# URGENT REFERRAL FOR SUSPECTED GYNAECOLOGICAL CANCER IN ADULTS

# (AGED 16 AND OVER)

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| **Patient Details** | **GP Details** |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
|  |  |  |  |
|  |  | **Phone No:** |  |
| **NHS Number:** |  | **Fax No:** |  |
| **Hospital number:** |  | **Name of referrer:** |  |
| **Date of Birth:** |  | **Decision to refer date:** |  |
| **Interpreter/Sign Language required:** | ☐ Yes ☐ No | **Language:** |  |
| **Contact No (next 48 hrs):** | **Home:**  |  | **Work:**  |  | **Mobile:** |  |
| **Patient consents to be contacted by text message?:** |  [ ]  Yes [ ]  No |
| **GP Declaration – Please confirm and tick**[ ]  I have informed the patient they have symptoms which may be caused by gynaecological cancer, that they are being referred urgently, and the nature of the tests likely to take place. [ ]  I have provided the patient with an Urgent Referral Patient Information Leaflet.[ ]  My patient has confirmed they are available to attend within 2 weeks. [ ]  My patient is aware that they will be offered the first available appointment at any one Birmingham Women’s Hospital, Solihull Hospital, Good Hope Hospital or Birmingham Heartlands Hospital. |
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|  **Reason for Referral** | **TICK** |
| **Ovarian**  |
| 1. Refer the woman urgently if physical examination identifies ascites and/or a pelvic or abdominal mass (**which is not obviously uterine fibroids**)

 1. Pelvic Ultrasound or CT/MRI imaging suggestive of Ovarian Cancer

 (Elevated CA125 **35-69 in pre menopausal women with** the below symptoms**, do not** **use this form**, refer via the Ovarian cancer pathway on the 2WW Urgent Pelvic scan premenopausal referral form).  |        |
| 1. Elevated CA125 **≥35 in post menopausal women with** the below symptoms.

 1. Elevated CA125 **≥ 70 in pre menopausal women with** the below symptoms.

 As Per NICE, the following symptoms should be referred as associated with elevated CA125. Persistent abdominal distention/bloating Feeling full (early satiety) and/or loss of appetite, pelvic or abdominal pain, increased urinary urgency and/or frequency, unexplained weight loss, fatigue, or changes in bowel habit. |      |
| CA125 Result within 3 months.  |  |
| **Endometrial/Uterine**\*Please refer to the British Menopause Society guidance on **PMB** and \***HRT Guidance** [04-BMS-TfC-HRT-Guide-NOV2022-A.pdf (thebms.org.uk)](https://thebms.org.uk/wp-content/uploads/2022/12/04-BMS-TfC-HRT-Guide-NOV2022-A.pdf) |
| Post-menopausal bleeding **not on HRT** (Post-menopausal in absence of periods for 12 months; please DO NOT refer peri-menopausal bleeding under this criterion).Of note: peri-menopausal bleeding in high risk women such as PCOS, BMI over 40 should be referred urgently for a pelvic scan.  |  |
| Post-menopausal bleeding persistent/unexplained **after cessation of HRT for 6 weeks** \* |  |
| Women **on HRT** with persistent abnormal bleeding after 6 months of starting HRT\* |  |
| Dysfunctional bleeding **on Tamoxifen**  |  |
| Women diagnosed with **Lynch Syndrome** with abnormal bleeding  |  |
| Asymptomatic postmenopausal women with ultrasound scan findings of endometrial thickness **≥** 10mm. For heavy perimenopausal bleeding over 45 yrs despite medical treatment consider urgent gynaecology referral.For the post-menopausal bleeding criteria - I confirm the vulva, vagina and cervix are normal.(This is minimum set criteria ) |  |

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| If referral for PMB, has patient been previously investigated for this within the last 12 months  | Yes  No  |
| **Cervical**(\*Post-coital bleeding and intermenstrual bleeding with a normal cervix is not an indication for 2WW \*see **PCB** guidance. For persistence unexplained PCB age less than 25 years consider urgent referral to Gynaecology). |
| Appearance of the cervix on the speculum examination is consistent with cervical cancer: Suspicious lesion on cervix.

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| **SMEAR**  |  |
| **TRIPLE RESULTS** |  |

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| **Vulval/Vaginal** |
| Unexplained lump or suspicious lesion |  |
| Bleeding due to ulceration |  |
| **Recurrence of Cancer**  |
| Suspicion of recurrence of known gynaecological cancer Date and type of previous Gynaecological cancer  |  |
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| \*To aid clinical triage please arrange prior to referral or import from EMIS: U&E’s required to facilitate CT scan with contrast if necessary:  **If you have a scan report, please attach it to this referral. It will stop patient from having another scan appointment.** |
| U&Es and eGFR Result (within last 3 months)Pelvic Ultrasound Scan report result if available | [ ]  Results       Date:      [ ]  Requested |

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| **Please detail any clinical findings and relevant clinical information in this section (including any recent investigations).** |
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| **Please attach the practice print out for medication, past medical history, repeat medications, allergies, recent investigations.**  |
| **Last Consultation** |

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| Please indicate whether the patient has had a hysterectomy  |  Yes  No  |
| Body Mass Index – within the last year  |             |
| I confirm I have performed a gynaecological examination covering the vulva, vagina and cervix. | [ ]  |

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| **PATIENT MEDICAL DATA:****Comorbidities:** Click here to enter text.**Any allergies/anticoagulation’s:** Click here to enter text.**BMI:** Click here to enter text. |
| **Accessibility Needs:**☐ Wheelchair access ☐ Deaf☐ Registered blind☐ Learning Disability☐ Other disability needing consideration ☐ Accompanied by carer | **WHO Performance Status:**☐ 0 Fully active☐ 1 Able to carry out light work☐ 2 Up and about greater than 50% of waking time☐ 3 Confined to bed/chair for greater than 50%☐ 4 Confined to bed/chair 100% |
| **RISKS:**☐ Vulnerable Adult (detail below if any recording within last 3 years)☐ No Capacity to Consent ☐ If no capacity to Consent please confirm that a “best interest” meeting has been held and evidence of outcome is attached below. Any other known risk:  |

**Please be aware that forms that contain missing data or are incorrectly completed will be returned to the Practice for correction and resubmission.**