Summary of Local Fast Track Guidelines for Suspected Cancer

Calderdale and Huddersfield NHS Foundation Trust

Thursday 23rd February 2023

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Fast track referrals for suspected cancer

- These exist to expedite investigations in patients who have signs or symptoms which could potentially be due to a cancer.
- Patients are seen within 14 days by a specialist who will initiate appropriate investigations to confirm or exclude the possibility of cancer.
- The system is set up to ensure early diagnosis and treatment of cancer but relies on referring clinicians being familiar with the fast track referral criteria for multiple cancerous conditions.
- The following summary can aid GPs and other clinicians to recall these symptoms and signs during patient consultations in the primary care setting and thus make prompt referrals.

List of fast track cancer referral guidelines included

- Brain & CNS cancer
- Breast cancer
- Children's cancer
- Gynaecological cancer
- Haematological cancer
- Head & Neck cancer including thyroid cancer
- Lower Gastrointestinal cancer
- Lung cancer
- Non-site specific referral pathway
- Progressive Dysphagia
- Sarcoma
- Skin cancer
- Unknown Primary MDT
- Upper Gastrointestinal cancer
- Urological cancer
- Urological cancer – Prostate Cancer

Brain & CNS cancer referral criteria

The patient has **one or more of the following criteria**:

1. For whom a brain tumour is suspected due to symptoms related to the CNS, including:

- Progressive neurological deficit
- New onset seizures
- New onset, unaccustomed or changing nature of headaches (See No 2 below also)
- Mental changes
- Cranial nerve palsy
- Unilateral sensorineural deafness
- Other

2. Headaches of recent onset accompanied by features suggestive of raised intracranial pressure, for example:

- Vomiting
- Drowsiness
- Posture-related headache
- Pulse-synchronous tinnitus
- Focal or non-focal neurological symptoms, for example blackout, change in personality or memory

3. Rapid progression of sub-acute neurological deficit

4. Rapid progression of unexplained cognitive impairment, behavioural disturbance or slowness, or a combination of these

5. Rapid progression of personality changes confirmed by a witness and for which there is no reasonable explanation even in the absence of the other symptoms and signs of a brain tumour

History

Rapidly progressive focal deficit:

- Weakness/heaviness/clumsiness
- Unsteadiness
- Numbness/tingling
- Deafness in one ear
- Visual disturbance

Seizures:

- Focal onset
- Post-ictal deficit
- Associated (inter-ictal) focal deficit
- De novo status epilepticus

History

Raised intracranial pressure:

- Headache
- Nausea/vomiting
- Double vision
- Intermittent drowsiness

Mental state changes:

- Short history cognitive decline (e.g. Memory decline)
- Short history behaviour/personality change

Examination findings

Higher mental functions:

- Alert
- Orientated
- Attentive
- Forgetful
- Dysphasic

Cranial Nerves:

- Papilloedema
- Extraocular muscle palsy
- Visual field loss
- Facial weakness
- Unilateral deafness

Limbs:

- Hemiparesis
- Ataxia
- Hemisensory loss

Breast cancer referral criteria

The patient has **one or more of the following criteria**:

- Any discrete, hard breast lump with fixation, with or without skin tethering
- Any female, aged 30 years or older with a discrete breast lump that persists after their next period, or presents after menopause, or with an unexplained lump in the axilla
- Any female, aged younger than 30 years:
  - With a lump that enlarges
  - With a lump that is fixed and hard
  - In whom there are other reasons for concerns such as family history

- With previous breast cancer, who presents with a further lump or suspicious symptoms
- With unilateral eczematous skin or nipple change that DOES NOT respond to topical treatment
- With nipple distortion of recent onset
- With spontaneous unilateral bloody discharge
- Any male, aged 30 years and older with a unilateral, firm sub-areolar mass with or without nipple distortion or associated skin changes

Children's cancer referral criteria

(Under 16 year olds)

