

## WMCA 2WW REFERRAL FORM FOR SUSPECTED COLORECTAL CANCER

<b>Patient Details:</b>		<b>Registered GP Details:</b>
Surname: Doe6	Forename: Jackie	GP Saint Road
DoB: 01/01/1934	Gender: F	Fax no: Telephone: Email:
Ethnicity: Caucasian		Date of Decision to refer: 15/02/2024
Address:		Date of Referral: 15/02/2024
Hospital/NHS number: G111116		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

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

<b>FIT POSITIVE PATHWAY</b> <b>2</b> Patients MUST be aged $\geq 40$ years with a positive FIT ( $\geq 10 \mu\text{g Hb/g}$ ) result and have one or more of the following:		<b>Tick if present</b> <b>Must include the FIT value</b>
a.	Rectal bleeding 2 or more episodes in a $\geq 4$ week period	FIT result: ..... $\mu\text{g HB/g}$
b.	Change in bowel habit Looser/more frequent stools for $\geq 6$ 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 Weight .....kg O/E previous weight .....kg   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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<b>3 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 Must include the FIT value</b>
<p>All criteria must be fulfilled for a referral: (Tick below)</p> <p><input type="checkbox"/> Aged 40 years or over AND  <input type="checkbox"/> FIT NEGATIVE (enter result ...7.....µg HB/g) AND  <input type="checkbox"/> Ferritin ≤45µg/L AND  <input type="checkbox"/> ANAEMIA (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"/> Dipstick the urine. (If positive consider referral on urology 2WW)  <input type="checkbox"/> Screen for Coeliac disease. (If positive refer to gastroenterology)  <input type="checkbox"/> Renal function (urea, creatinine, eGFR) (MUST be within 3 months)  <input type="checkbox"/> You have commenced iron treatment (Date commenced ...10/2/24.....)</p>	Hb .....g/dl MCV .....fL Ferritin .....µg/L  TTG .....U/ml Urea .....mmol/L Creatinine.....µmol/L eGFR .....ml/min/1.73m <sup>2</sup> >60
<b>4 For FIT NEGATIVE patients with ongoing NG12 symptoms/signs</b> 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**

<b>ADDITIONAL HISTORY (or attach GP summary with the following details)</b>	
<p>Last Consultation</p> <p>Bed bound</p> <p>Medical Hx</p> <p>Myocardial infarction</p> <p>Stroke</p> <p>Heart transplant</p>	
<p>Medications (inc anticoagulation &amp; antiplatelets)</p> <p>Nil</p>	
<p>Allergies</p>	

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Smoking status

Alcohol intake

Recent investigations

Including FBC, Ferritin, U&amp;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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