

2ww Barnsley
new Referral Forms

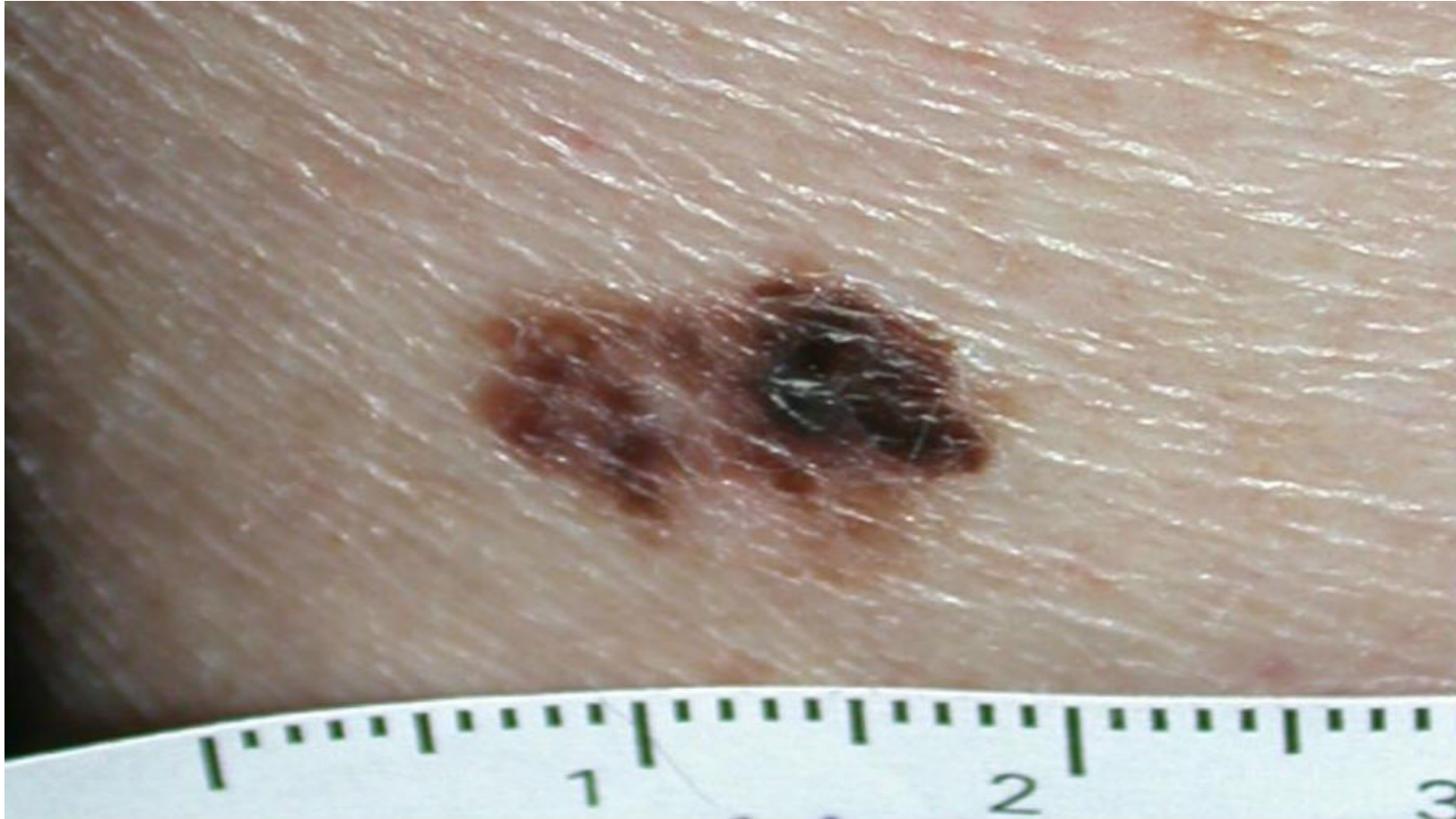
1. Two Week Wait Referrals to Dermatology