The patient has **one or more of the following criteria:**

- Patient has presented several times (3 or more) with the same problem, but with no clear diagnosis (investigations should be carried out)
- **Suspected Leukaemia** – consider an **immediate referral** (acute admission or referral occurring within a few hours or even more quickly if necessary) in children or young people with either unexplained petechiae or hepatosplenomegaly

- **Suspected Lymphoma – patient has one or more of the following** (particularly if there is no evidence of local infection)**:**

  - Non-tender, firm or hard lymph nodes
  - Lymph nodes greater than 2cm in size
  - Lymph nodes progressively enlarging
  - Other features of general ill health, fever or weight loss
  - Axillary lymph node involvement (in the absence of local infection or dermatitis)
  - Supraclavicular node involvement
  - Shortness of breath and unexplained petechiae or hepatosplenomegaly (particularly if not responding to bronchodilators)

Consider an immediate referral (an acute admission or referral occurring within a few hours or even more quickly if necessary) in children or young people with either hepatosplenomegaly or mediastinal or hilar mass on chest X-ray.

- **Suspected Neuroblastoma – Patient has the following symptoms**:
  - proptosis
  - unexplained back pain
  - leg weakness
  - unexplained urinary retention
- **Suspected Wilm's tumour – painless abdominal mass and/or haematuria**
- **Suspected Retinoblastoma – patient has the following symptoms:**
  - White papillary reflex (leukocoria) – parent may have reported odd appearance of the eye
  - A new squint or change in visual acuity if cancer is suspected
  - A family history of retinoblastoma and visual problems

- **Suspected Brain/CNS tumours**

  - Child/young person aged 2 or over with a persistent headache where you cannot carry out an adequate neurological examination in primary care
  - Child aged younger than 2 years with an abnormal increase in head size
  - Child aged younger than 2 years with arrest or regression of motor development
  - Child aged younger than 2 years with altered behaviour
  - Child aged younger than 2 years with abnormal eye movement
  - Child aged younger than 2 years with lack of visual following
  - Child aged younger than 2 years with poor feeding/failure to thrive
  - Child aged younger than 2 years with new squint, urgency dependent on other factors

Consider an immediate referral (an acute admission or referral occurring within a few hours or even more quickly if necessary):

In children or young people with a reduced level of consciousness; headache and vomiting that causes early morning waking or occurs on waking as these are classical signs of raised intracranial pressure.

In children aged younger than 2 years with any of the following symptoms – new onset seizures, bulging fontanelle, extensor attacks or persistent vomiting

In children with any of the following neurological signs or symptoms – new onset seizures, non-congenital cranial nerve abnormalities, non-congenital visual disturbances, non congenital gait abnormalities, motor or sensory signs, unexplained deteriorating school performance or developmental milestones or unexplained behavioural and/or mood changes

- **Suspected Soft tissue sarcoma – a soft tissue mass in an unusual location giving rise to misleading local and persistent unexplained symptoms and signs, including:**

  - In Head & Neck – proptosis
  - In Head & Neck – persistent unexplained unilateral nasal obstruction with or without discharge and/or bleeding
  - In Head & Neck – aural polyps/discharge
  - In genitourinary tract – urinary retention
  - In genitourinary tract – scrotal swelling
  - In genitourinary tract – bloodstained vaginal discharge

  Patient has unexplained mass with the following features:

  a) deep to the fascia
  b) non-tender
  c) progressively enlarging
  d) associated with a regional lymph node that is enlarging
  e) greater than 2 cm diameter in size

- **Suspected Bone Sarcoma (Osteosarcoma or Ewing's Sarcoma) – persistent localised bone pain and/or swelling, and X-ray showing signs of cancer**

Symptoms checklist

- Fatigue/malaise/lethargy
- Behavioural change
- Bone pain (unexplained/persistent)
- Deterioration in school performance
- Unexplained bruising
- Headache
- Haematuria
- Persistent or recurrent upper respiratory tract infections
- Other

Examination checklist:

