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| Text  Description automatically generated | | **BONE SARCOMA**  ***Urgent Suspected Cancer (USC) referral***  ***Please refer via e-Referral Service*** | |
| **PLEASE NOTE:** Patients with suspected **SOFT TISSUE SARCOMA** should be referred to the Sheffield Specialist Sarcoma service as a USC ON e-RS  **If patient aged under 16 yrs.** – refer directly to the Royal Orthopaedic Hospital, Birmingham – see guidance at the end of this form  **Aged 16-40 yrs.** – see guidance at the end of this form  **Aged 40yrs+** **please use this form** to refer to the local USC orthopaedic service (adhering to the requirements and clinical guidance below and next page) or where this does not exist, alternatively to the USC - Cancer of Unknown Primary CUP service | |

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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} | | |

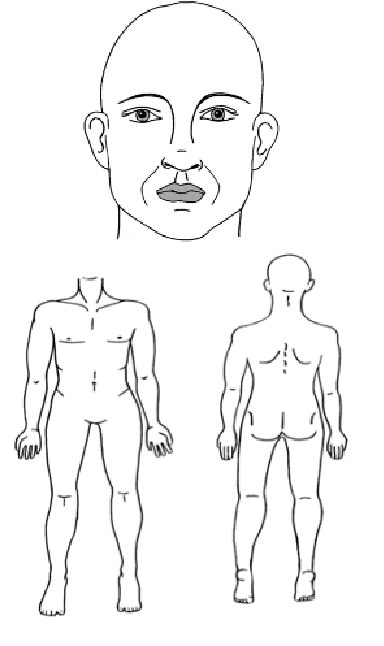
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| **Registered GP details** | | | |
| **Practice Name** | ${practiceName} | | |
| **Registered GP** | ${usualName} | **Usual GP / Referring GP** | ${referringClinical} |
| **Registered GP**  **Address** | ${practiceAddress} | | |
| **Tel No.** | ${main} | **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** |  |
| **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)** |  |
| **Does the patient want a relative present at the appointment** | Yes  No |
| **Patient or Carer Concerns/ Support Needs at the point of referral:** | |
| ${carerConcernsOrSupportNeeds} | |
| **Has the patient had X-ray imaging prior to referral (mandatory prior to referral)?** | Yes  No |

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| **Referral criteria** | |
| **X-ray suggestive of bone malignancy** |  |
| **X-ray normal but clinical concern remains**  **(If X-ray is normal but concern about possible bone malignancy remains, suggest urgent referral to Orthopaedics for further investigation such as an MRI scan)** |  |
| **PLEASE ONLY REFER AS A USC TO LOCAL ORTHOPAEDIC or CUP services AFTER THE FOLLOWING:**   * A radiology report from a Consultant Radiologist has recommended an USC for a suspected bone malignancy * A myeloma screen (either serum and urine protein electrophoresis, or serum protein electrophoresis and serum free light chains (where available), PSA and breast examination have been completed in primary care (where appropriate) and are negative * Any history of previous malignancy has been considered as a cause | |

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| **Order urgent x-ray (within 2 weeks)** | |
| **Rest pain, especially if not in the joint** |  |
| **Unexplained limp** |  |
| **Increased, unexplained, persistent bone pain, swelling or tenderness** |  |
| **Suspected spontaneous fracture** |  |

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| **Location of suspected bone lesion (please mark location)** |



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

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| **Anticoagulation status** | | |
| **Is the patient currently on any anticoagulants?** | Yes  No | ${anticoagulantsTextarea} |
| **Is the patient currently on any antiplatelet medications?** | Yes  No | ${antiplateletsTextarea} |

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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.** | |
| **U&E** | ${renalFunctionG} |
| **FBC** | ${fbcG} |
| **LFTs** | ${lftG} |
| **Clotting** | ${clottingG} |
| **TFTs** | ${thyroidFunctionG} |
| **Bone x-ray** | ${boneXrayG} |
| **Other** | ${relevantInvestigations} |

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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** | |

**SUSPICIOUS BONE LESIONS in patients under 40 yrs:**

* **Patients under 16 years of age** should be referred directly to the Royal Orthopaedic Hospital (ROH) in Birmingham via e-RS to the appropriate referral assessment service (RAS).
* **Patients 16 - 40 years of age with no history of previous malignancy:**

1. Order x-ray of relevant area indicating suspicion (this must be reported by a Consultant Radiologist)
2. X-ray report indicates that bone malignancy is a possibility – Refer directly to THE ROYAL ORTHOPAEDIC HOSPITAL (ROH) IN BIRMINGHAM via e-RS to the appropriate referral assessment service (RAS).

**IMPORTANT –** If no X-ray has been performed, ROH will not accept the referral and the patient will have a delay in their pathway. Please do not send a USC referral at the same time as the X-ray request; wait for the urgent X-ray request report to be available then refer if indicated by the radiology report.

**Summary of the NICE 2015 Suspected Cancer Guidelines**

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| **Sarcoma** | |
| Bone Sarcoma | |
| Consider cancer pathway referral | * If an X-ray suggests the possibility of bone sarcoma. |