Nicola Hardcastle

Consultant Dermatologist

Barnsley Hospital NHS Foundation Trust



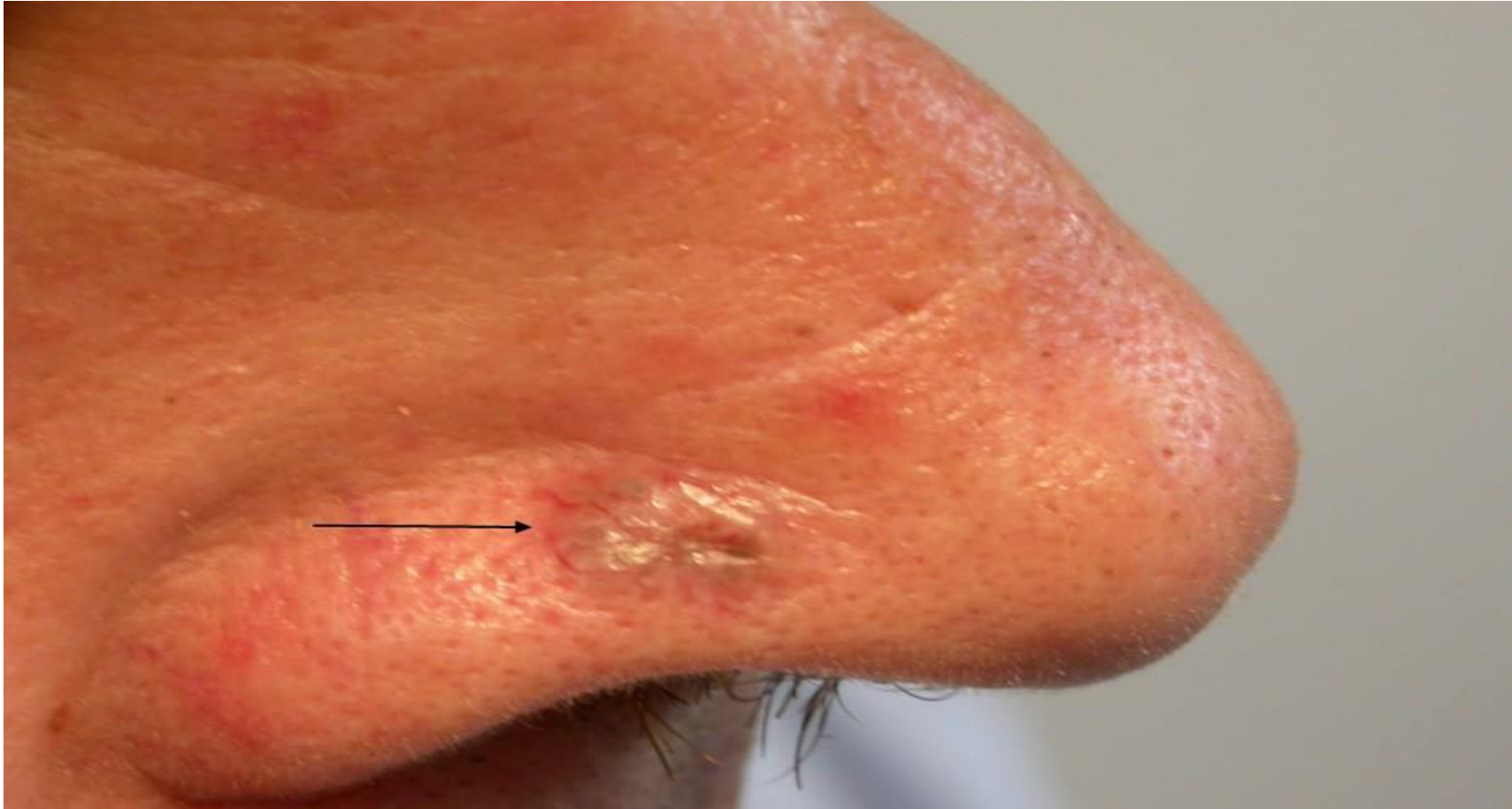










































2WW SKIN URGENT SUSPECTED CANCER REFERRAL FORM (adult)

Date of GP decision to refer: __/__/__

2WW skin referral form

This section must be completed. Thank you.

