

WMCA 2WW REFERRAL FORM FOR SUSPECTED COLORECTAL CANCER

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| Patient Details: Surname: Doe8 Forename: HeNRY DoB: 01/01/1950 Gender: M Ethnicity: Caucasian Address: Hospital/NHS number: G111118 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 | Registered GP Details: 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: |
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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. | Rectal bleeding 2 or more episodes in a ≥ 4 week period | FIT result: 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 Weightkg O/E previous weightkg 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....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

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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>X Aged 40 years or over AND</p> <p>X FIT NEGATIVE (enter result ...4.....µg HB/g) AND</p> <p>X Ferritin ≤45µg/L AND</p> <p>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</p> <p>MCVfL</p> <p>Ferritinµg/L</p> <p>FIT result: 4..... µg HB/g</p> <p>TTG ...1..... U/ml</p> <p>Urea ...3.....mmol/L</p> <p>Creatinine...60....µmol/L</p> <p>eGFR ...90.....ml/min/1.73m²>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

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| ADDITIONAL HISTORY (or attach GP summary with the following details) |
| <p>Last Consultation</p> <p>PR bleeding</p> <p>Fresh blood on defecation</p> <p>Medical Hx</p> <p>Nil</p> <p>Medications (inc anticoagulation & antiplatelets)</p> <p>Nil</p> <p>Allergies</p> <p>Smoking status</p> <p>Alcohol intake</p> |

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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 x 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 |
|------------------------|-------------|------------|