Urology 2 Week Wait Referral Criteria

Referral Criteria
The criteria are compliant with 2015 NICE guidelines for referring those with suspected cancer and not a substitute for your own clinical judgement or taking specialist professional advice as appropriate.

Performance Status (Adult) A WHO classification indicating a PERSON's status relating to activity/disability

- **Able to carry out all normal activity without restriction**
- **Restricted in physically strenuous activity, but able to walk and do light work**
- **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**
- **Capable of only limited self-care, confined to bed or chair more than 50% of waking hours**
- **Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair**

ALL referrals must be accompanied by up to date (strictly within last 28 days) U+E, FBC to allow timely onward investigation

PROSTATE

- Clinically malignant (Firm, hard or craggy) prostate on rectal examination (PSA to be checked but refer prior to result becoming available
- Raised Age adjusted PSA <50 >2.5; 50-59 >3.0; 60-69 >4.0; 70-79 >5.0;

- Refer immediately if PSA >10ng/ml in patients <80 years of age.
- Refer patients over 80 years, if PSA >20

- In men with significant co-morbidities, performance status >3 or life expectancy <10 years, involve patient & family/carers and/or a specialist in discussion for the appropriateness of referral (patients best interest) ** (See guidelines)
- Clinical or Radiological suspicion of Bone Metastases

KIDNEY & BLADDER

- 45 yrs with unexplained visible haematuria without urinary tract infection.
- 45 yrs with unexplained visible haematuria that persists or recurs after UTI.
- 60 yrs with unexplained non-visible haematuria AND either dysuria or an elevated WBC on FBC.
- Clinical or radiological (US/CT scan) renal or bladder lesion suspicious of.

Consider non-urgent referral for patients with non-visible haematuria > 60 yrs. old with recurrent or persistent UTI/Pyuria

TESTIS

- A solid mass within the body of the testis.
- Non-painful enlargement or change in shape/texture of the testis.

Penis

- Penile mass or ulcerated lesion where a sexually transmitted infection has been excluded as a cause.
- Persistent penile lesion after treatment for a sexually transmitted infection has been completed.

Consider 2 week wait referral for penile cancer in men with unexplained or persistent symptoms affecting the foreskin or glans penis.

INVESTIGATIONS REQUIRED FOR REFERRAL

Suspected Prostate Cancer PSA (Serial values if available)

	PSA ng/ml	Date
1.		/ /
2.		/ /
3.		/ /

Date:

MSU:☐ U+E:☐ eGFR: ☐ FBC: ☐

Guidance Notes

PROSTATE

- **At the discretion of the referrer, two PSA tests may be obtained 4-6 weeks apart (PSA elevated but <10ng/ml & Normal DRE) If PSA still >age adjusted value or increasing, refer immediately⌘.**
- **If patient has a UTI & high PSA, repeat PSA 4-6 weeks after treating the patient. If PSA still above age specific limit, refer as 2WW suspected cancer.**
- **If initial PSA result is >10, and no UTI, an immediate urgent referral should be made in patients <80 years of age with good performance status.**
- **For raised or rising age-specific PSA in men with significant co-morbidities, performance status >3 or life expectancy <10 years, consider discussion with patient/family/carers and/or a specialist before urgent referral.**
- **Clinically malignant (Firm, hard, nodular or craggy) prostate on DRE - PSA should be measured but do not await result prior to referral.**
- **Patient with clinical or radiological suspicion of bony metastases of Prostatic cancer should be referred immediately as 2WW.**

Black men and those with a family history of prostate or breast cancer are at greater risk of developing prostate cancer.
For further information on prostate cancer, please consult the NICE guidelines and/or the Prostate Cancer Risk Management Programme. For CPD credits, consider the BMJ learning module on prostate cancer.

KIDNEY & BLADDER

Initial investigations for a patient with s-NVH (symptomatic Non-Visible Haematuria) and persistent a-NVH (asymptomatic Non-Visible Haematuria)

- **Exclude UTI and/or other transient cause.**
- **Check Serum Creatinine & eGFR.**
- **Check for proteinuria on a random sample. Send urine for protein:creatinine ratio (PCR) or albumin:creatinine ratio (ACR) on a random sample (according to local practice).**
- **N.B. 24 hour urine collections for protein are rarely required. An approximation to the 24 hour urine protein or albumin excretion (in mg) is obtained by multiplying the ratio (in mg/mmol) x10.**
- **Check Blood pressure**
- **In male or female patients with symptoms suggestive of a UTI and Visible Haematuria (VH), diagnose and treat the infection before considering referral. If infection is not confirmed, refer urgently.**

For further information, please consult the Joint Consensus Statement on the Initial Assessment of Haematuria (Prepared on behalf of the Renal Association and British Association of Urological Surgeons. July 2008

TESTIS

- Swellings in the body of the testis- if unsure arrange an URGENT scrotal U/S and refer to 2WW clinic.

PENIS

Symptoms or signs of penile cancer, including progressive ulceration or a mass in the glans or prepuce or involving the skin of the penile shaft.