[**TOP TIPS**](https://www.transformationpartners.nhs.uk/wp-content/uploads/2022/11/Top-Tips-Suspected-Gynae-Cancer-Referrals.pdf)  
**Gynaecology urgent referrals**

**Pan London Suspected Gynaecology Cancer Referral Form**

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

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| Surname: «PATIENT\_Surname» | First name: «PATIENT\_Forename1» |
| Referral date: «SYSTEM\_Date» | NHS number: «PATIENT\_Current\_NHS\_Number» |
| Patient’s hospital of choice: [     ] [click here to access the hospitals directory](https://www.transformationpartners.nhs.uk/programmes/cancer/early-diagnosis/two-week-wait-referral-repository/london-hospitals-taking-referrals-for-urgent-suspected-cancers/) | |

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| 1. **REASON FOR REFERRAL– ESSENTIAL**   *See* [Pan London Suspected Gynaecology Cancer Referral Guide](https://www.transformationpartners.nhs.uk/usc-gynaecology-cancer-clinical-guide/) |
| ***Please record below the history and findings on physical examination and why you feel the patient may have cancer:*** |
| 1. **SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL** |
| **Criteria for urgent referral suspected OVARIAN CANCER:** |
| Abnormal abdominopelvic imaging (US, MRI, CT) suggestive of ovarian cancer *Please attach report.*  Physical examination identifies ascites and/or an abdominopelvic mass (which is not obviously uterine fibroids)  Raised age-dependent CA 125, please select:  >100 (age </= 40)  >50 (age 41-49)  >35 (age >/= 50)  *If raised CA 125 alone, ideally first obtain US to check if cause apparent. If raised CA 125 with normal US, refer if significant suspicion of gynaecological cancer or assess for other causes. Consider watchful waiting and follow-up with retest.* |
| **Criteria for urgent referral suspected ENDOMETRIAL CANCER:** |
| Post-menopausal bleeding (>12 months after menstruation stopped and not on HRT)  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 visualised  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](https://thebms.org.uk/wp-content/uploads/2024/04/01-BMS-GUIDELINE-Management-of-unscheduled-bleeding-HRT-APRIL2024-F.pdf#page=6)  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 consistent with cervical cancer  ***One of the following should also usually be present:*** *• Post-coital, 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, ulceration or bleeding Consider referring to GUM clinic in pre-menopausal patients  Referral is due to clinical concerns that do not meet above criteria Please provide full details in Section 1. |
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| ***If the patient does not meet any specific criteria above, please consider the following alternatives:***  ***• Obtain Advice & Guidance from a specialist • Routine referral to a gynaecology service*** |
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| **Menopausal status:**  Pre-Menopausal  Post-Menopausal  Hysterectomy  Patient on HRT |

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| 1. **INVESTIGATIONS / ACTIONS – PLEASE RECORD WHAT HAS BEEN COMPLETED PRIOR TO REFERRAL** | |
| Pelvic Ultrasound /  Abdominal Ultrasound/  Transvaginal Ultrasound **(suspected ovarian/endometrial cancer)**  CA 125 **(suspected ovarian cancer)** / Results of latest smear  Chlamydia test in primary care in cases of post coital bleeding  Ultrasound not required as referring to one-stop rapid clinic | |
| 1. **INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL** | |
| **WHO Performance status** | |
| **0** Fully active  **1** Restricted physically but ambulatory and 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  **4** Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair | |
| **Other access needs -** *please detail per the selected options in the field below* | |
| Interpreter required If Yes, Language:  Transport required  Wheelchair access required | Cognitive impairment including dementia  Learning disability ([see London LD contacts](https://www.england.nhs.uk/london/london-clinical-networks/our-networks/learning-disabilities/publications/))  Mental health issues that may impact on engagement  SMI |
| Details of learning disabilities, access needs and reasonable adjustments: | |

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| 1. **ADDITIONAL IMPORTANT CLINICAL INFORMATION** |
| Past history of cancer: |
| Relevant family history of cancer: |
| Safeguarding concerns: |
| Other relevant information about patient’s circumstances: |
| Patient referred/previously investigated for similar symptoms at other hospital/service?  No  Yes, please give details: |

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| I have discussed the **possible diagnosis of cancer** with the patient [(Patient Information Resources)](https://www.transformationpartners.nhs.uk/programmes/cancer/early-diagnosis/two-week-wait-referral-repository/suspected-cancer-referrals/patient-information-leaflets/) Do not tick if the conversation has not taken place. |
| I have advised the patient to **prioritise this appointment & confirmed they’ll be available within the next 28 days.** |
| The patient has been advised that the hospital care **may contact them by telephone** |
| Patient added to the practice **safety-netting system** and practice will review by DDMMYY *(manual entry)* |

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| 1. **REFERRER DETAILS** | |
| Usual GP name: «PATIENT\_Usual\_GP» | Referring clinician: «REFERRAL\_Clinician» |
| Practice code: | Practice address: «PRACTICE\_House», «PRACTICE\_Road», «PRACTICE\_Locality», «PRACTICE\_Town», «PRACTICE\_Postcode» |
| Practice name: «PRACTICE\_Name» | Email: |
| Main Tel: «PRACTICE\_Main\_Comm\_No» | Practice bypass numbers can be found using the [NHS Service Finder website](https://servicefinder.nhs.uk/) |
| Is the referrer agreeable to a downgrade if considered appropriate by the specialist? | |

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| 1. **PATIENT DETAILS** | |
| Surname: «PATIENT\_Surname» | First name: «PATIENT\_Forename1» |
| NHS number: «PATIENT\_Current\_NHS\_Number» | Title: «PATIENT\_Title» |
| Gender on NHS record: «PATIENT\_Sex» | Gender Identity:       ***(manual entry)*** |
| Ethnicity: | |
| 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: | |
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| **Carer/ key worker details:** | |
| Name: | Contact Tel: |
| Relationship to patient: |  |

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| 1. **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:  «DRUG\_ALLERGY» |
| Imaging studies (in the past 12 months): Date:        Location: |
| Cervical Screen (in the past 3 years): |
| Test results pending (type of investigation):       Trust / Organisation:       Date: |
| All Values and Investigations (in the past 6 months): |
| BMI (latest):  «PATIENT\_BMI» |
| Weight (last three):  «PATIENT\_Weight» |
| Blood Pressure (latest):  «PATIENT\_BP» |
| Safeguarding history: |
| Learning disability: |
| Use of wheelchair: |
| Accessible Information Needs (AIS): |

*The content of these forms will be reviewed as part of regular cancer auditing.*

*Contact* [England.TCSTLondon@nhs.net](mailto:England.TCSTLondon@nhs.net) *to report any issues with this form.*

*DO NOT send referral forms with patient identifiable information to this email address.*