- Lymphadenopathy
- Soft tissue mass
- Pallor/fatigue/signs of anaemia
- Unexplained fever
- Abdominal mass
- Neurological signs
- Unexplained irritability
- Hepatomegaly
- Splenomegaly
- Other findings

Gynaecological cancer referral criteria

- **IF THE PATIENT IS UNSURE WHERE BLOOD IS ORIGINATING, PLEASE PERFORM CLINICAL EXAMINATION TO CLARIFY WHETHER GYNAECOLOGY, UROLOGY OR COLORECTAL PATHWAY IS MORE APPROPRIATE**
- Previous Gynaecological cancer still under Follow Up, PLEASE contact the CONSULTANT team direct.
- (Please X in ONE most appropriate box):

Uterus	
Postmenopausal bleeding - PMB (vaginal bleeding after ≥12 months amenorrhea due to menopause)	
Patient taking or taken tamoxifen with vaginal bleeding	
Has persistent intermenstrual bleeding and negative pelvic examination over 40 years (rule out STD, up to date smear prior to referral)	
Bleeding commencing > 6 months after start or change of HRT	
Advice and guidance - local hospital may do USS and hysteroscopy if required as one stop for PMB.	

Ovarian	X
Has abdominal ascites or pelvic mass on examination, that is not obviously uterine fibroids (GP send CA125)	
Advice/Guidance - Ovarian cancer is difficult to diagnose. Vague, non-specific, unexplained abdominal symptoms such as: • Bloating, Constipation • Abdominal pain, Back pain • Urinary symptoms • Postcoital bleeding – aged over 35 that persists for more than 4 weeks If NO mass/ascites on clinical examination AND the CA125 is elevated, GP to request urgent USS and only refer if indicated	

Cervix - A Smear Test is NOT required before referral and a previous negative smear should NOT delay referral	X
Has a lesion suspicious of cancer of cervix on examination	
A cervical smear suspicious of invasive cancer	
Advice/Guidance - Full pelvic examination including speculum examination of the cervix is recommended.	
Postcoital bleeding (PCB) with normal cervix requires urgent referral to gynaecology clinic not 2 week wait	

Vulva	X
Unexplained vulval lesion (vulval lump, ulceration, or bleeding) on examination (Clinical concern alone regarding Lichen Sclerosis is not an indication for 2WW clinic)	
Advice/Guidance - Vulval pruritus or pain, a period of "treat, watch and wait" is reasonable. Active follow-up is recommended until symptoms resolve or a diagnosis is confirmed. If symptoms persist, referral may be urgent or non-urgent, depending on the symptoms and the degree of concern about cancer.	

Vagina
Has a lesion suspicious of cancer/ unexplained palpable vaginal mass on examination
Previous hysterectomy with vaginal bleeding

Haematological cancer referral criteria

- **Leukaemia in Adults**

Results of FBC and / or blood film suggest leukaemia

Considerations:

Consider an urgent full blood count (within 48 hours) to assess for acute leukaemia in adults with any of the following:

- **pallor**
- **persistent fatigue**
- **unexplained fever**
- **unexplained persistent or recurrent infection**
- **generalised lymphadenopathy**
- **unexplained bruising**
- **unexplained bleeding**
- **unexplained petechiae**
- **hepatosplenomegaly.**

Patients with a full blood count or blood film suggestive of a chronic lymphoproliferative disorder e.g., CLL should NOT be referred urgently if well, they should be referred routinely

- **Myeloma**

Results of protein electrophoresis or a Bence-Jones protein urine test suggest myeloma*

*If myeloma is suggested, the following are essential to progress the referral:

Please complete FBC, U&E, LFT and bone chemistry (inc. calcium), immunoglobulins o Confirm request
Is bone (not joint) pain present? o Confirm present

Considerations:

A low level paraprotein (< 10g/L) without anaemia, hypercalcaemia, new/deteriorating renal impairment or bone pain is most likely MGUS and should be referred non urgently.