PATIENT DETAILS – please provide multiple contact details	GP/Clinician Details
Last name: _____ First name: _____	GP/Clinician name and initials: _____
Gender: M / F DOB: / / Ethnicity _____	Practice code: _____
NHS No: _____	Address: _____
Address: _____	Telephone No: _____
Telephone No (Day): _____	Fax No: _____
Telephone No: (Evening) _____	Practice email address: _____
Mobile No: _____	
Patient agrees to telephone message being left: Y <input type="checkbox"/> N <input type="checkbox"/>	
Ambulance booking required: Y <input type="checkbox"/> N <input type="checkbox"/>	
Email: _____	
Language: _____ Interpreter: Y <input type="checkbox"/> N <input type="checkbox"/>	

Referral Criteria

The criteria are compliant with 2015 NICE guidelines for referring those with suspected cancer and not a substitute for your own clinical judgement or taking specialist professional advice as appropriate.

This section must be completed. Thank you.

Performance Status (Adult) A WHO classification indicating a PERSON's status relating to activity/disability.	Please Tick
0 Able to carry out all normal activity without restriction	<input type="checkbox"/>
1 Restricted in physically strenuous activity, but able to walk and do light work	<input type="checkbox"/>
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	<input type="checkbox"/>
3 Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	<input type="checkbox"/>
4 Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair	<input type="checkbox"/>

Urgent referrals criteria (tick category) – **ALL** referrals must be accompanied by up to date (strictly within last 3 months) U+E, FBC to allow timely onward investigation

Suspected Malignant Melanoma	Suspected Squamous Cell Carcinoma
Refer if suspicious pigmented skin lesions with a weighted 7-point checklist score of 3 or more: <ul style="list-style-type: none">• Major features of the lesion scoring 2 points each:<ul style="list-style-type: none">- Change in size- Irregular shape- Irregular colour• Minor features of the lesion scoring 1 point each:<ul style="list-style-type: none">- Largest diameter 7mm or more- Oozing/crusting- Inflammatory response- Change in sensation	Refer if rapidly growing non-healing lesion. Lesion may be tender, indurated, crusted, ulcerated, scaly or bleeding.
	Suspected Basal Cell Carcinoma
	Refer these lesions <i>via non 2WW pathway</i> unless concern about size and site having detrimental effect on outcome if not dealt with urgently. For practices piloting the teledermatology service please trial this route for a rapid response and possible direct booking to a minor surgery clinic. Information to be included specific to this referral: Location: Lower leg / back / face / scalp / back of hands / ears / other

The criteria are compliant with 2015 NICE guidelines for referring those with suspected cancer and not a substitute for your own clinical judgement or taking specialist professional advice as appropriate.

This section must be completed. Thank you.

Performance Status (Adult) A WHO classification indicating a PERSON's status relating to activity/disability.

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Urgent referrals criteria (tick category) – **ALL** referrals must be accompanied by up to date (strictly within last 28 days) U+E, FBC to allow timely onward investigation

Suspected Malignant Melanoma

Refer if suspicious pigmented skin lesions with a weighted 7-point checklist score of 3 or more:

- Major features of the lesion scoring 2 points each:
 - Change in size
 - Irregular shape
 - Irregular colour
- Minor features of the lesion scoring 1 point each:
 - Largest diameter 7mm or more
 - Oozing/crusting
 - Inflammatory response
 - Change in sensation

Refer for a pigmented or non-pigmented skin lesion that suggests nodular melanoma

Suspected Squamous Cell Carcinoma

Refer if rapidly growing non-healing lesion. Lesion may be tender, indurated, crusted, ulcerated, scaly or bleeding.

Suspected Basal Cell Carcinoma

Refer these lesions via non 2WW pathway unless concern about size and site having detrimental effect on outcome if not dealt with urgently. For practices piloting the teledermatology service please trial this route for a rapid response and possible direct booking to a minor surgery clinic.

Information to be included specific to this referral:

Location: Lower leg / back / face / scalp / back of hands / ears / other

(Please specify) _____

Duration of lesion and change

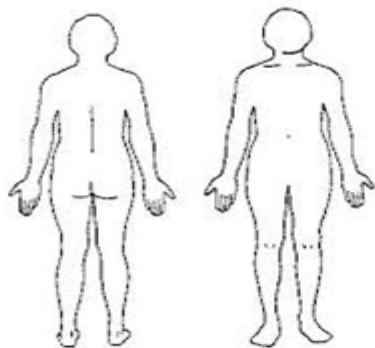
2WW SKIN URGENT SUSPECTED CANCER REFERRAL FORM (adult)

Date of GP decision to refer: __ / __ /

This section must be completed. Thank you.

History and Examination

For all lesions specify:



Please mark with X site/s of lesions

Site:

Size:

Nature of change:

Time period of change:

Description:

UV exposure:

Immune compromise risk:

Past Medical History

Current Medications

Allergies

This section must be completed. Thank you.

