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| Text  Description automatically generated | | **SKIN**  ***Urgent Suspected Cancer (USC) referral***  ***Please refer via e-Referral Service*** | |
| **CHILDREN: Please use separate children’s proforma for patients under 16**  **SUSPECTED USC LESIONS: Please do not biopsy suspected melanoma or suspected squamous cell carcinoma in General Practice. Please refer to secondary care with the lesion intact.**  **OTHER: Only High Risk Basal Cell Carcinomas (see definition- Table 1) should be referred on the urgent suspected cancer pathway, otherwise they should be referred routinely (Please complete Routine referral).**  **BENIGN LESIONS: Consider Advice and Guidance.** | |

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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} | | |
| **What consultation methods would the patient accept?** | **Video**: Yes  No  Has the patient a device for this Video? Yes:  No:  **Telephone:** Home  or Mobile  **Face to Face** (Patient is prepared to attend hospital): | | |
| **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)** |  |
| **Patient suitable for urgent suspected cancer dermoscopy imaging pathway (Mexborough CDC only)?** | Yes  No |
| **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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| **Suspected diagnosis** | |
| **I suspect Malignant Melanoma** |  |
| **I suspect Squamous Cell Carcinoma** |  |
| **I suspect high risk Basal Cell Carcinoma** |  |

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| **Actions prior to referral** | |
| [**Link to guidance on how to take a good photograph**](http://www.pcds.org.uk/clinical-guidance/photography-how-to-take-a-good-dermoscopic-photograph)  **Close up photograph of the USC lesion attached**  **Context (General anatomical site) photo of the lesion attached** |  |
| **Dermoscopic Image of USC lesion attached (if available)** |  |

**CLINICALLY-SPECIFIC AUTOMATIC TABULATED DATA**

**PHOTODERMATOLOGY (please attach image(s); with appropriate consent)**

photodermatology

|  |  |
| --- | --- |
| **Referral Criteria** | |
| Does the patient meet the NICE guidance for USC referral (NG12) | **Yes  No** |

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| --- | --- |
| **Clinical details of lesion** | |
| **Duration (weeks or months)** | ${duration} |
| **Site** | ${site} |
| **Size (diameter in mm)** | ${size} |
| **Pigmented** | **Yes  No** |
| **Any suspected metastatic disease** | **Yes  No** |

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| --- | --- |
| **Additional clinical information** | |
| **Previous malignant melanoma** | Yes  ${previousMalignantMelanoma} |
| **Previous non-melanoma skin cancer** | Yes  ${previousNonMelanomaSkinCancer} |
| **Family history of malignant melanoma** | Yes  ${familyHistoryMalignantMelanoma} |
| **Family history of non-melanoma skin cancer** | Yes  ${familyHistoryNonMelanomaSkinCancer} |

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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} |

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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** | |

**Appendices**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **USC** | **Yes** | **High Risk / USC / Urgent** | **Yes** | **Routine Referral** | **Yes** | **Benign/ Do not refer** | **Yes** |
| **Malignant Melanoma**  Any changing pigmented lesion which has a score of THREE on the weighted scoring system. (see below)  A pigmented or non-pigmented skin lesion that suggests nodular melanoma |  | **Basal Cell Carcinoma**  where delay in treatment would cause significant impact in the following circumstances:   * Suspected BCC on nose or in periorbital region within 5mm of the eye measuring > 3mm diameter * Lesion greater than 20mm diameter on head and neck   If neither of these apply, please complete routine referral. |  | **Suspicion of Basal Cell Carcinoma**  Where a delay in removing a suspected BCC would not have an unfavourable impact, e.g. due to the size or location/ site BCC (as per High Risk guidance)  Consider pre referral advice and guidance. |  | **Benign Lesion**  Please do not refer benign lesions, seek advice and guidance first.  Please note referrals must meet the CCG clinical threshold guidance for referral/ acceptance. |  |
| **Suspected SCC**  Suspected invasive squamous cell carcinoma (not intra-epidermal/ Bowen’s)  Rapidly growing non-healing **lump** that may be crusted, ulcerated, horn-like (on a raised base), bleeding and/or **tender**. |  | **Pre-cancerous lesions (e.g. Bowens AK)**  Please consider Advice and Guidance or Teledermatology first, if a referral is required, this will be routine. |  |

**Summary of the NICE 2015 suspected cancer guidelines**

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| **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.** |

**Table 1**

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| Skin cancers | |
| Malignant melanoma | |
| Refer suspected cancer pathway | * A pigmented or non-pigmented skin lesion that suggests nodular melanoma. * Suspicious pigmented skin lesion that scores 3 or more from weighted 7 point checklist (as below):   Major features (score 2 points each):   * *Change in size.* * *Irregular shape.* * *Irregular colour.*   *Minor features (score 1 point each):*   * *Largest diameter ≥7mm.* * *Inflammation.* * *Oozing.* * *Change in sensation.* * Dermoscopy suggests malignant melanoma. |