

Suspected Cancer in Adults Malignancy of Unknown Origin (2WW)

Date of referral **Short date letter merged**

| | | | | | |
|-------|-----------|------|---------------|--------|------------|
| Name: | Full Name | DOB: | Date of Birth | NHS No | NHS Number |
|-------|-----------|------|---------------|--------|------------|

Please confirm the following mandatory requirements

- Patient has been informed that this is an urgent referral for suspected cancer
- The patient is available and willing to attend hospital for tests/appointment within 14 days
- The patient has been given the 2WW patient information leaflet

Hyperlinks to: [NICE GUIDANCE](#) [Patient info leaflet including easy read](#)

| | | | |
|---|---|--------------------------|-----------|
| Guidance | THIS IS <u>NOT</u> A VAGUE/UNEXPLAINED SYMPTOMS PATHWAY | | |
| | REFERRALS MUST MEET ALL THE FOLLOWING CRITERIA: | YES | NO |
| | Patient has had either MRI, CT or ultrasound showing metastatic malignancy with no apparent primary site | <input type="checkbox"/> | |
| | There is no clinical indication of a primary site on history/exam | <input type="checkbox"/> | |
| | A CXR has been done and is normal (unless CT chest already done) | <input type="checkbox"/> | |
| | Male patients have had a PSA done and it is in the normal range | <input type="checkbox"/> | |
| | Patients with bone metastases have had a myeloma screen done (serum electrophoresis & serum free light chains) and is normal | <input type="checkbox"/> | |
| | Female patients with peritoneal disease have had CA125 checked and been considered for urgent gynaecology referral | <input type="checkbox"/> | |
| | It is expected that: | | |
| | Do not refer Patients with a current known primary cancer to the CUP team, please refer them directly to the primary cancer site team. | | |
| If the patient is unwell, the GP will consider admission to their local hospital. | | | |
| If in doubt about the indication for referral or to discuss any tests that may be done in parallel to this referral, please contact the local CUP team. | | | |

| | | |
|-----------------|---|---|
| Referral | ALL TRUSTS HAVE A CANCER OF UNKNOWN PRIMARY TEAM | |
| | <u>Referrals to the following Trusts can be made using this form</u> | |
| | Please send BOTH this 'service form' AND the 'Referral header sheet' | |
| | For URGENT attention of the CUP Team | |
| | Northumbria | [enter contact details] |
| | Durham and Darlington | Refer via malignancy of unknown origin on eRS – all referrals will be triaged before patients are given an appointment. Local contacts for advice only: Dr Sarah Jordon, Consultant Gastroenterologist and AOS/CUP Lead 013388 455174 Dr Steve Cowie, Respiratory Consultant and CUP Advisor 01325 743490 |
| | Newcastle | Secure email to: tnu-tr.ncccuponcologyrefer@nhs.net CUP nurse specialists: 0191 2448419 CUP team secretary: 0191 2138471 CUP lead clinician (anonymised advice only): Christopher.jones@nuth.nhs.uk |
| | North Cumbria | Referrals can be sent via the advice and guidance process on eRS Local contacts for anonymised advice only: Syed.Haider@ncuh.nhs.uk kerry.Miles@ncuh.nhs.uk |
| | Do <u>not</u> use this form in other areas (Gateshead, Sunderland, South Tyneside, Teesside) | |
| | Other areas | Contact the local hospital CUP team for advice before referring |

Reason form Referral – Compulsory

(Please include why patient initially attended, relevant PMH, examination findings and what they know.)

The clinical information is essential to safe and effective care of your patient

| | | | |
|---------------------------|--------------------------|---|---|
| Performance Status | <input type="checkbox"/> | 0 | Fully active |
| | <input type="checkbox"/> | 1 | Cannot carry out heavy physical work |
| | <input type="checkbox"/> | 2 | Up and about more than half the day and can look after yourself |
| | <input type="checkbox"/> | 3 | In bed or sitting in a chair for more than half the day and need help in looking after yourself |
| | <input type="checkbox"/> | 4 | In bed or a chair all the time and need a lot of looking after |

| Please indicate COVID 19 risk: | | |
|--------------------------------|-------------------|--|
| <input type="checkbox"/> | Standard | No co-morbidities |
| <input type="checkbox"/> | Vulnerable | Co-morbidities/frailty |
| <input type="checkbox"/> | Shielded | In the shielded group because of high risk from COVID 19 infection |

Radiology results: In the past 6 months Please attach relevant radiology results to this referral

WEIGHT: Single Code Entry: Body weight Single Code Entry: Body weight Single Code Entry: Body weight

