#### PAN LONDON SUSPECTED UPPER GI CANCER REFERRAL FORM

TOP TIPS
Upper GI 2ww referrals

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

First name: Jialin

Surname: Yang

Referral date: 19-Sep-2023 NHS number: 717 887 1857 click here to access the hospitals directory Patient's hospital of choice: [] 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 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 <a href="mailto:England.TCSTLondon@nhs.net">England.TCSTLondon@nhs.net</a> to report any issues with this form

4. INFORMATION FOR I	HOSPITAL ASSESSMENT –	ESSENTIAL			
WHO Performance status					
<ul> <li>0 Fully active</li> <li>1 Restricted physically but ambulatory and able to carry out light work</li> <li>2 Ambulatory more than 50% of waking hours; able to carry out self-care</li> <li>3 Limited self-care; confined to bed or chair more than 50% of waking hours</li> <li>4 Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair</li> </ul>					
Other access needs- please	detail per the selected option	s in the field below			
Interpreter required If language English Transport required Wheelchair access requi	Yes, Language: Main spoken	Cognitive impairment including dementia Learning disability (see London LD contacts) Mental health issues that may impact on engagement SMI			
5. ADDITIONAL IMPOR  Past history of cancer:	TANT CLINICAL INFORMA	TION			
Relevant family history of ca	ncer: lung cancer				
Safeguarding concerns:					
Other relevant information a	bout patient's circumstances				
Patient referred/previously investigated for similar symptoms at other hospital/service?  No Yes, please give details:					
<ul> <li>I have discussed the possible diagnosis of cancer with the patient (Patient Information Resources)</li> <li>I have advised the patient to prioritise this appointment &amp; confirmed they'll be available within the next 14 days.</li> <li>✓ The patient has been advised that the hospital care may contact them by telephone</li> <li>✓ Patient added to the practice safety-netting system and practice will review by DDMMYY (manual entry)</li> </ul>					
6. REFERRER DETAILS					
Usual GP name: Dr. Shrews Practice code: F84006	bury Road Surgery	Referring clinician: Anita Bhasi Practice address: Shrewsbury Road Surgery, Shrewsbury			
Fractice code. 184000		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 Identity: (manual entry)			
Gender on NHS record: Mal Ethnicity: Chinese	E	Genuel Identity. [[manaal entry]			
DOB: 06-Mar-1985		Age: 38			
	nwell House. 13 Ron Leighto				
Patient address: Flat 48 Cornwell House, 13 Ron Leighton Way, London  Daytime contact Tel: Home: Mobile: 07856226910					
Email: zakkyang@hotmail.co	<del> </del>	İ			
TOWN STREET THE THREET	Compared to the state and the contract of the	[2017] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1			
Carer/ key worker details:					

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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 <u>relevant</u> 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 stoools

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:

12/08/2022 - Constipation;						
07/08/2017 - Helicobacter	preath test pos	itive				
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	n:				
Imaging studies (in the past :	2 months): Da	te: Location:				
:						
		'				
Renal function history (6 mo						
Liver function history (6 mor						
Full blood count history (6 m	onths):					
		, , , , , , , , , , , , , , , , , , , ,				
HbA1C (in the past 6 months	-					
		Trust / Organisation: Date:				
All Values and Investigations						
BMI (latest): Body mass inde						
Body mass index - 18.3 kg/m						
Body mass index - 20.0 kg/m	-					
Body mass index - 18.3 kg/m	2 [17/12/2018]					
Weight (latest): Body weight						
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 Need	s (AIS):					

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Contact England.TCS London@nhs.net to report any issues with this form

regarding Mr Jialin Yang



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                MG/SS
                                                         Department of Medical Oncology SBH
 Ref:
                ⊤á
                                                                             Basement Level
 ⊤á
                10542590
                                                                                KGV Building
 MRN:
 NHS No:
                717 887 1857
                                                                             West Smithfield
                ⊤á
 ⊤á
                                                                          London EC1A 7BE
 Clinic date:
                28-Feb-2024
 Date:
                28-Feb-2024
                                                                    Secretary: 020 3765 8810
                                                                    Secretary: 020 3765 8801
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 тá
                                                             email: bartshealth.med-oncology-
                                                                         secretaries@nhs.net
                                                                 Switchboard: 0207 377 7000
 Dr A Bhasi
 The Shrewsbury Centre
 Shrewsbury Road HIth Ctr
                                                                                         ⊤á
 Shrewsbury Road
                                                                                         ⊤á
 Forest Gate
                                                                                         ⊤á
 London
 E7 8QP
⊤á
⊤á
Dear Dr Bhasi
ΤάΤάΤάΤάΤάΤάΤάΤάΤάΤά
         Mr Jialin Yang DoB: 06-Mar-1985
         Flat 48 Cornwell House 13 Ron Leighton Way London E6 1EQ
Diagnosis:
Jan 2024: Metastatic (liver) sigmoid adenocarcinoma, MMRp, RAS/BRAF pending, not a
surgical candidate as per HPB MDT
Past Medical History:
HEP C - treated & cleared
Had lung surgery as a child for recurrent pneumothoraces
Medications:
OTC vitamin DEK supps
Allergies: none
Social History:
Originally from China - in UK for 5 years.
Data analyst for AI company - currently working
Previous smoker
No alcohol
Single, no children
⊤á
Family History:
Father - lung cancer
Mother - breast cancer
Τá
PS: 0
Τá
I have seen Mr Yang in my clinic as a new patient today. This unfortunately young man has j
diagnosed with a metastatic sigmoid cancer. Review in our HPB MDT concluded that there are unfo
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no surgical options for removal of the metastasis. He was already aware of this but I reiterated today