- **Lymphoma**

Unexplained persistent or progressive lymphadenopathy >1.5cm or	o
Unexplained splenomegaly (>15cm)	o
Requested FBC, U&E, LFTs, Bone profile, LDH, HIV screen	o

Considerations:

An isolated neck lump should be referred initially to ENT.

When considering referral, take into account any associated symptoms, particularly fever, night sweats, pruritus, weight loss or alcohol induced lymph node pain.

In patients with this these symptoms but without lymphadenopathy or splenomegaly consider referral to the non site-specific symptoms pathway.

Consider the possibility of undiagnosed HIV in all patients with unexplained lymphadenopathy and test at the point of referral.

Head & neck (inc thyroid) cancer referral criteria

The patient has **one or more of the following criteria**:

General Head & Neck Clinic

- Persistent unexplained hoarse voice for more than 3 weeks in patient 45 years age and over
- Progressive true dysphagia i.e. patient unable to swallow solids
- Localised soreness of throat lasting more than 4 weeks, especially when associated with otalgia but normal otoscopy
- Unilateral nasal obstruction in the absence of an infective history. Progressive over short duration and associated with epistaxis, cranial nerve palsy, epiphora

Maxillofacial clinic

- Unexplained ulceration of oral mucosa or mass persisting for more than 3 weeks
- Unexplained red & white patch (s) of the oral mucosa that are painful, swollen or bleeding
- Unexplained tooth mobility not associated with periodontal disease
- Radiographic evidence of unusual osteolytic or sclerotic lesions. Dentist please enclose radiograph.
- Unexplained lumps of the mouth, lips or face present for longer than 3 weeks

Neck lump clinic

- Unexplained palpable neck lump for more than 3 weeks and of recent onset or change

These patients will be seen in a one-stop clinic Outpatient Appointment including USS +/- FNA, and must have a palpable neck lump.

Please inform patient of potential FNA at 1st Outpatient Appointment and that they will be contacted by the Nurse Specialist

Thyroid
Parotid
Other

Lower gastrointestinal cancer referral criteria

The patient has **one or more of the following criteria**:

- Aged 40 and over with unexplained weight loss and abdominal pain
- Aged 50 and over with unexplained rectal bleeding
- Aged 60 and over with iron deficiency anaemia **or** changes in their bowel habit
- Test shows occult blood in faeces – in adults without rectal bleeding who are:
  - Aged **50 and over** with unexplained abdominal pain **or** weight loss
  - Aged **under 60** with changes in bowel habit **or** iron deficiency anaemia
  - Aged **60 and over** and have anaemia in the absence of iron deficiency

- Aged 50 and under with rectal bleeding and any of the following:
  - Abdominal pain
  - Change in bowel habit
  - Weight loss
  - Iron deficiency anaemia
- Of any age with a rectal or abdominal mass
- Of any age with an unexplained anal mass or unexplained anal ulceration

Lung cancer referral criteria

The patient has **one or more of the following criteria**:

- Persistent haemoptysis (in smokers or ex-smokers aged 40 years and older)
- A chest x-ray suggestive of lung cancer (including pleural effusion and slowly resolving consolidation)
- A normal chest x-ray where there is a high suspicion of lung cancer
- A history of asbestos exposure and recent onset of chest pain, shortness of breath or unexplained systemic symptoms where a chest-xray indicates pleural effusion, pleural mass or any suspicious lung pathology

Symptoms checklist:

- Haemoptysis (once)
- Haemoptysis (more than once)

<u>Unexplained or persistent (greater than 3 weeks)</u>

- Cough
- Chest/shoulder pain
- Breathlessness
- Weight loss
- Wheeze
- Hoarseness

Examination checklist:

- Chest signs
- Stridor
- Signs of SVCO (superior vena cava obstruction)
- Signs of metastases
- Cervical lymph nodes
- Finger clubbing

All patients should have an up to date CXR or within the 4 weeks preceding the referral

