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| Text  Description automatically generated | | **UROLOGY (excluding prostate)**  ***Urgent Suspected Cancer (USC) referral***  ***Please refer via e-Referral Service*** | |
| **Please use separate children’s proforma for patients under 16.**  **Please note there is now a separate Urgent Suspected Cancer referral for prostate cancer.** | |

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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} | |

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| **Referral criteria** | | |
| **Bladder / Renal tract cancer** | **Visible Haematuria**  Aged ≥ 45y with unexplained visible haematuria without UTI  **PLEASE ENSURE that a U&E HAS BEEN UNDERTAKEN within 1 MONTH of referral (FOR CT SCAN)** |  |
| **Visible Haematuria**  Aged ≥ 45y with unexplained visible haematuria that persists or recurs after successful treatment of UTI  **PLEASE ENSURE that a U&E HAS BEEN UNDERTAKEN within 1 MONTH of referral (FOR CT SCAN)** |  |
| **Non-visible Haematuria**  Aged ≥60y with unexplained non-visible haematuria and either:   * Dysuria * Raised blood white cell count   **PLEASE ENSURE that a U&E HAS BEEN UNDERTAKEN within 1 MONTH of referral – include result if available** | ­­ |
| **Mass on Imaging**  Mass in the kidney or bladder on USS or CT |  |
| **Penile Cancer** | Penile mass or ulcerated lesion and STI excluded |  |
| Persistent penile lesion after treatment for STI completed |  |
| **Testicular Cancer** | **Refer through the testicular lump pathway (direct access ultrasound)** |  |
| **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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| **Routine referral** |
| **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 |

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| **Please add clinical details and examination findings**  **(this can be copied from your consultation note)** | |
| ${symptomsAndExaminationFindings} | |
| **Digital rectal examination** | ${digitalRectalExamination} |
| **Patient anxiety level** | ${patientAnxietyLevel} |

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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 (< 1 months) U&E result to facilitate efficient pathway next steps.** | |
| **U&E** | ${renalFunctionG} |
| **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** | |

# Summary of the NICE 2015 Suspected Cancer Guidelines

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| 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). |

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| Male cancers | |
| Prostate cancer (see separate form) | |
| 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 glands. |