

## PAN LONDON SUSPECTED UPPER GI CANCER REFERRAL FORM

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

**TOP TIPS**  
Upper GI 2ww referrals

Surname: Yang First name: Jialin  
Referral date: 19-Sep-2023 NHS number: 717 887 1857  
Patient's hospital of choice: [] [click here to access the hospitals directory](#)

### 1. REASON FOR REFERRAL – ESSENTIAL

See Pan London Suspected Upper GI Cancer Referral Guide

**Please record below the history and findings on physical examination and why you feel the patient may have cancer:**

☒ dysphagia 1 month, loss of appetite 2 months, significant weight loss, upper abdominal pain

### 2. SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL

☒ **Criteria for urgent referral suspected OESOPHAGUS/STOMACH CANCER:**

☐ Gastrointestinal endoscopy suggestive of oesophageal or stomach cancer *Please include report*

☒ Dysphagia

☐ Upper abdominal mass consistent with stomach cancer

☐ **Age ≥50 with weight loss AND any one of the following (please record which):**

☐ Reflux ☐ Upper abdominal pain ☐ Dyspepsia

☐ **Criteria for urgent referral suspected PANCREAS, LIVER, GALLBLADDER CANCER:**

☐ Abdominal CT/MRI/ultrasound scan suggestive of pancreatic, liver or gallbladder cancer

☐ Age ≥ 40 with jaundice

☐ Upper abdominal mass consistent with an enlarged liver

☐ Upper abdominal mass consistent with an enlarged gall bladder

☐ **Age ≥50 with weight loss AND any one of the following (please record which):**

☐ Abdominal pain ☐ Back pain ☐ New onset / rapidly worsening diabetes

☐ Diarrhoea ☐ Vomiting ☐ Nausea ☐ Constipation

*Consider arranging URGENT DIRECT ACCESS CT ABDOMEN / PANCREAS if patient meets criteria above.*

☐ **Criteria for urgent referral OTHER:**

☐ Referral is due to clinical concerns that do not meet above criteria – **please provide full details in Section 1.**

*If the patient does not meet any specific criteria above, please consider the following alternatives:*

- Obtain Advice & Guidance from specialist
- Refer for non-urgent upper GI endoscopy
- Refer to local RDC/NSS Service if you are unclear on potential tumour site (link for more information)

### 3. SUITABILITY FOR STRAIGHT TO TEST UPPER GI ENDOSCOPY/CT PATHWAY – ESSENTIAL

*Please note some areas may book patients directly to Trans Nasal endoscopy (unsedated)*

**Renal function (within 3 months)** ☐ Yes ☐ No

Patient is on **anticoagulant or antiplatelet agents (except aspirin)** ☐ Yes ☐ No

Patient has had **previous nasal surgery, deviated septum or nasal polyps** ☐ Yes ☐ No

Previous **gastrointestinal investigations (endoscopy/CT) in last 12 months** ☐ Yes ☐ No *If Yes pls attach reports*

Patient is **suitable for telephone triage** ☒ Yes ☐ No *If not suitable please include reasons in the box Sec 4 below*

*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*

**4. 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)  
☐ Mental health issues that may impact on engagement  
☐ SMI

Details of access needs:

**5. ADDITIONAL IMPORTANT CLINICAL INFORMATION**

Past history of cancer:

Relevant family history of cancer: lung 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:

- ☒ I have discussed the **possible diagnosis of cancer** with the patient (Patient Information Resources)  
☒ I have advised the patient to **prioritise this appointment & confirmed they'll be available within the next 14 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)

**6. REFERRER DETAILS**

Usual GP name: Dr. Shrewsbury Road Surgery	Referring clinician: Anita Bhasi
Practice code: F84006	Practice address: Shrewsbury Road Surgery, Shrewsbury Road, Forest Gate, London, E7 8QP
Practice name: Shrewsbury Road Surgery	Email: shrewburyroadsurgery@nhs.net
Main Tel: 02085865130	Practice bypass number 02085865126 (manual entry)

**7. PATIENT DETAILS**

Surname: Yang	First name: Jialin
NHS number: 717 887 1857	Title: Mr
Gender on NHS record: Male	Gender Identity: (manual entry)
Ethnicity: Chinese	
DOB: 06-Mar-1985	Age: 38
Patient address: Flat 48 Cornwell House, 13 Ron Leighton Way, London	
Daytime contact Tel: Home: Mobile: 07856226910	
Email: zakkyang@hotmail.com	
Carer/ key worker details:	

The content of these forms will be reviewed as part of regular cancer auditing.  
Contact [England.TCSLondon@nhs.net](mailto:England.TCSLondon@nhs.net) to report any issues with this form