Non site specific 2ww referral

REFERRAL CRITERIA

- Well enough to attend clinic/ Ambulatory Investigation if required
- Weight loss in the absence of GI symptoms
- GP has a 'suspicion' that the patient may have cancer
- Non-specific abdominal symptoms

Prior to referral the following investigations MUST have been undertaken in Primary Care

Please ensure tests are requested to ensure the results are ready for the first NSS Service consultation

Panel of blood tests / diagnostic tests (Bloods to have been completed within 4 – 6 weeks of the first NSS Service consultation please)

FBC

U&E

LFT

Iron Profile

Ferritin

Lipase

LDH

Calcium

Ca125 (F), PSA (M)

Ca153 (F), Ca199 (M+F), CEA (M+F)

Bence Jones Protein Urine

Protein electrophoresis serum

TFT

HbA1c

Coeliac screen

CRP

HIV screen

Hep B, Hep C

Immunoglobulins (IgA, IgG, IgM)

CXR

→

If any tests are abnormal please refer to relevant site specific 2ww pathway: e.g abnormal CXR to lung 2ww

e.g iron deficiency anaemia to lower GI 2ww pathway.

If you suspect cancer recurrence, please refer to known cancer team.

Progressive Dysphagia (Upper GI Cancer referral form 2020)

If my patient meets the following criteria, I would like them to be seen urgently (within 2 weeks).
☐ Definite Progressive dysphagia- Use Edinburgh Dysphagia Score (EDS) to risk stratify

NB: Patient anxiety alone does NOT suggest referral through the urgent (within 14 days) system

Edinburgh Dysphagia Scale (EDS)

A	
AGE	**POINTS**
18 – 39	0
40 – 49	4
50 – 59	5
60 – 69	6
70 – 79	7
80 – 89	8
90 - 99	9
A Total	

B	
Gender	**Points**
Male	0
Female	-1
B Total	

C	
Current acid reflux	**Points**
Yes	-1
No	0
C Total	

D	
Dysphagia localised to neck	**Points**
Yes	-2
No	0
D Total	

F	
Duration of symptoms >6m	**Points**
Yes	-1.5
No	0
F Total	

C	
Weight Loss >3kgs	**Points**
Yes	2
No	0
E Total	

A + B + C + D + E + F = Edinburgh Dysphagia Score (EDS)

Scoring	Action
EDS>3.5 higher risk of oesophageal cancer	Refer through 2WW
EDS<3.5 low risk of oesophageal cancer	Refer through non cancer open access/ electronic referral service (previously Choose and Book)

Total Edinburgh Dysphagia Score <New Template - Edinburgh Dysphagia Score>

Sarcoma cancer referral criteria

The patient has **one or more of the following criteria**:

Patient has a palpable lump that is:

- Greater than about 5cm in diameter
- Deep to fascia, fixed or immobile
- Increasing in size
- Painful
- A recurrence after a previous excision

Skin cancer referral criteria

	Please tick
Is the patient aware of the possible diagnosis of cancer?	☐Yes ☐No
Has the 2 week wait patient teledermatology information leaflet been given?	☐Yes ☐No
Is the patient available and willing to attend an appointment within the next 14 days? If not, refer when willing and able to attend	☐Yes ☐No
Has the patient consented for images to be taken and sent for teledermatology assessment?	☐Yes ☐No

IMPORTANT NOTE REGARDING CONSENT

By ticking 'Yes', you are confirming that the patient has been informed of the purpose of taking the image and that personal data that will be processed. The patient is aware how this will be done, who has access to the data, and how the data will be stored. The patient has been informed of their rights to access the data and withdraw consent for processing of their image and personal data at any time.

If you tick 'No' to consent for imaging, your patient will be invited to attend a clinic appointment.

PLEASE ENSURE THAT THREE IMAGES ARE SENT TO ACCOMPANY THIS REFERRAL WHENEVER POSSIBLE. IF THIS IS NOT POSSIBLE FOR ANY REASON OTHER THAN PATIENT CONSENT PLEASE STATE THE REASON IN THE FREE TEXT BOX BELOW FOR AUDIT PURPOSES.

