South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance

Urology

Fast Track Referral – 2 Week Wait

Please refer via the e-Referral Service

Patient Details:

Patient Name			
Address			
DOB		**NHS No.**	
Home Tel. No.		**Gender**	
Mobile Tel. No.		**Ethnicity**	
Preferred Tel. No.		**Email Address**	
Main Spoken Language		**Interpreter needed?**	
Transport needed?			

Registered GP Details:

Practice Name			
Registered GP		**Usual GP**	
Registered GP Address			
Tel No.		**Fax No.**	
Email		**Practice Code**	

Please use separate children's proforma for patients under 16

Dear Colleague

I would be grateful for your opinion on the patient named above who presents with the clinical findings indicated below.

1. **I have** discussed the possibility of cancer with this patient. **Yes** ☐ **No** ☐
2. Has the patient confirmed that they can be available to attend an appointment within the next two weeks? **Yes** ☐ **No** ☐

Bladder / Renal tract cancer	
2ww Referral if	Tick if Criteria Applies
Visible Haematuria Aged ≥ 45y and have unexplained visible haematuria without UTI PLEASE DOCUMENT U&E RESULT IN LAST 3 MONTHS (FOR CT SCAN)	☐
Visible Haematuria Aged ≥ 45y and have unexplained visible haematuria that persists or recurs after successful treatment of UTI PLEASE DOCUMENT U&E RESULT IN LAST 3 MONTHS (FOR CT SCAN)	☐
Non- visible Haematuria Aged ≥60y with unexplained non visible haematuria and either; Dysuria ☐ or Raised blood white cell count ☐ PLEASE DOCUMENT U&E RESULT IN LAST 3 MONTHS (FOR CT SCAN)	☐

Testicular Cancer	
2ww Referral if	Tick if Criteria Applies
Non painful enlargement or change in shape or texture of the testis	☐

Penile Cancer	
2ww Referral if	Tick if Criteria applies
Penile mass or ulcerated lesion and STI excluded	☐
Persistent penile lesion after treatment for STI completed	☐

Prostate Cancer

All Patients should have PSA and U&E/eGFR blood tests, urine dipstick (+ MSU result if dipstick positive) and Digital Rectal Examination (DRE) undertaken prior to referral.

2ww Referral if	Tick if criteria Applies
Symptomatic patient with a PSA >20	☐
Prostate feels malignant **(Firm, hard, nodular or craggy)** on (DRE)	☐
Asymptomatic patient requesting PSA test require two blood tests, at least 4 weeks apart Refer if: • Both PSA >3.0 (for all ages) **Note: Please double the PSA test result if patient has been taking Finasteride or Dutasteride for more than 6 months.** (For raised 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.) Informed consent: e.g. Prostate Cancer Risk Management Programme (PCRMP) leaflet https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/509191/Patient_info_sheet.pdf	☐
Symptomatic patient: Prostatic symptoms/LUTS (Wait > 6 weeks following treated UTI before undertaking PSA test. Obtain two PSA tests, at least 4 weeks apart) Refer if: • Abnormal DRE Or • Both PSA >3.0 (for all ages) (For raised 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.) Informed consent: e.g. (PCRMP) leaflet provided	☐
Symptomatic patient: Suspected distant metastases (e.g. back pain, weight loss) Refer: • If abnormal DRE • Or a single PSA >20 In this group of patients if PSA result is between 10-20 suggest repeat and review in 4 weeks with second PSA test. If repeat PSA level <10 – Constitutional symptoms are unlikely to be directly due to prostate cancer but consider criteria above.	☐

Routine Referral For:
Non-visible Haematuria (A trace of blood on urine dipstick is not considered to be of significance)
All patients 60yrs and under
If proteinuria or raised creatinine – *refer to renal physician*
If no proteinuria and normal creatinine – *refer to a urologist*

Clinical Information

Medical History

Examination

Current Medications

Is this patient anticoagulated? **Yes** ☐ **No** ☐

Known allergies

Family History

Patient anxiety level & support needs

Information given to the patient

Any additional information

WHO performance status: (please tick)

0 – normal activity ☐

1 – restrictive light work ☐

2 – self-care but no work > 50% of working day ☐

3 – limited self-care – confined to bed/chair > 50% of waking day ☐

4 – completely disabled – totally confined to bed/chair ☐

To be completed by the 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 ☐

Summary of the NICE 2015 suspected cancer guidelines

Renal tract cancer	
Bladder/renal tract cancer	
	The age threshold for both visible and nonvisible haematuria has been raised. *Remember that haematuria may be a feature of prostate or endometrial cancer as well as bladder/renal cancer.*
Refer via cancer pathway	• Aged ≥45y and have unexplained visible haematuria without UTI or visible haematuria that persists or recurs after successful treatment of UTI (?bladder or renal cancer). • Aged ≥60y with unexplained non-visible haematuria and either dysuria or raised blood white cell count (?bladder cancer).
Consider non urgent referral	• Aged ≥60y with recurrent or persistent UTI that is unexplained (?bladder cancer).

Male cancers	
Prostate cancer	
Refer via cancer pathway	• Prostate feels malignant on digital rectal examination (DRE) • PSA above age-specific reference range.
Consider DRE and PSA test to assess for prostate cancer in men with:	• Any lower urinary tract symptoms such as nocturia, urinary frequency, hesitancy, urgency or retention. • Erectile dysfunction. • Visible haematuria (in the absence of UTI or not resolving/ recurring after successful treatment).
Testicular cancer	
	Peak age of onset 30-34y
Refer via cancer pathway	• Non-painful enlargement or change in shape or texture of the testis.
Consider direct access USS as part of clinical reassessment	• Unexplained or persistent testicular symptoms
Penile cancer	
Refer via cancer pathway	• Penile mass or ulcerated lesion and STI excluded, or • Persistent penile lesion after treatment for STI completed.
Consider cancer pathway referral	• Unexplained or persistent symptoms affecting the foreskin or glans.