Name:	Contact Tel:
Relationship to patient:	

## 8. 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: 19-Sep-2023 11:09:SS Bhasi, Anita (Dr.)

C the Signs risk assessment:

Presentation:

Dysphagia, Weight loss

Tool outcomes:

Upper GI referral

19/09/2023 11:31:30 Bhasi, A (Dr)

Dysphagia : 1 month

able to swallow only small portions

no vomiting

loss of appetite 2 months

losing weight recently, lost 3kg

no blood in stools

works as data analyst

Body weight, 58 kg

Dysphagia

upper abdominal pain

14/09/2023 14:29:18 Ratnayake, Nishanthi (RecAdmin)

Administration note

Patient mobile telephone number : 07856226910

SMS text message sent to patient :

Dear Mr Yang,

Please use the link below to submit the e-consult form FOR MEDICAL ISSUE/ADMIN QUERY. Your form will be dealt with between 24 to 72 hours excluding weekends. IF NEEDED A WE WILL CONTACT YOU SO, PLEASE BE AVAILABLE TO BE CONTACTED DURING THE SURGERY HOURS.

<https://florey accurx.com/p/F84006>

(LINK IS AVAILABLE - MONDAY to FRIDAY FROM 9.00AM TO 4.00PM)

In case of an Emergency please contact NHS111.

Regards,

Nishanthi Ratnayake -

Shrewsbury Road Surgery

14/09/2023 13:33:14 External User, ()

Abdominal pain

referred 2ww via private GP

Medical history: Active problems:

19/09/2023 - Dysphagia;

14/09/2023 - Abdominal pain;

14/09/2022 - Injury of ankle (Left);

01/04/2020 - Notes summary on computer;

07/08/2018 - Gastritis unspecified;

04/10/2017 - Chronic viral hepatitis C;

21/09/2017 - Hepatitis C antibody test positive

Significant past problems:

*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*

12/08/2022 - Constipation; 07/08/2017 - Helicobacter breath test positive		
Medication: Repeat: 15/08/2022 - Epiduo 0.1%/2.5% gel (Galderma (UK) Ltd), Apply Thinly At Night		
Allergies:		
Endoscopy history (3 years): Date: Location:		
Imaging studies (in the past 12 months): Date: Location:		
Renal function history (6 months):		
Liver function history (6 months):		
Full blood count history (6 months):		
HbA1C (in the past 6 months):		
Test results pending (type of investigation) : Trust / Organisation: Date:		
All Values and Investigations (in the past 6 months):		
BMI (latest): Body mass index - 18.9 kg/m <sup>2</sup> [20/10/2022]		
Body mass index - 18.3 kg/m <sup>2</sup> [21/12/2021]		
Body mass index - 20.0 kg/m <sup>2</sup> [30/12/2019]		
Body mass index - 18.3 kg/m <sup>2</sup> [17/12/2018]		
Weight (latest): Body weight - 58.0 kg [19/09/2023]		
Blood Pressure (latest): Systolic blood pressure - 121.0 mmHg [30/12/2019]		
Diastolic blood pressure - 67.0 mmHg [30/12/2019]		
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*



tumour needs to be considered incurable. However it can be treated with systemic therapy. I have explained that the tumour is MMR proficient which means that immunotherapy does not currently play a role. We are waiting for RAS and BRAF testing and my preference would be to start treatment with chemotherapy. If it comes back RAF BRAF wildtype Cetuximab will be added or it is mutant first line treatment should be with FOLFOXIRI triplet chemotherapy. This will give him overall the best chance of survival. As far as I know, as me that he has got private health insurance, there he will have the additional option of having Bevacizumab added in case this is RAS or BRAF mutant. He is very likely to move his care there. However I never explained common and potentially severe FOLFIRI side effects. These include tiredness, diarrhoea, and serious side effects are infection, heart problems and thrombosis. There is also a small risk of colitis in patients who are fit and young this is below 1%. I have given him an information sheet about FOLFIRI. We will do basic blood tests today. As he is likely to move to have treatment in the private sector I have booked him for chemotherapy but should he change his mind we can arrange this. We have not discussed prognosis today.