1. 'LOCATOR' IMAGE. 2. 'MACRO' IMAGE 3. DERMOSCOPY IMAGE
IF YOU REQUIRE HELP PLEASE REFER TO THE TRAINING VIDEO AT HTTPS://REBRAND.LY/TELEDERM

Which of the following apply	Please tick
You are suspicious of a diagnosis of Melanoma	☐
You are suspicious of a diagnosis of SCC	☐
You are suspicious of BCC please refer to Priderm, unless it is obstructing vision or airway	☐

MULTIPLE LESIONS:

If your patient has **MORE THAN ONE** lesion suspicious of Melanoma or SCC, please tick this box ☐

*Please **do not** use this section to refer patients for **routine mole surveillance** for stable naevi where malignancy is not suspected.*

Please Indicate Site of lesion	Laterality	Right	Left	Midline
Abdomen	☐	☐	☐	☐
Back	☐	☐	☐	☐
Chest	☐	☐	☐	☐
Ear	☐	☐	☐	☐
Face (please specify where eg nose)	☐	☐	☐	☐
Foot/Sole	☐	☐	☐	☐
Genital	☐	☐	☐	☐
Hand	☐	☐	☐	☐
Lower arm	☐	☐	☐	☐
Lower leg	☐	☐	☐	☐
Nail	☐	☐	☐	☐
Neck	☐	☐	☐	☐
Scalp	☐	☐	☐	☐
Thigh	☐	☐	☐	☐
Upper Arm	☐	☐	☐	☐
Other please state	☐	☐	☐	☐

PLEASE ENSURE THAT IMAGING IS SENT TO ACCOMPANY THIS REFERRAL WHENEVER POSSIBLE

Size of lesion (tick appropriate box)	☐0-5mm ☐5-10mm ☐1-2cm ☐> 2cm	
Appearance (tick all appropriate boxes)	Irregular shape ☐ Scaling ☐ Ulcerated ☐	Irregular colour Inflammation ☐ Itch/change in sensation Crusting/oozing ☐ ☐
History of change in lesion (tick appropriate box)	☐< 1 month ☐1-3 month ☐3-6 months ☐6-12 months ☐> 1 year	
Growth/Change in Size (tick appropriate box)	☐Regressed ☐Static ☐Slow ☐Fast	
Additional Information (tick appropriate box)	Previous history of Melanoma?	☐Yes ☐No
	Family history of Melanoma?	☐Yes ☐No
	Previous history of SCC?	☐Yes ☐No
	Any Immunosuppressive Medication?	☐Yes ☐No
	Does this patient have multiple naevi?	☐Yes ☐No
	Had excessive UV exposure (e.g. Lived abroad/sunbeds)?	☐Yes ☐No
	Anticoagulant medication (please specify what and reason why)	☐Yes ☐No
	Pacemaker?	☐Yes ☐No

Unknown Primary MDT Referral Form

Please select one of the following categories of referral:

√	Multiple lung metastases on CXR/CT (unless Radiology indicates lung primary)	☐
√	*Multiple brain metastases on CT/MRI*	☐
√	*Multiple liver metastases on USS/CT/MRI*	☐
√	*Multiple bone metastases on XR/CT/MRI/bone scan (**PSA not raised**)*	☐
√	*Widespread peritoneal infiltration +/-ascites on USS CT (**CA125 not raised**)*	☐
√	Other disseminated malignancy on imaging and no primary site identified	☐

If your referral does not meet any of the categories above, an alternative referral pathway should be used.

