TVCA suspected gynaecology cancer referral form

Referral should be sent via e-RS with this form attached within 24 hours

Top Tips: Gynaecology urgent referrals

Surname: «PATIENT_Surname»	First name: «PATIENT_Forename1»
Title: «PATIENT_Title»	NHS number: «PATIENT_Current_NHS_Number»
Referral date: «SYSTEM_Date»	
Please tick patient's hospital of choice: ☐ Buckinghamshire Healthcare NHS Trust ☐ Oxford University Hospitals NHS Foundation Trust ☐ Royal Berkshire NHS Foundation Trust ☐ Frimley Health NHS Foundation Trust	**Click here to access the Hospitals Directory**

1. PATIENT DETAILS – ESSENTIAL

Gender on NHS record: «PATIENT_Sex»	Ethnicity: Click or tap here to enter text.
First language: Click or tap here to enter text.	Interpreter needed: Click or tap here to enter text.
DOB: «PATIENT_Date_of_Birth»	Age: «PATIENT_Age»
Patient address: «REFERRAL_House», «PRACTICE_Road», «PRACTICE_Locality», «PRACTICE_Town», «PRACTICE_Postcode»	
Daytime contact Tel: **Work:** «PATIENT_Main_Comm_No» **Home:** «PATIENT_Alt_Comm_No» **Mobile:** «PATIENT_Mobile_No»	
Email: Click or tap here to enter text.	
Carer/ key worker details:	
Name: Click or tap here to enter text.	Contact telephone: Click or tap here to enter text.
Relationship to the patient: Click or tap here to enter text.	

2. REFERRER DETAILS – ESSENTIAL

Usual GP name: «PATIENT_usual_GP»	Referring clinician: «REFERRAL_Clinician»
Practice address: «PRACTICE_House», «PRACTICE_Road», «PRACTICE_Locality», «PRACTICE_Town», «PRACTICE_Postcode»	Practice code: Click or tap here to enter text.
☐ The possibility that the diagnosis may be cancer has been discussed with the patient.	
☐ The patient has been informed that they could be contacted by telephone at any time within the next 28 days but likely within the next few days and that availability/attendance is strongly advised	
☐ The patient has been offered a suspected cancer referral leaflet	

3. REASON FOR REFERRAL– ESSENTIAL - See TVCA Suspected Gynaecology Cancer Referral Guide

Please tick:

☐ Ovarian ☐ Endometrial ☐ Cervical ☐ Vulval ☐ Vaginal

If there is another reason for referral, please share patient's history, exam findings, and why you think they might have cancer here: Click or tap here to enter text.

4. INVESTIGATIONS / ACTIONS - Please record all that has been completed prior to referral

☐ Pelvic ultrasound

☐ Abdominal ultrasound

☐ Ultrasound (suspected ovarian/endometrial cancer) Note: US not available to GPs in Berkshire West

☐ Ca 125 (suspected ovarian cancer)

☐ Results of latest smear

☐ No investigations

5. SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL

☐ **Criteria for urgent referral suspected OVARIAN CANCER:**

See **NICE NG12 Suspected cancer: recognition and referral guidance – Gynaecological cancers** for full referral criteria.

☐ Abnormal abdominopelvic imaging (US, MRI, CT) suggestive of ovarian cancer. *Please attach report if completed. If no imaging has been done, or you are awaiting results, please state here:* Click or tap here to enter text.

☐ Physical examination identifies ascites and / or an abdominopelvic mass (which is not obviously uterine fibroids).

☐ Elevated Ca-125 with no other cause evident.

☐ **Criteria for urgent referral suspected ENDOMETRIAL CANCER:**

Menopausal status: ☐ Pre-Menopausal ☐ Post-Menopausal ☐ Hysterectomy ☐ Patient on HRT

☐ Post-menopausal bleeding (>12 months after menstruation stopped and not on HRT) *Please attached imaging report if completed. If no imaging has been done, or you are awaiting results, please state here:* Click or tap here to enter text.

