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| Suspected upper gastrointestinal cancer 2 week wait referral |

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| Date of decision to refer: |  | Date referral received at Trust:  |  |

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| Patient Details | Surname: First Name: Title:  |
| Gender: DOB: / / NHS Number:  |
| Ethnicity: Language: |
| Interpreter required: Transport required: |
| Patient Address:  Postcode:  |
| Contact numbers:Home: Mobile: Email:  |
| Practice Details | Usual GP Name:  |
| Practice Name :  |
| Practice Address: Practice Code:  |
| Direct line to the practice (Bypass) : |
| Main: Fax: Email: |
| Referring Clinician:  |

**Hematemesis** may be a medical emergency and should be considered for emergency assessment in secondary care.

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| **SUSPECTED CANCER 2WW REFERRAL TO CLINIC** |
| **☐** recent investigation (please append result) suggests diagnosis of upper GI cancer |
| **☐** upper abdominal mass  |
| **☐** jaundice and ≥40yrs (advise LFTs and consider viral titres) please include USS report if available |

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| **SUSPECTED CANCER 2WW REFERRAL TO ENDOSCOPY** |
| **☐** Dysphagia |
| **☐** ≥55 yrs with weight loss and any of  | **☐****☐****☐** | Upper abdominal painRefluxDyspepsia  |

**Iron deficiency anaemia -** direct referral for investigation ofshould be made via local pathway for RBCH Hospital. For all other trusts, please complete the box below:

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| ☐ Iron deficiency with or without anaemia in men and post-menopausal woman\* |
| Please include most recent blood results for: Hb: MCV: Ferritin: Iron /TIBC % sat: |

\*Pre-menopausal women to be considered for referral on individual case basis.

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| Please ensure the following recent blood results are available (less than 6 weeks old):**☐ FBC ☐ eGFR ☐ Clotting ☐ U&E ☐ LFTs ☐Ferritin**  |

**ADVISORY GUIDANCE (NON 2WW PATHWAY)**

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| CONSIDER REFERRAL DIRECT TO URGENT IMAGING TO EXCLUDE PANCREATIC CANCER WHEN: |
| Patients ≥60yr with weight loss AND any of:  | Diarrhoea |
| Back pain |
| Abdominal pain |
| Nausea / vomiting |
| Constipation |
| New onset diabetes |
| Enlarged liver or gall bladder |

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| REFER DIRECT TO NON-URGENT OGD: |
| Treatment resistant dyspepsia ≥55yrs |
| Dyspepsia and ≥55yr with | Nausea/vomiting  |
| Raised platelet count |
| Nausea/vomiting and ≥55yr with | Abdominal pain |
| Weight loss  |
| Dyspepsia |
| Raised platelet count |

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| Clinical Information  | **Further information:** (*Clarification &/or further information provided will help ensure patients receive the most appropriate first line management; please include the following: significant & relevant medical history, smoking status, alcohol intake, co-morbidities, current medication and allergies)*Is there any cognitive impairment? If so, is there special consent required? |
| **WHO Performance Status:** (please circle)**0** Fully active |
| **1** Restricted in physically strenuous activity but ambulatory and able to carry out light work |
| **2** Ambulatory and capable of self-care, unable to carry out work activities, up & about 50% of waking hours |
| **3** Capable of only limited self-care, confined to bed/chair 50% of waking hours |
| **4** No self-care, confined to bed/chair 100%  |

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| I confirm that I have:  |
|  | ☐discussed the possibility that the diagnosis may be cancer |
|  | ☐discussed the 2 week wait (2WW) process with the patient |
|  | ☐provided the patient with the 2WW referral leaflet |
|  | ☐told the patient the appointment will be within the next two weeks, and attendance is advisedPlease note any dates the patient is NOT available for an appointment in the next 2 weeks. |

**Fast track referral Information:**

An administration team at the trust receives this referral. Based on the information you provide, some patients will go straight to diagnostics before they see a member of the clinical team. Providing information such as WHO performance and renal function will help decide if a endoscopy or further imaging could be tolerated or possible.

If your patient cannot attend in the next two weeks, please consider the timing of the referral, as the trust is obliged to offer an appointment within two weeks.

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| [e-CDS](http://www.macmillan.org.uk/Aboutus/Healthandsocialcareprofessionals/Macmillansprogrammesandservices/Earlydiagnosisprogramme/Electroniccancerdecisionsupport%28eCDS%29tool.aspx) | [Genetics and Family History](http://www.macmillan.org.uk/information-and-support/diagnosing/causes-and-risk-factors/genetic-testing-and-counselling) | [Q-Cancer](http://www.qcancer.org) | [RAT](http://www.cancerresearchuk.org/health-professional/learning-and-development-tools/cancer-risk-assessment-tool-rat) |

Useful websites:

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|  | **Trust** | **Phone** |
| ☐ | Basingstoke | 01256 486798 |
| ☐ | Bournemouth | 01202 704741 |
| ☐ | Chichester | 01903205111 ext 84997 |
| ☐ | Dorchester | 01305 255849 |
| ☐ | Frimley | 01276 526400 |
| ☐ | IoW | 01983 534018 |
| ☐ | Poole | 01202 442823 |
| ☐ | Portsmouth | 023 9268 1700 |
| ☐ | Royal Surrey | None |
| ☐ | Salisbury | 01722 336262 ext 4235 |
| ☐ | Southampton | 02381 201019 |
| ☐ | Winchester | 01962 828398 |