- Radiology indicates lung primary **– refer to Lung MDT**
- Multiple bone metastases on XR/CT/MRI/bone scan (PSA raised) **– refer to Urology MDT**
- Peritoneal infiltration +/-ascites on imaging (CA125 raised) **– refer to Gynaecology MDT**
- Non-specific symptoms potentially concerning for malignancy (for example weight loss), or non-specific blood test abnormalities **– refer to Non -site Specific pathway** (Previous vague symptoms)

Required information/tests prior to referral:

For all patients: Serum tumour markers: CEA, Ca19-9, Ca15-3, Ca125, AFP, bHCG, LDH. Also FBC, U+E, creatinine, LFTs, bone profile, clotting. (on ICE GP page with Non site specific bloods)

In addition:

- **For men: serum PSA**
- **For women: Breast examination, with results documented on proforma below**
- **For patients with bone lesions: serum electrophoresis and urine electrophoresis (Bence-Jones proteins).**

Histology for review: ☐ Y/N ☐ **Please specify details:**	**Radiology for review: ☐ Y/N ☐** **Please specify details:**

Presenting symptoms and clinical details: <Event Details>
Please specify the question being put to the CUP MDT (Please give as much as detail as possible)
Please specify what information has been given to the patient regarding findings so far, and what arrangements are in place to notify the patient of the MDT outcome and ongoing plan.
Patient History – Compulsory: <Problems> <Summary>
Family History – Compulsory:
Medication List – Compulsory: Acutes: <Medication> Repeats: <Repeat templates>

WHO Performance Status:

		Grade	Explanation of activity
	☐	0	Fully active, able to carry on all pre-disease 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 housework, 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.

Patient Fitness: **Information essential to arrange direct to test investigation in secondary care**

NB: If patient wanting sedation, they must be able to organise escort home and observation overnight

Is patient able to give informed consent? (e.g. short-term memory loss): ☐ **YES** ☐ **NO**
Is patient aware that they are being investigated for a possible cancer?: ☐ **YES** ☐ **NO**
Have all the filter tests been completed in the last 4-6 weeks?: ☐ **YES** ☐ **NO**

Referrals cannot be accepted without all of the above information.
It is the responsibility of the managing team to follow up any actions from the CUP MDT.

Upper gastrointestinal cancer referral criteria

The patient has **one or more of the following criteria**:

- Unexplained significant weight loss with any of the following – upper abdominal pain, reflux or dyspepsia
- Over 40 years with jaundice
- Upper abdominal mass
- Abdominal pain & unexplained significant weight loss, with or without back pain
- Persistent unexplained vomiting

- **Refer for patients aged 60 or above with weight loss and any of the following:**
  - Diarrhoea
  - Back pain
  - Abdominal pain
  - Nausea/vomiting
  - Constipation
  - New onset diabetes

Urological cancer referral criteria

The patient has **one or more of the following criteria**:

Haematuria Clinic

- Aged 45 years and over with unexplained visible haematuria without urinary tract infection
- Visible haematuria that persists or recurs after successful treatment of urinary tract infection
- Aged 60 years and over with unexplained non-visible haematuria **&** either dysuria or a raised white cell count on a blood test

Testicular clinic:

- Swelling or mass in the body of the testis

Prostate clinic: Please refer on Prostate specific form

General Urology Clinic

- Abdominal mass identified clinically or on imaging that is thought to arise from the urinary tract
- Suspected penile cancer – including progressive ulceration or a mass in the glans or prepuce particularly, but can involve the penile shaft. *(Lumps within the corpora cavernosa can indicate Peyronie's disease which does not require urgent referral)*

Symptoms checklist:

- Macroscopic haematuria
- Loin pain
- Lower urinary tract symptoms
- Testicular swelling
- Bone pain
- Other

Examination checklist:

- Renal mass
- Pyrexia
- Swelling in body of testis
- Malignant feeling prostate on rectal examination
- Other

Urological Cancer – Prostate Cancer referral criteria

Referral Information (please tick appropriate boxes in **ONE** site):

Prostate

PSA <Numerics> ng/ml

eGFR <Numerics> (last 3 months)

Before PSA testing please exclude urinary tract infection by urine dip stick or MSU, where appropriate.

