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| Text  Description automatically generated | | **PROSTATE**  ***Urgent Suspected Cancer (USC) referral***  ***Please refer via e-Referral Service*** | |
| **Disclaimer: It is not always possible to provide a yes/no diagnosis of prostate cancer. Some patients may require ongoing follow-up and surveillance.**  **The clinical information requested is essential to ensure your patient receives the most appropriate streamlined care. Your patient may be triaged to be on a straight to test pathway, which could include mpMRI, CT, Bone scan & biopsy.** | |

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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** | Sensory impairment (e.g. hearing, visual impairment):  Any mobility requirements? ${mobilityRequirements}  Other disability needing consideration: (please specify)  ${otherDisability}  Dementia:  Communication difficulties other: (please specify)  ${communicationDifficultiesOther} | | |
| **Safeguarding concerns?** | ${safeguardingConcerns} | | |
| **The patient has the capacity to make their own decision?** | Yes  No  If no, please give details and indicate whether a mental capacity assessment is required: ${mentalCapacity} | | |
| **Learning disability?** | ${learningDisability} | | |
| **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 or directed to the infopool website** [**https://www.theinfopool.co.uk/**](https://www.theinfopool.co.uk/) |  |
| **The patient has been informed that they may go straight to a diagnostic test at hospital** |  |
| **The patient has been screened for a UTI**  There is no need to repeat a raised PSA unless there are other probable causes of a raised PSA for example a urinary tract infection or recent catheterisation.  A second PSA test should not be a requirement for further investigation, except where the patient has had a UTI found at the time of the first raised PSA. Requiring a second test can lead to a delay of between 2 – 6 weeks in a patient’s referral, while the second test is being arranged and completed.If UTI present, treat and repeat PSA no sooner than 6 weeks later, refer if PSA remains elevated. |  |
| **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** | | | | | |
| **Symptomatic** | | | | | |
| **Raised age-specific PSA** | | | |  | |
|  | **Age (years)** | **Prostate-specific antigen threshold (mcg/L) – NICE 2021** |  |
|  | **Below 40** | Use clinical judgement |  |
|  | **40 - 49** | More than 2.5 |  |
|  | **50 - 59** | More than 3.5 |  |
|  | **60 - 69** | More than 4.5 |  |
|  | **70 - 79** | More than 6.5 |  |
|  | **Above 79** | PSA >20mcg/L or PSA >7.5mcg/L AND there are symptoms suggestive of metastatic disease (bone pain and/or fatigue and/or significant unintended weight loss) |  |
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| **PSA ≥ 20.0 ng/ml** | | | |  | |
| **Malignant feeling prostate on Digital Rectal Examination** | | | |  | |
| Men treated with Finasteride/ Dutasteride have a median reduction of PSA of 50% after 6 months of continuous treatment. A rise of PSA of 2ng/mL or more from their lowest recorded value should be considered significant. An approximate rule of thumb is to double the PSA level if nadir PSA level not available.  The Academy of Medical Royal Colleges has published best practice guidance on PSA Testing for men aged 80 years and above.  The recommendations on testing are:   * In men over 80, PSA testing should be encouraged where there are symptoms suggestive of metastatic prostate cancer (such as bone pain, unintended weight loss and fatigue).   In men over 80 without signs of metastatic disease the benefit of PSA testing is uncertain.  Further guidance available [here](https://gettingitrightfirsttime.co.uk/wp-content/uploads/2024/04/GIRFT-Urology-Towards-Better-Diagnosis-Management-of-Suspected-Prostate-Cancer-FINAL-V1-April-2024-1.pdf) | | | | | |
| **Asymptomatic** | | | | | |
| **Asymptomatic 50-69 year old with PSA ≥ 3.0 ng/ml** | | | |  | |
| The Prostate Cancer Risk Management Programme for men aged 50 and over states that those with a PSA of ≥ 3ng/ml or an abnormal digital rectal examination should be referred for secondary care assessment, if they have no symptoms of prostate cancer.  Elderly patients or those with significant co-morbidity do not require urgent referral for mildly elevated PSA in the absence of symptoms.  <https://www.gov.uk/guidance/prostate-cancer-risk-management-programme-overview> | | | | | |
| **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.**  **(Please also consider Advice and Guidance prior to referral)**  <https://www.nice.org.uk/guidance/ng12> | | | | |  |

Primary Care Delivery Checklist – Taken from GIRFT Urology: Towards Better Diagnosis & Management of Suspected Prostate Cancer April 2024 <https://gettingitrightfirsttime.co.uk/wp-content/uploads/2024/04/GIRFT-Urology-Towards-Better-Diagnosis-Management-of-Suspected-Prostate-Cancer-FINAL-V1-April-2024-1.pdf>

