

WMCA 2WW REFERRAL FORM FOR SUSPECTED COLORECTAL CANCER

Patient Details:		Registered GP Details:
Surname: Doe8	Forename: HeNRY	GP Saint Road
DoB: 01/01/1950	Gender: M	Fax no: Telephone: Email:
Ethnicity: Caucasian		Date of Decision to refer: 15/02/2024
Address:		Date of Referral: 15/02/2024
Hospital/NHS number: G111118		Name of referring GP: Dr Good
Landline number:		GP Signature:
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 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	

FIT POSITIVE PATHWAY 2 Patients MUST be aged ≥ 40 years with a positive FIT ($\geq 10 \mu\text{g Hb/g}$) 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: $\mu\text{g HB/g}$
b.	Change in bowel habit Looser/more frequent stools for ≥ 6 weeks	FIT result: $\mu\text{g HB/g}$
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 Weightkg O/E previous weightkg FIT result: $\mu\text{g HB/g}$
d.	Iron Deficiency Anaemia in men (Hb $<13\text{g/L}$) or non-menstruating women (Hb $<11.5\text{g/L}$) Unexplained and un-investigated in the last 3 years	Hb....g/L MCV.....fL Ferritin..... $\mu\text{g/L}$ FIT result: $\mu\text{g HB/g}$

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 >40 yo 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
<p>All criteria must be fulfilled for a referral: (Tick below)</p> <p><input checked="" type="checkbox"/> X Aged 40 years or over AND <input checked="" type="checkbox"/> X FIT NEGATIVE (enter result ...4.....µg HB/g) AND <input checked="" type="checkbox"/> X Ferritin ≤45µg/L AND <input checked="" type="checkbox"/> X ANAEMIA (Hb <13g/L in men or Hb <11.5g/L in non-menstruating women)</p> <p>If meeting criteria, please ensure all the following:</p> <p><input type="checkbox"/> Dipstick the urine. (If positive consider referral on urology 2WW)</p> <p><input type="checkbox"/> Screen for Coeliac disease. (If positive refer to gastroenterology)</p> <p><input type="checkbox"/> Renal function (urea, creatinine, eGFR) (MUST be within 3 months)</p> <p><input type="checkbox"/> You have commenced iron treatment (Date commenced)</p>	<p>Hb ...90....g/dl MCVfL Ferritinµg/L</p> <p>FIT result:4..... µg HB/g</p> <p>TTG ...1..... U/ml Urea ...3.....mmol/L Creatinine...60....µmol /L eGFR ...90.....ml/min/1.73m²> 60</p>
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	
PR bleeding	
Fresh blood on defecation	
Medical Hx	
Nil	
Medications (inc anticoagulation & antiplatelets)	
Nil	
Allergies	
Smoking status	
Alcohol intake	

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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