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| **Suspected Cancer Non-specific Symptoms 2 Week Wait Referral**  **Rapid Investigation Service (RIS)** | | | | | | | |
| **Please send via e-RS**  **Please note this is a separate referral route to the existing Cancer of Unknown Primary 2WW pathway**  **For any enquiries, please contact the Rapid Investigation Service Team**  Email: [wessexrds.admin@nhs.net](mailto:wessexrds.admin@nhs.net) Tel: 0300 123 1385​​ | | | | | | | |
| Date of decision to refer | |  | | Date referral received by RIS | | |  |
|  | | | | | | | |
|  | Surname: | | Forename: | | | Title: | |
| Gender: | | DoB: | | | NHS Number: | |
| Ethnicity: | | Transport required | | | Yes No | |
| Patient Address: | | | | | | |
| Primary contact no:  Secondary contact no:  Email: | |  | | |  | |
| Preferred method of contact with RDS: Phone call/video call | | | | | | |
| Accessibility and information:  Translation needs: | | | | | | |
|  | Usual GP: | | | | | | |
| Practice details: | | | | | | |
| **Please provide Practice Bypass Number:** | | | | | | |
| Email address: | | | |  | | |
| Referring Clinician:  Referrer email: | | | | Referrer address: | | |

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| **The aim of the pathway is to swiftly investigate patients with non-specific symptoms in an**  **effort to detect cancers at an early stage.** |
| **This pathway is open to all patients aged 18 years or older who meet the referral criteria listed below who are not suitable for other site specific 2WW pathways** |

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| **I can confirm:** | |
| All the mandatory filter tests have been reviewed and all the results are available on ICE | **Yes/No** |
| Patient is well enough to attend hospital investigations | **Yes/No** |
| I confirm that the patient has had a physical examination | **Yes/No** |
| **If any of the above answers are no, the patient is not suitable for this pathway** |  |
| Is the patient already on another 2WW pathway for the same symptoms  **If yes, the patient is not suitable for this pathway** | **Yes/No** |

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| Does the patient have cognitive impairment which may affect their mental capacity for consent and ability to undertake a virtual consultation?  If yes, please contact RIS | **Yes/No** |

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| Is this patient already under another specialty for the reported symptoms?  *If yes, please explain why the referral is coming to RIS* | **Yes/No** |

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| **WHO Performance Status** (tick appropriate box) it is essential that this is completed | | |
|  | 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 and 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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| **Referral Criteria** | **Tick** |
| **New significant unexplained and unintentional weight loss of >5%**  *Please consider Coeliac screen* |  |
| Current weight and date:  Previous weight and date: |  |
| **New unexplained constitutional symptoms:** |  |
| Loss of appetite |  |
| Nausea |  |
| Severe unexplained fatigue |  |
| Night Sweats  *If male, consider testosterone* |  |
| **New unexplained abdominal pain for 4 weeks or more** |  |
| **New unexplained or progressive pain e.g., bone pain**  *Where felt appropriate Myeloma screen, Bence- Jones Urine, Electrophoresis*  [https://bjgp.org/content/68/674/e586](https://ddec1-0-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=https%3a%2f%2fbjgp.org%2fcontent%2f68%2f674%2fe586&umid=e4931cfe-7c1b-498d-bc4c-932c96b0010c&auth=214c472b0d4a84553d6481f498015f71ae1db4d5-afbb33c785e8f3fcdf048f1ee5c8e5a2cb90c4b0) |  |
| **ASYMPTOMATIC RAISED PLATELET COUNT:**  **New** raised platelet count of > 400, aged over 40 years (two tests  performed at least 6 weeks apart):  **Please follow the NICE CKS for initial management:**  [https://cks.nice.org.uk/topics/platelets-abnormal-counts-cancer/diagnosis/assessment-of-thrombocytosis/](https://ddec1-0-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=https%3a%2f%2fcks.nice.org.uk%2ftopics%2fplatelets%2dabnormal%2dcounts%2dcancer%2fdiagnosis%2fassessment%2dof%2dthrombocytosis%2f&umid=547bb876-0145-4585-af6a-f7d848c0a62d&auth=214c472b0d4a84553d6481f498015f71ae1db4d5-4b3ebff4d3f9800a1a6494b31e3f2a4a0fc947dc)  If no cause found from the above guidance, referral can be accepted through RIS. |  |
| **Referrer intuition of cancer diagnosis** (reasons to be clearly described below) |  |

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| **CLINICAL DETAILS** |
| **Please include history, findings from physical examination (mandatory as we are a remote service), relevant investigations and other clinical detail** |

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| **Has this patient been referred to the Rapid Investigation Service before? Yes/No** | |
| If so, date last seen. |  |
| **Reasons for re-referral** |  |

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| I confirm I have explained that this pathway is to detect a possible cancer | Yes/No |
| I have provided the patient with the information leaflet  [Wessex Rapid Investigation Service for Suspected Cancer - Welcome to Wessex Cancer Alliance](https://wessexcanceralliance.nhs.uk/wessex-rapid-investigation-service-leaflet/) | Yes/No |
| I have checked the contact details with the patient | Yes/No |
| The patient has been made aware that they will be contacted by telephone appointment in the first instance | Yes/No |
| The patient is aware to expect contact from the Rapid Investigation Service in the next few days and is available to attend investigations in the next 2 weeks | Yes/No |

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| **Mandatory filter test results from within the past 2 months (3 months for CXR & FIT)**  **Please note results are required prior to referral to ensure the most suitable pathway can be used.**  **All results must be included within the referral** | |
| **List of mandatory tests with automatic extraction of results:**  Physical Examination  Urine dip  FBC  ESR  U&Es  LFTs  TFTs  Fasting Glucose or HbA1c  Bone Profile  PSA (Men - not required for age under 45)  CA125 (Women)  FIT Test (using FIT test sample kit)- results of 10 and above will be considered positive  *(FOBT cannot be accepted)* |  |
| Automatic extraction and incorporation of recent radiology or endoscopy results: |  |
| **Other recent blood results** (automatic extraction) |  |

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| **Patient summary** automatic extraction |
| Significant past medical history: |
| Medications: |
| Allergies: |
| Smoking status: |
| Alcohol consumption: |