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| **Referral letter**  **(please include any symptoms and examination findings)** | |
| ${symptomsAndExaminationFindings} | |
| Digital rectal examination | ${digitalRectalExamination} |
| Please note a digital rectal examination (DRE) is not needed if the PSA is raised. If DRE has been done and is abnormal, refer to secondary care on an urgent suspected cancer pathway, even if the PSA is within normal limits.  The development of tests and imaging such as PSA and MRI mean that there are now many circumstances where a digital rectal examination (DRE) will not provide any additional value for decision making. While DRE is a quick and safe examination, it is invasive, can be uncomfortable and may deter some men from discussing prostate cancer concerns. Those with a raised PSA who are being referred for further investigation do not need a DRE, which has less predictive value than other tests. | |

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| **Additional clinical information** | | |
| Is there a family history of prostate cancer or breast cancer? | Yes  No | ${familyHistoryDetails} |
| Does the patient identify as being of African-Caribbean ancestry? | Yes  No | ${africanCaribbeanAncestryDetails} |
| Is the patient currently on any anticoagulants or antiplatelets? | Yes  No | ${anticoagulantsOrAntiplateletsTextarea} |
| Is the patient currently on any immunosuppressants? | Yes  No | ${immunosuppressantsTextarea} |
| Is the patient diabetic AND on medication? | Yes  No | ${diabetesMedicationTextarea} |

Primary care professionals **should proactively discuss** prostate cancer risk, PSA testing, and the wider diagnostic pathway with

* Black men ≥45
* Men with family history of prostate cancer ≥45
* Men with confirmed genetic risk factors for prostate cancer e.g. BRCA2 gene variation

Further guidance can be found [here](https://bjgp.org/content/74/745/e534)

[Specific information is available for trans and non-binary people](https://nhs.sharepoint.com/sites/msteams_5993aa-CDGUrology/Shared%20Documents/17.%20Urology%20CDG/Improvement%20work/Prostate%20T%26F%20USC%20Referral%20form/Specific%20information%20is%20available%20for%20trans%20and%20non-binary%20people), who are advised that their risk may be different.

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| **Background information/Risk factors** | | | |
| Alcohol unit per week | ${alcoholConsumption} | Weight | ${lastWeight} |
| Smoker/ex-smoker/never smoked | ${smokingStatus} | Height | ${height} |
| Other, please specify: | ${otherRiskFactor} | | |

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| **Relevant investigations** | |
| **All patients requiring a USC referral must have a recent (< 3 months) U&E result to facilitate efficient pathway next steps.** | |
| **U&E (inc. eGFR)** | ${renalFunctionG} |
| **PSA**  (there is no need to repeat a raised PSA unless there are other probable causes of a raised PSA – See Section 1 of the Guidance Notes) | ${psaG} |
| **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 |  |

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| **MRI screening questionnaire**  **(**Please complete this section as fully as possible. By doing so you will help us to effectively triage your patient which may mean the can go straight to MRI and speed up their diagnosis.) | |
| Has the patient EVER had a pacemaker, implantable cardiac defibrillator, loop recorder or other cardiac device?  If yes, please detail here: ${pacemakerInfo} | Yes  No |
| Has the patient EVER had surgery to your head, heart, spine, eyes or ears?  If yes, please detail here: ${specificSurgeriesInfo} | Yes  No |
| Has the patient EVER had any surgical clips, aneurysm clips, stents or shunts?  If yes, please detail here: ${surgicalClipsInfo} | Yes  No |
| Has the patient EVER had any implanted medical devices?  (drug infusion device, neurostimulator, BAHA/cochlear implant, contraceptive coil, ported breast implants, heart valve, gastric band, prosthesis: limb, ear, eye)  If yes, please detail here: ${implantsInfo} | Yes  No |
| Has the patient EVER had any metal or metal fragments in their eye?  If yes, please detail here: ${metalFragmentsEyesInfo} | Yes  No |
| Has the patient EVER had any metal or metal fragments (shrapnel, bullets, needles, swarf etc) penetrate any part of their body?  If yes, please detail here: ${metalFragmentsElsewhereInfo} | Yes  No |
| Has the patient EVER had a Pill Cam, Capsule Endoscopy or BravoPH procedure? | Yes  No |
| Does the patient have chronic kidney disease, kidney failure, kidney transplants or kidney dialysis?  If yes, please detail here (for example what days does the patient dialyse on?): ${kidneyDiseaseInfo} | Yes  No |
| Is there a possibility that the patient could be pregnant? | Yes  No |
| Is the patient currently breastfeeding / chestfeeding? | Yes  No |

**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** | |