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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 womenSolitary neck nodes | Refer to breast USC as per referral guidelinesRefer 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
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**Contact Details for Advice:**

**Chesterfield**

**Name:** Dr David Brooks,

Lead Clinician for Cancer of Unknown Primary

**Email:** davidbrooks@nhs.net; **Direct dial:** 01246 513473; **Mobile:** 07789 935724

**Generic Email:** Acute Oncology Service: 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

# Sheffield

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

**Email:** sth.palliativecareadmin@nhs.net; **Direct dial:** 0114 2266770