tumour needs to be considered incurable. However it can be treated with systemic therapy. I have  $\varepsilon$  that the tumour is MMR proficient which means that immunotherapy does not currently play a role. W 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 t should be with FOLFOXIRI triplet chemotherapy. This will give him overall the best chance of survival me that he has got private health insurance, there he will have the additional option of having Beva added in case this is RAS or BRAF mutant. He is very likely to move his care there. However I nevexplained 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  $\varepsilon$  in patients who are fit and young this is below 1%. I have given him an information sheet about FOL we will do basic blood tests today. As he is likely to move to have treatment in the private sector I booked him for chemotherapy but should he change his mind we can arrange this. We have not d prognosis today.

<del>, </del>á Yours sincerely



### Professor Marco Gerlinger Consultant Medical Oncologist

Consultant Medical Or ‡ ‡ ‡ Cc ‡ Mr Jialin Yang Flat 48 Cornwell House 13 Ron Leighton Way London E6 1EQ ‡ ‡ ‡ ‡ ‡ ‡ ‡ ‡ ‡

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.

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https://bartshealth.nhs.uk/phlebotomy

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

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file:///C:/Users/BhachuJ/AppData/Local/Temp/EMISWebDocs18424/f3d68cb2eb334... 22/04/2024

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  $3\ \mathrm{mm}$  to  $7\ \mathrm{mm}$ .

3 in 1. All embedded.

MC/B

Specimen B

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

One cream sessile polyp, not attached to cellulose acetate paper, and measuring 7  $\ensuremath{\text{mm}}\xspace$  .

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  $5\ \mathrm{mm}$ . 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.		nding: Tubular adenoma with low grade	
	REPORTED BY Dr Miriam F	: icial, Consu	id: Tubular adenoma with low grade dys ltant Pathologist	plasia.
	23-Feb-2024			
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Printed 5:13pm 2	2-Apr-2024			Page <b>2</b> of <b>2</b>

# CLINIC LETTER TáTáTáTá



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                                 Dr AP BHASI
                                 The Royal London Hospital
                                 SHREWSBURY ROAD HLTH CTR
                                 Whitechapel Road
                                 London E1 1FR
 LONDON
 E7 8QP
–á
 Mr Jialin Yang
                                         NHS no:717-887-1857
                                                                             Date: 22-FEB-2024
                                         MRN:10542590
 Flat 48 Cornwell House
                                                                          Clinic: RNJClinic 3 RLH
 13 Ron Leighton Way
                                         Sex: Male
 LONDON
                                         DOB: 06-MAR-1985
                                                                        Clinic Date: 21-FEB-2024
 E6 1EQ
                                                                                   Next Clinic:
Dear Jialin.
⊤á
Problem List:
1. Probable Metastatic Colorectal Cancer
- referred due to weight loss and dysphagia
- OGD and CTCAP unremarkable except for presume haemangioma of liver, symptoms resolved
- in view of previous hepatitis C, MRI liver arranged which was concerning for malignancy
- biopsy 24/1 confirms metastatic adenocarcinoma, possible lung or GI primary
- PET scan 9/2 - multiple hepatic metastases, further tracer uptake in sigmoid colon
- Colonoscopy 17/2 - malignant appearing polyp in sigmoid
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Previous Medical History:
Spontaneous Pneumothorax
Hepatitis C (cleared)
⊤á
Family History:
Father - Lung Cancer
тá
Social History:
Data Analyst
Lives alone
PS<sub>0</sub>
Ex-smoker
Τá
Recent Investigations:
CTCAP Oct 2023 - The oesophagus is not dilated. No oesophageal mass. No thoracic lymph node
enlargement. No pleural effusion. A 3-mm nodule posteriorly in the left lower lobe is likely a benign
intrapulmonary lymph node. Within segment 4b of the liver there is a 9-mm hypodensity, difficult to
characterise but likely a haemangioma. The remaining solid organs are normal. There is faecal loading in the
colon. Allowing for the unprepared nature of the study there is a no colonic mass. No aggressive bone lesion.
rá
Targeted Liver Biopsy Jan 2024 - moderately differentiated adenocarcinoma
PET CT Feb 2024 - There are at least seven metabolically active lesions throughout both lobes of the liver
which are suspicious for hepatic metastases. Tá The focus of uptake within the sigmoid colon could represent
bowel spasm, however a colonoscopy is advised to rule out a primary colorectal malignancy. Tá There is no
metabolically active disease identified elsewhere.
⊤á
CTCAP Feb 2024 - Primary tumour in the sigmoid with multiple bilobar liver metastases.
тá
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Progress: +á

⊤á Thank you for attending dinic today.—á l reviewed you with our CNS Joy present.—á 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 colonscopy 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. TáTáTá 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, тá **Dr Michael Hewitt** Hepatology Registrar to Dr Yiannis Kallis and Dr Janet Dearden Consultant Hepatologists Secretary + á Tel: 020 359 43500 / 43400 Email: bartshealth.hepatologyservices@nhs.net ⊤á тá Τá Electronically Signed By: Tá Michael Hewitt, Clinical Practitioner Access Role тá ⊤á тá Τá тá тá тá Page 2 of x

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