Discussions with patient prior to referral

1. Has the patient been advised that the referral is to exclude a cancer diagnosis and has a 2WW patient referral leaflet been given?
2. Has the patient been given information on their actual appointment, time and place?

2. 2ww Referral to Head and Neck

Mr. Michael Nussbaumer

ENT Consultant

2WW Referral for Head and Neck (adult)

Date of GP decision to refer: __/__/__

Thyroid Cancer

2WW referral for unexplained thyroid lump

Thyroid Cancer – risk factors (tick if applies)

- Over 55yrs. with a neck lump
- Previous neck irradiation
- FH of endocrine tumours
- FH of thyroid tumours

Thyroid lump – additional features (tick if applies)

- Stridor associated with thyroid lump → (This is an Emergency – please contact Mr Wickham (H+N Consultant) on Tel: 07885 650949 OR the on-call ENT team at BHNFT)
- Thyroid lump rapidly enlarging over 2-4 weeks
- Unexplained hoarseness or voice change with thyroid lump
- Cervical lymphadenopathy with a thyroid lump
- New thyroid lump in those aged 55 yrs. and over

Laryngeal Cancer

2WW referral for patients 45 years old and over with either:

Persistent unexplained hoarseness

OR

Unexplained lump in the neck

Oral cancer

Persistent unexplained hoarseness

OR

Unexplained lump in the neck

Oral cancer

2WW referral for patients with any of the following:

Unexplained ulceration in oral cavity lasting for more than 3 weeks

Persistent unexplained lump in the neck

Unexplained lump on the lip or in the oral cavity

A red or red/white persistent patch in the oral cavity

Oral cancer – additional features (tick if applies)

A red or white patch on the oral mucosa +/- pain, bleeding or swelling

Ulcer or mass on oral mucosa for more than 3 weeks

Unexplained tooth mobility for more than 3 weeks

Sensory loss – lip or tongue

Head and Neck cancer – additional 2ww referral reasons

Stridor and increasing dysphagia

Increasing Dysphagia

Otalgia

Persistent swelling of submandibular or parotid gland

Persistent painful sore throat especially if unilateral

Unilateral nasal obstruction and discharge

Unilateral nasal discharge in people aged over 50 yrs.

Unilateral otitis media with effusion in people aged over 50 yrs.

Orbital masses

Head and Neck Cancer – risk factors (tick if applies)

45 yrs. or older

Unintentional weight loss (> 3kg in 6 weeks)

Previous surgery (Head, neck, mouth)

Breast Clinic Referrals

Ms J Dicks

Oncoplastic Breast Surgeon

Barnsley Hospital

Breast clinics

- Urgent 2 week referral
- Symptomatic 2 week referral
- Family history clinic
- Reconstruction clinic
- Self referral to Breast screening over 70 years

Urgent 2 week referral

- **Aged 30 and over and unexplained breast lump**
- **Aged 50 and over with any unilateral nipple changes of concern including discharge or retraction**
- **Skin changes suggestive of cancer**
- **Aged 30 or over and unexplained lump in axilla**
- **Previous breast cancer presenting with further lumps or suspicious symptoms who is no longer under review**

Symptomatic 2 week referral

- All other breast problems!
- Don't need U+Es
- Young women (under 25y) could be re-examined after their next period

Family history clinic

- Not suitable if any symptoms

Reconstruction clinic

- Patients considering reconstruction or breast reduction
- Patients who have had previous reconstruction and have cosmetic concerns
- Not suitable if any symptoms

The criteria are compliant with 2015 NICE guidelines for referring those with suspected cancer and not a substitute for your own clinical judgement or taking specialist professional advice as appropriate.

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Please Tick

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- **Consider referral to symptomatic breast clinic if outside the below criteria – these patients will still be seen within 2 weeks.**
- **Asymptomatic patients presenting with a Family History of Breast Cancer should be referred directly to the Breast Family History Clinic at BHNFT.**

Referral Criteria

2 WW referral should be made, male or female, if:

- Aged 30 and over and unexplained breast lump [with or without pain]
- Aged 50 and over with any unilateral nipple changes of concern including discharge or retraction
- Skin changes suggestive of cancer
- Aged 30 or over with unexplained lump in axilla
- Previous breast cancer presenting with further lumps or suspicious symptoms who is no longer under review

4.

