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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)**



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| **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**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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.
 |