Yours sincerely



**Professor Marco Gerlinger**  
**Consultant Medical Oncologist**

Tá  
Tá  
Tá  
Cc  
Tá  
Mr Jialin Yang  
Flat 48 Cornwell House  
13 Ron Leighton Way  
London  
E6 1EQ

Tà
Tà
Tà
Tà
Tà
Tà
Tà

***If you are having your blood tests at a Barts Health NHS Trust Hospital site (St Bartholomew's, Royal London, Whipps Cross, Newham University and Mile End Hospitals), you no longer need labels, please book online and attend with a form of ID (e.g. appointment letter) and the labels will be printed at the time of phlebotomy.***

Tá <https://bartshealth.nhs.uk/phlebotomy>

**Tá**  
**If you do not have access to the internet you can book an appointment by calling Central Appointments on 020 7767 3200.**

Tá



Barts Health NHS Trust: Mile End Hospital, Newham University Hospital, The Royal London Hospital,  
St Bartholomew's Hospital and Whipps Cross University Hospital

**YANG, Jialin (Mr)**      Date of Birth: **06-Mar-1985 (39y)****Report Path: Local Record**

Flat 48 Cornwell House, 13 Ron Leighton Way, London, E6 1EQ

NHS Number:      717 887 1857

Usual GP:      SURGERY, Shrewsbury Road (Dr)

**Values and Investigations (Latest Value)**

17-Feb-2024

**Histology Report**

Reporting laboratory reference number 24S00009884

52246105149

**SPECIMEN:**

A Colonic polyp, transverse

B Colonic polyp, descending

C Colonic polyp, sigmoid

**CLINICAL DETAILS:**

Clinical Details: colonic polyps; No. of pots: 3; Specimen Site:-More in Notepad.

Indication: abnormality on CT/barium.

Three small polyps removed (sigmoid, transverse and descending colon).

There was a 18 mm polyp in the sigmoid at 25 cm which presumably accounts for the PET findings (not sent for histology). See endoscopy report.

Recent diagnosis of liver met (see 24S00004299).

**MACROSCOPIC DESCRIPTION:****Specimen A**

Specimen pot labelled with patient's details and 'Transverse Colon Polyp'.

Three cream fragments of sessile polyp, attached to cellulose acetate paper, and ranging in size from 3 mm to 7 mm.

3 in 1. All embedded.

**MC/B****Specimen B**

Specimen pot labelled with patient's details and 'Descending Colon Polyp'.

One cream sessile polyp, not attached to cellulose acetate paper, and measuring 7 mm.

1 in 1. All embedded.

**MC/B****Specimen C**

Specimen pot labelled with patient's details and 'Sigmoid Colon Polyp'.

One cream fragment of tissue, not attached to cellulose acetate paper, and measuring 5 mm. There are two food particles also present, put them back into the pot.

1 in 1. All embedded.

**MC/B****MICROSCOPIC DESCRIPTION:**

A. Large bowel mucosa contains a tubular adenoma with low grade dysplasia. There is no high grade dysplasia or invasive malignancy. Completely excised.

B. Large bowel mucosa contains a tubular adenoma with low grade dysplasia. There is no high grade dysplasia or invasive malignancy. Completely excised.

C. Large bowel mucosa contains a tubular adenoma with low grade dysplasia. There is no high grade dysplasia or invasive malignancy. The excision margin is not assessable.

**CONCLUSION:**

A. Colonic polyp, transverse: Tubular adenoma with low grade

YANG, Jialin (Mr)

Shrewsbury Road Surgery

dysplasia.

B. Colonic polyp, descending: Tubular adenoma with low grade  
dysplasia.

C. Colonic polyp, sigmoid: Tubular adenoma with low grade dysplasia.

REPORTED BY:

Dr Miriam Ficial, Consultant Pathologist

23-Feb-2024





Tá

Thank you for attending clinic today. Tá I reviewed you with our CNS Joy present. Tá Dr Dearden also joined part way through the consultation. Tá I was pleased to hear that you felt physically well. Tá We discussed your most recent investigations i.e. the colonoscopy and repeat CT. Tá Following discussions with our endoscopy colleagues and within the MDT, we are confident labelling this as a primary sigmoid cancer with liver metastases. Tá We do not feel a repeat endoscopy for histology from the presumed primary tumour is necessary and our oncology colleagues will see you next week to discuss treatment options. Tá We once again discussed how this would not be operable or curable and that chemotherapy would be palliative with the intention of disease control. Tá Tá Tá

Tá

We have not made a further appointment to see you in the hepatology clinic at present and will leave you in the hands of our oncology colleagues. Tá We remain contactable via email and phone should you have any concerns. Tá We wish you all the best. Tá

Tá

Yours sincerely,

Tá

**Dr Michael Hewitt**

Hepatology Registrar to

Dr Yiannis Kallis and Dr Janet Dearden

Consultant Hepatologists

Secretary Tá Tel: 020 359 43500 / 43400

Email: bartshealth.hepatologyservices@nhs.net

Tá

Tá

Tá

Tá

**Electronically Signed By: Tá Michael Hewitt, Clinical Practitioner Access Role**

Tá

Tá

Tá

Tá

Tá

Tá

Tá

Tá

Tá

Tá

Tá