2ww LUNG Cancer Referral

Dr.Muhammad Malik

Respiratory Consultant



Referral Criteria

2WW referral criteria:

- CXR suggests possible cancer
- 40 or over with unexplained haemoptysis
- Normal CXR but significant ongoing clinical concerns

Urgent CXR [within 2 weeks] if:

- Persistent or recurrent chest infection
- Finger clubbing
- Supraclavicular lymphadenopathy or persistent cervical Lymphadenopathy
- Thrombocytosis
- If chest signs compatible with pleural disease

Consider urgent CXR [within 2 weeks] if:

- 40 or over, never smoked, but 2 or more of the following:
OR
- 40 or over and previously smoked, with 1 or more of the following:
OR
- Any age with asbestos exposure and 1 or more of the following:
Cough Fatigue Shortness of breath Chest pain Shoulder pain Weight Loss Appetite Loss

2WW LUNG URGENT SUSPECTED CANCER REFERRAL FORM (adult)

Date of GP decision to refer: __/__/__

Symptoms and Signs

Investigations required for referral within the last month: but do not delay referral

Bloods (essential)

- U + E
- FBC
- Coagulation screen
- LFTs

6.

2ww Gynaecology Cancer Referral

Mr. Khaled Farag

Consultant Obstetrician and Gynaecologist

Ovarian Cancer

2WW referral if physical examination reveals:

- Ascites
- Pelvic or abdominal mass

Arrange urgent investigations CA125 and U/S scan (not necessarily within 2 weeks) [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
- Suspicious appearance on U/S scan and/or significantly elevated CA125

ALL referrals must be accompanied by up to date (strictly within last 28 days) U+E, FBC to allow timely onward investigation

Cervical/Vaginal Cancer

Refer 2WW:

Suspicious lesion on cervix or in vagina suggestive of cancer [do not delay a referral by performing a cervical smear]

Vulval Cancer

Refer 2WW any suspicious vulval lump, ulcer or bleeding lesion.

Endometrial Cancer

2WW referral is indicated for women 55 and over with post menopausal bleeding [Unexplained vaginal bleeding 12 months or more after menstruation has stopped due to the menopause]

If urgent trans-vaginal scan is available [within 2 weeks] consider this assessment prior to 2WW clinic referral to assess endometrium as high [4-5mm thickness or greater] or low risk [less than 4mm]

If no urgent scan available refer using 2WW form

U/S scan suggests high risk, refer 2WW

Consider direct ultra-sound referral for any woman 55 or over with unexplained vaginal discharge, thrombocytosis or haematuria.

2ww GYNAECOLOGY URGENT SUSPECTED CANCER REFERRAL FORM (adult)

Date of GP decision to refer: __/__/__

7.

2wwUrology Cancer Referral

Mr. Colin Bunce

ConsultantUrologist

4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair	
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ALL referrals must be accompanied by up to date (strictly within last 28 days) U+E, FBC to allow timely onward investigation

PROSTATE**

1.	Clinically malignant (Firm, hard or craggy) prostate on rectal examination (PSA to be checked but refer prior to result becoming available)	<input type="checkbox"/>
2.	- Raised Age adjusted PSA <50 >2.5; 50-59 >3.0; 60-69 >4.0; 70-79 >5.0; - Refer immediately if PSA >10ng/ml in patients <80 years of age.	<input type="checkbox"/>
	- Refer patients over 80 years, if PSA >20 <i>In men with significant co-morbidities, performance status >3 or life expectancy <10 years, involve patient & family/carers and/or a specialist in discussion for the appropriateness of referral (patients best interest)</i> ** (See guidelines)	<input type="checkbox"/>
3.	Clinical or Radiological suspicion of Bone Metastases	<input type="checkbox"/>

KIDNEY & BLADDER ***

1.	➤ 45 yrs with unexplained visible haematuria without urinary tract infection.	<input type="checkbox"/>
2.	➤ 45 yrs with unexplained visible haematuria that persists or recurs after UTI.	<input type="checkbox"/>
3.	➤ 60 yrs with unexplained non-visible haematuria AND either dysuria or an elevated WBC on FBC.	<input type="checkbox"/>
4.	➤ Clinical or radiological (US/CT scan) renal or bladder lesion suspicious of malignancy.	<input type="checkbox"/>

