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| Text  Description automatically generated | | **GYNAECOLOGY**  ***Urgent Suspected Cancer (USC) referral***  ***Please refer via e-Referral Service*** | |
| **Please use separate children’s proforma for patients under 16.**  **Referrals to CRH should be made via ICE on PMB pathway and not via 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} | | |
| **Patient has device which accepts video calling?** | Yes  No | | |
| **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 & practice code** | ${practiceAddress}  ${practiceCode} | | |
| **Tel No.** | ${main} | **Email** | ${gpEmail} |

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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** |  |
| **The patient has been informed of the likely next pathway steps and the time in which they should be contacted?** |  |
| **The patient has confirmed that they are willing and available to be contacted and attend the hospital for appointments and tests within the required timeframes?**  **(and that this may include virtual or telephone consultations if appropriate)** |  |
| **Patient or Carer Concerns/ Support Needs at the point of referral:** | |
| ${carerConcernsOrSupportNeeds} | |

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| **Have you used C the Signs to assist in this referral?** | **Yes** |  | **No** |  |

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| **Referral criteria** | | |
| **For patients with suspected cancer please ensure they have an up to date (within the last 28 days) FBC and U+E to allow for timely onward investigations.** | | |
| **Ovarian cancer** | Physical examination suggests:   * ascites * pelvic or abdominal mass obviously not a fibroid. |  |
| USS of abdomen and pelvis suggests ovarian cancer |  |
| NICE 2015: Arrange urgent investigations CA125 and U/S scan (**especially in women 50 or over**) with any of the following on a persistent or frequent basis:   * Persistent abdominal distension/bloating * Early satiety/or appetite loss * Persistent pelvic or abdominal pain * Increased urinary urgency and or frequency with negative MSU * New onset symptoms suggestive of IBS |  |
| **Endometrial cancer** | Postmenopausal bleeding **NOT ON HRT\*** (Unexplained vaginal bleeding 12 months or more after menstruation has stopped due to the menopause)  or  Postmenopausal bleeding in a patient **60 years old or older on HRT**  For all cases of recurrent postmenopausal bleeding not on HRT, referral should be made regardless of endometrial thickness on transvaginal ultrasound.  **Patients under 60 years on HRT have a very low risk of endometrial cancer and in the majority of cases do not need to be referred on a suspected cancer pathway.**  **Follow advice and guidance document (link below), if the patient fulfils the criteria for suspected cancer diagnosis in this document please indicate here:**  <https://resources.cthesigns.co.uk/April2025GuidanceforpatientsonHRTunder60withunscheduledbleedingV5.0.pdf>  **\*HRT = systemic hormone replacement therapy** |  |
| **Cervical cancer** | Appearance of the cervix is consistent with cervical cancer. |  |
| **Vulval cancer** | Appearance of the vulva consistent with a vulval cancer |  |
| **Vaginal cancer** | Unexplained palpable mass in or at the entrance to the vagina. |  |
| **If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter.** | |  |

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| **Latest BMI** | ${bodyMassIndex} |

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| **Hormonal status** | |
| **Pre-menopausal** |  |
| **Peri-menopausal** |  |
| **Post-menopausal** |  |
| **Has had hysterectomy** |  |

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

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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** |  |

**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** | |