Elderly patients or those with significant co-morbidity do not require urgent referral for mildly elevated PSA in the absence of symptoms.

If unsure whether to appropriate to refer as 2WW, consider e-consultation for rapid consultant Urologist opinion

Age specific PSA threshold for people with possible symptoms of prostate cancer

Age (years)	Prostate-specific antigen (PSA) threshold (micrograms/litre)
Below 40	Use clinical judgement
40 – 49	2.5
50 – 59	3.5
60 – 69	4.5
70 - 79	6.5
Above 79	Use clinical judgement

Prostate feels hard or irregular on DRE? ☐ Yes ☐ No

Shared decision making discussion with patient ☐ Yes ☐ No

Any contra-indication to MRI ☐ Yes ☐ No

(WHO) Performance Status 0…1…2…3…4

Total:

REFERRAL GUIDELINES FOR SUSPECTED UROLOGICAL CANCER

Prostate:

- *Before men who are concerned about their risk of prostate cancer make a decision about whether or not to have a PSA test, they should be given information about the advantages and disadvantages of the PSA test, biopsy and treatments for prostate cancer. This means men can make informed decisions about whether or not to have a PSA test.*
- *Before PSA testing please exclude urinary tract infection by urine dip stick or MSU, where appropriate.*
- *Elderly patients or those with significant co-morbidity do not require urgent referral for mildly elevated PSA in the absence of symptoms.*

2-week wait referral if:

- Prostate is hard, irregular which is typical of a prostate carcinoma, and;
- PSA levels are above the referral value, UTI is excluded and the patient has **no Complex Co-morbidities or a reduced Performance status.**

Non-urgent referral if:

- Significant other comorbidities, a discussion with the patient, carers and/or specialist may be more appropriate
- The prostate is simply enlarged and the PSA is in the age-specific reference range
- The patient has recently started (6-8 weeks) anti-platelets (Clopidogrel) for a myocardial event or Stroke.

Triaged pathway – to facilitate a rapid diagnostics and assessment pathway for patients requiring radical treatment please can you explain to the patient what to expect to happen next according to the below information in the two boxes:

Age < 80yrs, PSA <15, P/S 0 or 1, no Contraindication to MRI

- **2WW referral will be triaged direct to pre-biopsy MRI prostate.**
- **All patient will be contacted subsequently with results of MRI and counselled regarding role of TRUS prostate biopsies**
- **Targeted: (PiRADS 3 or more), or**
- **offered the option of random biopsies or discharge if no targetable lesions seen (PiRADS 1 or 2)**

Age ≥ 80yrs, PSA >15, P/S 2 & above, MRI contraindicated

- **Patients will be contacted/seen, counselled and clinically assessed for prostate cancer.**
- **Random TRUS biopsies where indicated, with additional imaging dependent upon findings and PSA**

MRI Contraindication, please note failure to indicate any of the below can delay the process and results in increasing the level of patient's anxiety:

- Patient has a pacemaker ☐ **Yes/No** ☐
- Patient has cochlear implants ☐ **Yes/No** ☐
- Patient has Aneurysm Clips ☐ **Yes/No** ☐
- Patient has a Neurostimulator ☐ **Yes/No** ☐
- Patient has / may have metallic FB''''s in orbits ☐ **Yes/No** ☐
- Patient has implantable devises ☐ **Yes/No** ☐
- Patient is claustrophobic ☐ **Yes/No** ☐

Please indicate WHO Performance status

Grade	Explanation of activity
0	Fully active, able to carry on all pre-disease 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 on any selfcare. Totally confined to bed or chair

Take home messages…

- Cancer can present in a variety of ways/forms and initial symptoms may be quite vague.
- Fast track referral guidelines such as those outlined in this presentation help clinicians to identify symptoms which could be indicative of cancer and provide a pathway to urgent investigations.
- It is extremely important for GPs and health professionals to be familiar with fast track referral criteria for suspected cancer, in order to avoid delayed referrals and diagnoses.