recurrent abdominal pain |

**Contact Details for Advice:**

**Chesterfield**

**Name:** Dr David Brooks,

Lead Clinician for Cancer of Unknown Primary

**Email:** [davidbrooks@nhs.net](mailto:davidbrooks@nhs.net); **Direct dial:** 01246 513473; **Mobile:** 07789 935724

**Generic Email:** Acute Oncology Service: [crhft.acute-onc@nhs.net](mailto:crhft.acute-onc@nhs.net)

# Rotherham

**Name:** Dr Victoria Athey,

Lead Clinician for Cancer of Unknown Primary

**Email:** vicky.athey@nhs.net; **Direct dial:** 01709 427168

# Barnsley

**Name:** Dr Victoria Athey, Lead Clinician for Cancer of Unknown Primary

**Email:** vicky.athey@nhs.net; **Direct dial:** 01709 427168

Or

BHNFT CUP Clinical Nurse Specialists Direct Dial: 01226 431890

# Doncaster & Bassetlaw

**Name:** Dr Maurice Fernando,

Lead Clinician for Cancer of Unknown Primary

**Email:** justin.fernando@nhs.net; **Direct Dial:** 01302 644095

**Generic Email:** [dbth.acute.oncology@nhs.net](mailto:dbth.acute.oncology@nhs.net)

# Sheffield

**Name:** Dr Constantina Pitsillides, Lead Clinician for Malignancy of Unknown Origin

**Email:** [sth.palliativecareadmin@nhs.net](mailto:sth.palliativecareadmin@nhs.net); **Direct dial:** 0114 2266770