Sherwood Forest Hospitals (NHS) Trust
KINGS MILL and NEWARK HOSPITAL
2 WEEK WAIT CANCER REFERRAL FOR SUSPECTED UROLOGICAL MALIGNANCY

For Trust use only – Confirmation of Electronic Referral Information		
Hospital Number:	Date of Appointment:	Time:
Speciality:	Consultant:	

Patient Details		**Practice Details**	
NHS No.:		Referring GP:	
Surname:		Organisation	
Forename (s):		Telephone Number	
DOB:			
Previous Surname:		Registered GP:	
Address:		GP Practice Address:	
Sex:		GP Phone Number:	
Marital Status:		GP FAX Number:	
Tel No. (Home):			
Tel No. (Work):			
Mobile No.:		Referral Date:	

Section A: Urology cancer type suspected
(Please put a **X** in appropriate boxes)
Prostate ☐ Bladder/Urethral ☐ Kidney ☐ Testis ☐ Penis ☐

Section B: CLINICAL INFORMATION (please TICK all applicable entries) MANDATORY **Please enclose printouts of CURRENT medications and PAST MEDICAL HISTORY** ***Please review to Appendix***	
Malignancy site suspected?	**Reason for Referral?**
☒ Prostate	☐ An elevated age-specific PSA in a man with a 10-year life expectancy (see appendix)
	☐ A high PSA (>20 mg/ml) in a man of any age with a clinically malignant prostate and/or bone pain
	☐ A hard irregular prostate (regardless of PSA)
For suspected prostate cancer, what is the serum PSA?	**Note**: In patients with a suspected or proven UTI, please repeat the PSA test at least one month after treatment before referral
For suspected prostate cancer - . A recent renal profile (within last 6 weeks) mandatory – please attach results	
☐ Bladder ☐ Kidney	☐ Visible haematuria in an adult of any age
	☐ Non-visible haematuria in an adult over 50 years
	☐ A palpable renal mass
	☐ A solid renal mass found on imaging
	Note: Please attach any renal profile tests performed in the last 6 months
☐ Testis	☐ A swelling in the body of the testis
☐ Penis	☐ Any suspected penile cancer
☐ Other (please specify):	
Has the patient already had relevant diagnosis imaging?	☐ **Yes - attached** ☐ **No**
Are there any contraindications to MRI – e.g. coronary stents, cardiac pacemaker, cerebral aneurysm clips, cochlear implants. A recent renal profile (within last 6 weeks) mandatory	☐ **Yes – details here:** ☐ **No**

Does the patient know? Please ensure the patient is aware of the need to rule out cancer.	**Yes**	**No**
	☒	☐

Is the patient aware that they have been referred on an urgent basis?	☒	☐
Has the patient any holidays planned in the next 3 weeks?	☐	☒
If Yes does the patient wishes to defer referral until return from holiday **Holiday Dates:**	☐	☐

It is important the relevant information sheet is given to the patient when they are referred under the 2WW priority.

Section C: Rectal Examination

(Please put an **X** in appropriate boxes)

Date: **C1.** Clinically Abnormal ☐ **C2.** Normal ☐ **C3.** Not Done ☐
Tests Done: **C4.** MSSU **C5.** KUB ☐ **C6.** Ultrasound Scan ☐

Section D: Investigations performed

MANDATORY – the following tests must be undertaken and results provided with referral:
FBC - LFTs - UEs - Calcium

Investigations: (recordings in last 6months)

Section E: Comments & Other Clinical Information, including investigative results:

Relevant Past Medical History:

Medication:

Acutes

Repeats

Allergies:

No known allergies (1151.)

Minimum Dataset:

Blood Pressure
Weight
Smoking Status
Alcohol Intake
Carer Status

Blood Results:

FBC					
UE					
LFT					
CRP			**ESR**		
TFTs			**INR**		
Bone					
Iron					
Vitamins					
Lipids					
Glucose			**HbA1c**		

Section D Performance status
ECOG PERFORMANCE STATUS (Please tick one of the following statements about the patient); ☐ 0 – Fully active, able to carry on all pre-disease and performance without restriction ☐ 1 – Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature e.g. light house work, office work ☐ 2 – Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours ☒ 3 – Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours ☐ 4 – Completely disabled. Cannot carry out any selfcare. Totally confined to bed or chair.

Appendix

PROSTATE

Please **urgently refer** patients:

- With a hard, irregular prostate typical of a prostate carcinoma. Prostate-specific antigen (PSA) should be measured and the result should accompany the referral. (An urgent referral is not needed if the prostate is simply enlarged and the PSA is in the age-specific reference range).
- With a normal prostate, but rising/raised age-specific PSA, with or without lower urinary tract symptoms. (In patients compromised by other comorbidities, a discussion with the patient or carers and/or a specialist may be more appropriate).
- With symptoms and high PSA levels.

BLADDER AND RENAL

Please **urgently refer** patients:

- Of any age with painless macroscopic haematuria
- Aged 40 years and older who present with recurrent or persistent urinary tract infection associated with haematuria
- Aged 50 years and older who are found to have unexplained microscopic haematuria
- With an abdominal mass identified clinically or on imaging that is thought to arise from the urinary tract

TESTIS

Please **urgently refer** patients:

- With a swelling or mass in the body of the testis

PENIS

Please **urgently refer** patients:

- With symptoms or signs of penile cancer. These include progressive ulceration or a mass in the glans or prepuce particularly, but can involve the skin of the penile shaft. (Lumps within the corpora cavernosa can indicate Peyronie's disease, which does not require referral.

NON-URGENT REFERRAL

Please refer non-urgently:

Refer non-urgently patients under 50 years of age with microscopic haematuria. Patients with proteinuria or raised serum creatinine should be referred to a renal physician. If there is no proteinuria and serum creatinine is normal, a non-urgent referral to a urologist should be made

NB. In male or female patients with symptoms suggestive of a urinary infection and macroscopic haematuria, diagnose and treat the infection before considering referral. If infection is not confirmed, refer them urgently.

Average UK male life expectancy in years *	
Age 70 yrs	14.4 yrs remaining
72	13.1
74	11.7
76	10.5
78	9.3
80	8.2
82	7.1
86	5.4
88	4.7
90	4.1

*As a ready reckoner, for patients in the best quartile of health, add 50% to yrs remaining; for those in worst quartile of health, subtract 50%. For 'average' patients, do not adjust.

Age-specific PSA threshold levels for referral**	
40-49 yrs	2.5 ng/ml
50-59 yrs	3.0 ng/ml
60-69 yrs	4.0 ng/ml
70+ years	5.0 ng/ml

**There are no age-specific reference ranges for men over 80 years. Nearly all men of this age have at least a focus of cancer in the prostate. Prostate cancer only needs to be diagnosed in this age group if it is likely to need palliative treatment.