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| --- | --- | --- | --- |
| Text  Description automatically generated | | **BREAST**  ***Urgent Suspected Cancer (USC) referral***  ***Please refer via e-Referral Service*** | |
|  | **Please use separate children’s proforma for patients under 16** | |  |

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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} | | |

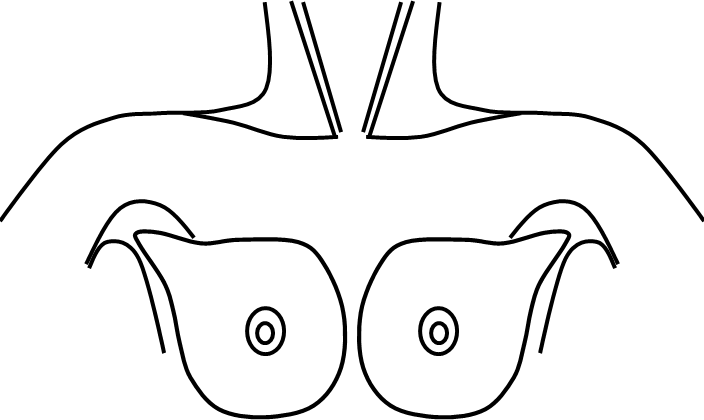
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| **Registered GP details** | | | |
| **Practice Name** | ${practiceName} | | |
| **Registered GP** | ${usualName} | **Usual GP / Referring GP** | ${referringClinical} |
| **Registered GP**  **Address** | ${practiceAddress} | | |
| **Tel No.** | ${main} | **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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| **Type of referral**  **(please refer to symptoms box)** | | | | | |
| [**Breast Symptoms**](https://cks.nice.org.uk/breast-cancer-recognition-and-referral#!scenario) **(to be seen within 2 weeks):** | | | | | |
| **Urgent suspected cancer** |  | **Routine (Breast symptomatic)** |  | **Suspected or confirmed metastatic breast cancer** |  |
| **For Doncaster & Bassetlaw Patients Only: Do not use this referral form for a patient who has previously had confirmed breast cancer who is still under breast clinic review, who presents with a further lump or suspicious symptoms. Telephone 01302 642397 for Doncaster or 01909 572192 for Bassetlaw. The patient may also self-refer if still under follow up.**  **For Rotherham Patients Only: Do not use this referral form for a patient who has previously had confirmed breast cancer who is still under breast clinic review, who presents with a further lump or suspicious symptoms. Please contact the patients key worker telephone number available on the patient’s treatment summary.**  **For Barnsley Patients Only: Do not use this referral form for a patient who has previously had confirmed breast cancer who is still under breast clinic review, who presents with a further lump or suspicious symptoms please contact the Breast Care Nursing Team on 01226 432220 between 9:00 till 16:00 Mon to Fri.** | | | | | |
| **Patient under 16 – Please refer to paediatrics** | | | | | |
| **Please obtain** [**CCG funding approval**](http://platform-ccg-live-eu-2.s3-eu-west-1.amazonaws.com/attachments/7101/original/South_Yorkshire_and_Bassetlaw_Commissioning_for_Outcomes_Policy.pdf?AWSAccessKeyId=AKIAJ3TZGA3TUZPPHIWQ&Expires=1569569954&Signature=BrhZomWql4FAy%2BM%2B7mToKVvi1tk%3D) **for cosmetic procedures before referral** | | | | | |
| **Other reason for referral:** | | | | | |
| **Family history only (Please refer to** [**NICE CG 164**](https://www.nice.org.uk/guidance/cg164/chapter/Recommendations#care-of-people-in-primary-care) **for referral Criteria)** |  | **Prosthetic Fitting Clinic only** |  | **Cosmetic/ Reconstruction only** |  |

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| **Urgent Suspected Cancer**  **Please only use this box if you feel this patient is LIKELY to have Breast Cancer** | **Yes** | **Symptomatic**  Cancer NOT suspected (seen within 2 weeks) | **Yes** |
| Discrete, hard lump ±fixation, ± skin tethering |  | Women aged <30 years with a lump persisting post period. |  |
| 30 years and older with an unexplained breast lump with or without pain. |  | Patients with breast pain alone (no palpable abnormality) **Please don’t refer until tried primary care management as cancer extremely unlikely (4-6 weeks regular NSAIDs or paracetamol as a minimum – see Best Practice Guidance). Antibiotics have no role in the management of breast pain without other sign of infection. Or refer to your local breast pain clinic.** |  |
| With **spontaneous unilateral bloody or blood stained** nipple discharge which stains clothes |  | Asymmetrical nodularity or thickening that persists at review after menstruation |  |
| With nipple retraction or distortion of recent onset (<3 months onset) |  | Infection or inflammation that fails to respond to antibiotics |  |
| Skin distortion/ tethering/ ulceration/ Peau d’orange |  | With unilateral eczematous skin of areola or nipple: **please don’t refer until tried topical treatment such as steroid cream for 2 weeks** |  |
| **Unexplained** lump in axilla. |  | Unilateral, spontaneous nipple discharge that is persistent or troubling |  |
| Male breast lump where cancer is suspected  **Please Follow Pathway for Management and Investigation of Gynaecomastia (Appendix 2)** |  | Male Gynaecomastia  **Please Follow Pathway for Management and Investigation of Gynaecomastia (Appendix 2)** |  |
| **Patients using progesterone based contraception may not have a regular period but they have an ovulatory cycle so review at a different time in the cycle is valid**  **For pathway management and investigation of mastalgia guidance – See breast pain pathway (Page 4)**  **Please do not refer patients with dermatological problems such as moles or dermatitis of the breast skin** | | | |

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| Location of symptoms |
| Please mark the breast diagram below by clicking where the symptom or lesion has been detected. You can mark the diagram more than once if required. |



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

|  |
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| **Relevant investigations** |
| ${relevantInvestigations}  ${mammographyG} |

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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** | |

Appendix 1

Diagram

Description automatically generateds

Graphical user interface

Description automatically generatedAppendix 2

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| --- | --- | --- | --- |
| **Document Control** | | | |
| Version | Date | Author | Edit |
| Gynaecomastia Guidance | December 2020 | L. Caldon, | Development of Gynaecomastia guidance |
| 4.1 | 28/01/2021 | L Horton, Julia Dicks, Kate Hodgkins | Lisa Caldon. Addition of Gynaecomastia guidance and associated amendments |
| 4.2 | 12/02/21 | L Horton | Amendment following CDG Feedback |
| 4.3 | 01/03/21 | L Horton | Updated following input from Julia Dicks |
| 4.4 | 04/03/21 | L Horton/ C Rogers | Minor changes following feedback from Primary Care |
| 4.5 | 23/03/21 | L. Horton | Minor modifications following feedback of L Caldon. |

**Reviewers**

**This document has been reviewed by the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title / Responsibility | Date | Version |
| All Members | Breast CDG | 28/01/21 | V4.1 |
| Julia Dicks | CDG Chair | 01/03/21 | V4.2 |
| All Members | Breast CDG | 01/03/21 | V4.3 |
| Julia Dicks | CDG Chair | 08/03/21 | V4.4 |
| MDT Leads | Breast CDG | 09/03/21 | V4.4 |
| Julia Dicks | CDG Chair | 23/03/21 | V4.5 |
| Miles Payling | C the Signs | 01/06/2021 | V5.0 |