

# WMCA 2WW REFERRAL FORM FOR SUSPECTED COLORECTAL CANCER

<b>Patient Details:</b> <b>Surname:</b> Doe14 <b>Forename:</b> Lenny <b>DoB:</b> 01/01/1955 <b>Gender:</b> m <b>Ethnicity:</b> Caucasian <b>Address:</b>  <b>Hospital/NHS number:</b> G2222204 <b>Landline number:</b> <b>Mobile number:</b> <b>Patient consents to be contacted by text on the above mobile?</b> Y <del>N</del> <b>Interpreter required?</b> <del>Y</del> N <b>First Language:</b> <b>Patient has capacity to consent?</b> Y <del>N</del>	<b>Registered GP Details:</b> <b>GP Saint Road</b>  <b>Fax no:</b> <b>Telephone:</b> <b>Email:</b> <b>Date of Decision to refer:</b> 15/02/2024 <b>Date of Referral:</b> 15/02/2024 <b>Name of referring GP:</b> Dr Good <b>GP Signature:</b>
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## 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	

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.	<b>Rectal bleeding</b> 2 or more episodes in a ≥ 4 week period	FIT result: ...7..... µg HB/g
b.	<b>Change in bowel habit</b> Looser/more frequent stools for ≥ 6 weeks	FIT result: ..... µg HB/g
c.	<b>Weight loss</b> Unexplained/Unintentional weight loss Either documented >5% loss in three months or with strong clinical suspicion	Amount ...1... kg Duration ...3...(weeks/months) O/E Weight ...199.....kg O/E previous weight ...200...kg FIT result: .....7..... µg HB/g
d.	<b>Iron Deficiency Anaemia</b> in men (Hb <13g/L) or non-menstruating women (Hb <11.5g/L) Unexplained and un-investigated in the last 3 years	Hb....g/L MCV.....fL Ferritin..... µg/L FIT result: ..... 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

3	<b>FIT NEGATIVE patients with Iron Deficiency Anaemia</b> 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		<b>Tick if present</b> <b>Must include the</b> <b>FIT value</b>
	<p><b>All criteria must be fulfilled for a referral:</b> (Tick below)</p> <p><input type="checkbox"/> <b>Aged 40 years or over AND</b></p> <p><input type="checkbox"/> <b>FIT NEGATIVE (enter result .....µg HB/g) AND</b></p> <p><input type="checkbox"/> <b>Ferritin ≤45µg/L AND</b></p> <p><input type="checkbox"/> <b>ANAEMIA</b> (Hb &lt;13g/L in men or Hb &lt;11.5g/L in non-menstruating women)</p> <p>If meeting criteria, please ensure all the following:</p> <p><input type="checkbox"/> <b>Dipstick the urine.</b> (If positive consider referral on urology 2WW)</p> <p><input type="checkbox"/> <b>Screen for Coeliac disease.</b> (If positive refer to gastroenterology)</p> <p><input type="checkbox"/> <b>Renal function (urea, creatinine, eGFR)</b> (MUST be within 3 months)</p> <p><input type="checkbox"/> <b>You have commenced iron treatment</b> (Date commenced .....)</p>	<p>Hb .....g/dl</p> <p>MCV .....fL</p> <p>Ferritin .....µg/L</p> <p>TTG ...1..... U/ml</p> <p>Urea ...3.....mmol/L</p> <p>Creatinine...60....µmol/L</p> <p>eGFR ...90.....ml/min/1.73m<sup>2</sup>&gt;60</p>	<p>FIT result: ..... µg HB/g</p>
4	<p><b>For FIT NEGATIVE patients with ongoing NG12 symptoms/signs</b> Please refer to the FIT negative flow chart to review your options.</p>		

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

<p><b>ADDITIONAL HISTORY (or attach GP summary with the following details)</b></p> <p>Last Consultation</p> <p>Well and some weight loss</p> <p>Medical Hx</p> <p>Nil</p> <p>Medications (inc anticoagulation &amp; antiplatelets)</p> <p>Nil</p> <p>Allergies</p> <p>Smoking status</p> <p>Alcohol intake</p> <p>Recent investigations</p>
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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 ☒    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
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