Consider non-urgent referral for patients with non-visible haematuria > 60 yrs. old with recurrent or persistent UTI/Pyuria

TESTIS

1.	A solid mass within the body of the testis.	<input type="checkbox"/>
2.	Non-painful enlargement or change in shape/texture of the testis.	<input type="checkbox"/>

PENIS

1.	Penile mass or ulcerated lesion where a sexually transmitted infection has been excluded as a cause.	<input type="checkbox"/>
2.	Persistent penile lesion after treatment for a sexually transmitted infection has been completed.	<input type="checkbox"/>

Consider 2 week wait referral for penile cancer in men with unexplained or persistent symptoms affecting the foreskin or glans penis.

PENIS

- | | | |
|----|--|--------------------------|
| 1. | Penile mass or ulcerated lesion where a sexually transmitted infection has been excluded as a cause. | <input type="checkbox"/> |
| 2. | Persistent penile lesion after treatment for a sexually transmitted infection has been completed. | <input type="checkbox"/> |

Consider 2 week wait referral for penile cancer in men with unexplained or persistent symptoms affecting the foreskin or glans penis.

CLINICAL GUIDANCE FOR URGENT UROLOGICAL CANCER REFERRALS

PATIENT MEDICAL HISTORY

Current medication: Anticoagulants Y N
 Antiplatelets Y N
 (excluding Aspirin)

INVESTIGATIONS REQUIRED FOR REFERRAL

Suspected Prostate Cancer
 PSA (Serial values if available)

	PSA ng/ml	Date
1.		/ /
2.		/ /
3.		/ /

Date: _____
 MSU: U+E: eGFR: FBC:

Symptoms, examination and any other information

DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL

- Has the patient been advised that this referral is to exclude a cancer diagnosis and has a 2WW patient referral leaflet been given?
- Has the patient been given information on their actual appointment, time and place?
- Is the patient available for their appointment in the next 2 weeks and do they understand how important it is to let the Practice and Hospital know ASAP if they cannot attend?

****PROSTATE**

- At the discretion of the referrer, two PSA tests may be obtained 4-6 weeks apart (PSA elevated but <10ng/ml & Normal DRE) If PSA still >age adjusted value or increasing, refer immediately⁹⁸
- If patient has a UTI & high PSA, repeat PSA 4-6 weeks after treating the patient. If PSA still above age specific limit, refer as 2WW suspected cancer.
- If initial PSA result is >10, and no UTI, an immediate urgent referral should be made in patients <80 years of age with good performance status.
- For raised or rising age-specific 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.
- Clinically malignant (Firm, hard, nodular or craggy) prostate on DRE - PSA should be measured but do not await result prior to referral.
- Patient with clinical or radiological suspicion of bony metastases of Prostatic cancer should be referred immediately as 2WW.

⁹⁸*Black men and those with a family history of prostate or breast cancer are at greater risk of developing prostate cancer.*

For further information on prostate cancer, please consult the [NICE guidelines](#) and/or the [Prostate Cancer Risk Management Programme](#). For CPD credits, consider the [BMJ learning module](#) on prostate cancer.

*****KIDNEY & BLADDER**

Initial investigations for a patient with s-NVH (symptomatic Non-Visible Haematuria) and persistent a-NVH (asymptomatic Non-Visible Haematuria)

- Exclude UTI and/or other transient cause.
- Check Serum Creatinine & eGFR.
- Check for proteinuria on a random sample. Send urine for protein:creatinine ratio (PCR) or albumin:creatinine ratio (ACR) on a random sample (according to local practice).
N.B. 24 hour urine collections for protein are rarely required. An approximation to the 24 hour urine protein or albumin excretion (in mg) is obtained by multiplying the ratio (in mg/mmol) x10.
- Check Blood pressure
- In male or female patients with symptoms suggestive of a UTI and Visible Haematuria (VH), diagnose and treat the infection before considering referral. If infection is not confirmed, refer urgently.

For further information, please consult the [Joint Consensus Statement on the Initial Assessment of Haematuria](#) (Prepared on behalf of the Renal Association and British Association of Urological Surgeons. July 2008)

TESTIS

- Swellings in the body of the testis- if unsure arrange an URGENT scrotal U/S and refer to 2WW clinic.

PENIS

- Symptoms or signs of penile cancer, including progressive ulceration or a mass in the glans or prepuce or involving the skin of the