☐ Abnormal US/MRI/CT suggestive of endometrial cancer

☐ Asymptomatic post-menopausal woman with US showing endometrial thickness ≥ 10mm

Patient on HRT with unscheduled bleeding:

☐ Meets criteria following urgent TV ultrasound >7mm (sHRT) *or* >4mm (ccHRT) *or* endometrium incompletely visualized

☐ High risk patient (1 major risk factor *or* 3 minor risk factors for endometrial cancer). List BMS risk factors here: **Click here to see risk factors for endometrial cancer in BMS guidance**

☐ Does not meet BMS high risk criteria but urgent (within 6 weeks) TV US not available and high clinical suspicion

☐ **Criteria for urgent referral suspected CERVICAL CANCER:**
☐ Appearance of cervix is consistent with cervical cancer.
☐ Post-coital bleeding (not obviously due to infection). *(Consider Chlamydia test in primary care in cases of post-coital bleeding)*
☐ Intermenstrual or post-menopausal bleeding
☐ Abnormal, persistent vaginal discharge (infection excluded)
☐ **Criteria for urgent referral OTHER:**
☐ Unexplained palpable mass in or at entrance to vagina ☐ Unexplained vulval lump or focal ulceration If the patient does not meet any specific criteria above, please consider routine referral to a gynaecology service/GUM/Dermatology ☐ Referral is due to clinical concerns that do not meet the above criteria. Please provide details in section 3.
Additional important clinical information:
Past history of cancer: Click or tap here to enter text.
Relevant family history of cancer: Click or tap here to enter text.
Safeguarding concerns: Click or tap here to enter text.
Other relevant information about patient's circumstances: Click or tap here to enter text.
Patient referred/previously investigated for similar symptoms at other hospital/service: ☐ No ☐ Yes, please give details: Click or tap here to enter text.

6. INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL	
Auto-populate frailty score	
WHO Performance status	**Frailty assessment**
☐ 0 Fully active ☐ 1 Restricted physically but ambulatoryand able to carry out light work. ☐ 2 Ambulatory more than 50% of waking hours; able to carry out self-care. ☐ 3 Limited self-care; confined to bed or chair more than 50% of waking hours. ☐ Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair.	1-3 Very fit/ well / managing Well - from people who are robust, active, motivated and among fittest for their age to people whose medical problems are well controlled but are not regularly active beyond routine walking. 4-5 Vulnerable and mildly frail - more evident slowing and need help in high order. Typically, mild frailty progressively impairs shopping and walking outside alone, meal prep and housework. 6 Moderately frail - need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance with dressing. 7-8 Severely frail and very severely frail - Completely dependent for personal care, from whatever cause (physical or cognitive).
Other access needs - *please detail per the selected options in the field below*	

☐ Transport required ☐ Wheelchair access required ☐ Cognitive impairment including dementia ☐ Learning disability	☐ Mental health issues that may impact on engagement. ☐ SMI
Details of learning disabilities, access needs and reasonable adjustments: Click or tap here to enter text.	

7. CONSULTATIONS, PAST MEDICAL HISTORY, MEDICATIONS AND INVESTIGATIONS

Please note: You will need to add pending test results, requests and relevant excluded medical history (e.g. trans history, sexual health, private patients) manually in the text boxes below.

Consultations: «CURRENT_CONSULTATION»		
Medical history: «MEDICAL_HISTORY»		
Medication: «REPEATS»		
Allergies: «ALLERGY»		
Imaging studies (in the past 12 months):	Location:	Date:
Cervical Screen (in the past 3 years):		
Test results pending (type of investigation):	Trust / Organisation:	Date:
All investigations and values (in the past 6 months):		
BMI (latest): «PATIENT_BMI»		
Weight (last three): «PATIENT_Weight»		
Blood Pressure (latest): «PATIENT_BP»		

The Patient suspected cancer referral information leaflet can be downloaded here or signpost patients to the TVCA website: Your treatment - thamesvalleycanceralliance.nhs.uk

The content of these forms will be reviewed as part of regular cancer auditing.
Contact tvicb.tvcagpcancerproformas@nhs.net to report any issues with this form.
DO NOT send referral forms with patient identifiable information to this email address.