West Midlands cancer alliance

NHS England Midlands

WMCA 2WW REFERRAL FORM FOR SUSPECTED COLORECTAL CANCER

Patient Details:	Registered GP Details:
Surname: Doe5 **Forename: Janine** **DoB: 01/01/1967** **Gender: F** **Ethnicity: Caucasian** **Address:** **Hospital/NHS number: G111115** **Landline number:** **Mobile number:** **Patient consents to be contacted by text on the above mobile? Y ~~/ N~~** **Interpreter required? ~~Y /~~ N** **First Language:** **Patient has capacity to consent? Y ~~/ N~~**	**GP Saint Road** **Fax no:** **Telephone:** **Email:** **Date of Decision to refer: 15/02/2024** **Date of Referral: 15/02/2024** **Name of referring GP: Dr Good** **GP Signature:**

GP Declaration

- **They have symptoms which may be caused by cancer**
- **I have informed the patient:**
- **That they are being referred to the rapid access suspected cancer clinic**
- **The nature of the tests likely to take place**
- **I have provided the patient with a 2 week wait information leaflet**

1	ANY ADULT (16 YEARS OR OVER) PLEASE REFER FOR FIT TEST THE SAME TIME AS THE REFERRAL DO NOT WAIT FOR FIT RESULT	**Tick if present**
a.	Abdominal mass	
b.	Unexplained rectal mass	
c.	Anal ulceration/mass	x

2	**FIT POSITIVE PATHWAY** **Patients MUST be aged ≥ 40 years with a positive FIT (≥10 µg Hb/g) result and have one or more of the following:**		**Tick if present** **Must include the FIT value**
a.	**Rectal bleeding** 2 or more episodes in a ≥ 4 week period		FIT result: …400….. µg HB/g
b.	**Change in bowel habit** Looser/more frequent stools for ≥ 6 weeks		FIT result: …….. µg HB/g
c.	**Weight loss** Unexplained/Unintentional weight loss Either documented >5% loss in three months or with strong clinical suspicion	Amount …… kg Duration …….(weeks/months) O/E Weight ……..kg O/E previous weight ……kg	FIT result: …….. µg HB/g
d.	**Iron Deficiency Anaemia** in men (Hb <13g/L) or non-menstruating women (Hb <11.5g/L) Unexplained and un-investigated in the last 3 years	Hb…123.g/L MCV……..fL Ferritin……. µg/L	FIT result: 400……. µg HB/g

Commented [AB1]: Need to agree a date to review the form and pathway as ultimately the new FIT guidelines are for any adult, we have set the age cut off as >40yo now due to capacity issues only. This is not in alignment with the guidelines per say

Commented [AB2]: I have copied this from NSS as we need to get the wording identical between these pathways

Commented [AB3]: Taken from NSS pathway

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3	**FIT NEGATIVE patients with Iron Deficiency Anaemia** In men or non-menstruating women aged ≥ 40 years with a negative FIT (<10 µg Hb/g) Unexplained and un-investigated in the last 3 years		**Tick if present** **Must include the FIT value**
	All criteria must be fulfilled for a referral: **(Tick below)** ☐ **Aged 40 years or over AND** ☐ **FIT NEGATIVE (enter result …7…….µg HB/g) AND** ☐ **Ferritin ≤45µg/L AND** ☐ **ANAEMIA** (Hb <13g/L in men or Hb <11.5g/L in non-menstruating women) If meeting criteria, please ensure all the following: ☐ **Dipstick the urine**. (If positive consider referral on urology 2WW) ☐ **Screen for Coeliac disease**. (If positive refer to gastroenterology) ☐ **Renal function (urea, creatinine, eGFR)** (MUST be within 3 months) ☐ **You have commenced iron treatment** (Date commenced …10/2/24……)	Hb …….g/dl MCV ……....fL Ferritin ……..µg/L TTG …… U/ml Urea ……mmol/L Creatinine…….µmol/L eGFR ……..ml/min/1.73m^2>60	FIT result: …….. µg HB/g
4	**For FIT NEGATIVE patients with ongoing NG12 symptoms/signs** Please refer to the FIT negative flow chart to review your options.		

ENSURE UP TO DATE (WITHIN 3 MONTHS) BLOOD TESTS ARE AVAILABLE ON REFERRAL

ADDITIONAL HISTORY (or attach GP summary with the following details)

Last Consultation

Medical Hx

Myocardial infarction

Inflammatory bowel disease

Medications (inc anticoagulation & antiplatelets)

Nil

Allergies

Smoking status

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Alcohol intake

Recent investigations

Including FBC, Ferritin, U&Es (within 3 months), AND Urine dipstick, TTG if FIT negative

*** PLEASE COMPLETE FOR ALL REFERRALS:**

*WHO Performance status (see scale below, please tick one) 0 ☐ 1 x 2 ☐ 3 ☐ 4 ☐

WHO Performance Status Scale:

WHO 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 self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4	Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair

For 2ww office use only

Date referral received	Triage date	Consultant