Blood tests within 2 months – REQUIRED

If blood results to not appear below but have been requested, please 'X' appropriate boxes and add date)

| | | | | |
|------------|--|--|--|--|
| PSA | <input type="checkbox"/> Requested Date: _____ | | | |
| | Result within 2 months REQUIRED | | Latest Result | |
| PSA level | Single Code Entry: PSA (prostate-specific antigen) level | Single Code Entry: PSA (prostate-specific antigen) level | Single Code Entry: PSA (prostate-specific antigen) level | Single Code Entry: PSA (prostate-specific antigen) level |

| | | | |
|--------------|---|--|----------------------|
| HbA1c | <input type="checkbox"/> Requested Date: _____ | | |
| | Result within 2 months REQUIRED | | Latest Result |

| | | | | |
|-------|---|---|---|---|
| HbA1c | Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised | Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised | Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised | Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised |
|-------|---|---|---|---|

| LFTs | <input type="checkbox"/> Requested Date: _____ | | | |
|----------------------|--|--|--|--|
| | Result within 2 months REQUIRED | | Latest Result | |
| Bilirubin | Single Code Entry: Serum bilirubin level... | Single Code Entry: Serum bilirubin level... | Single Code Entry: Serum bilirubin level... | Single Code Entry: Serum bilirubin level... |
| Alkaline Phosphatase | Single Code Entry: Serum alkaline phosphatase level | Single Code Entry: Serum alkaline phosphatase level | Single Code Entry: Serum alkaline phosphatase level | Single Code Entry: Serum alkaline phosphatase level |
| ALT | Single Code Entry: Serum alanine aminotransferase level | Single Code Entry: Serum alanine aminotransferase level | Single Code Entry: Serum alanine aminotransferase level | Single Code Entry: Serum alanine aminotransferase level |
| Gamma GT Level | Single Code Entry: GGT (gamma-glutamyl transferase) level | Single Code Entry: GGT (gamma-glutamyl transferase) level | Single Code Entry: GGT (gamma-glutamyl transferase) level | Single Code Entry: GGT (gamma-glutamyl transferase) level |
| Albumin | Single Code Entry: Serum albumin level... | Single Code Entry: Serum albumin level... | Single Code Entry: Serum albumin level... | Single Code Entry: Serum albumin level... |
| Globulin | Single Code Entry: Serum globulin level... | Single Code Entry: Serum globulin level... | Single Code Entry: Serum globulin level... | Single Code Entry: Serum globulin level... |
| Total Protein | Single Code Entry: Serum total protein... | Single Code Entry: Serum total protein... | Single Code Entry: Serum total protein... | Single Code Entry: Serum total protein... |

| FBCs/ferritin | <input type="checkbox"/> Requested Date: _____ | | | |
|---------------|---|---|---|---|
| | Result within 2 months REQUIRED | | Latest Result | |
| Haemoglobin | Single Code Entry: Haemoglobin estimation | Single Code Entry: Haemoglobin estimation | Single Code Entry: Haemoglobin estimation | Single Code Entry: Haemoglobin estimation |
| WCC | Single Code Entry: Total white cell count | Single Code Entry: Total white cell count | Single Code Entry: Total white cell count | Single Code Entry: Total white cell count |
| MCV | Single Code Entry: MCV - Mean corpuscular volume | Single Code Entry: MCV - Mean corpuscular volume | Single Code Entry: MCV - Mean corpuscular volume | Single Code Entry: MCV - Mean corpuscular volume |
| Platelets | Single Code Entry: Platelet count | Single Code Entry: Platelet count | Single Code Entry: Platelet count | Single Code Entry: Platelet count |
| Ferritin | Single Code Entry: Serum ferritin level | Single Code Entry: Serum ferritin level | Single Code Entry: Serum ferritin level | Single Code Entry: Serum ferritin level |

| U&Es | <input type="checkbox"/> Requested Date: _____ | | | |
|--------|--|--|--|--|
| | Result within 2 month REQUIRED | | Latest Result | |
| Sodium | Single Code Entry: Serum sodium level | Single Code Entry: Serum sodium level | Single Code Entry: Serum sodium level | Single Code Entry: Serum sodium level |

| | | | | |
|------------|--|--|--|--|
| Potassium | Single Code Entry: Serum potassium level | Single Code Entry: Serum potassium level | Single Code Entry: Serum potassium level | Single Code Entry: Serum potassium level |
| Urea Level | Single Code Entry: Serum urea level | Single Code Entry: Serum urea level | Single Code Entry: Serum urea level | Single Code Entry: Serum urea level |
| Creatinine | Single Code Entry: Serum creatinine level | Single Code Entry: Serum creatinine level | Single Code Entry: Serum creatinine level | Single Code Entry: Serum creatinine level |
| CA125 | Single Code Entry: CA-125 (cancer antigen 125) arbitrary concentration in serum... | Single Code Entry: CA-125 (cancer antigen 125) arbitrary concentration in serum... | Single Code Entry: CA-125 (cancer antigen 125) arbitrary concentration in serum... | Single Code Entry: CA-125 (cancer antigen 125) arbitrary concentration in serum... |

eGFR result within 2 months **REQUIRED** Requested Date:

| | | | |
|---|---|---|---|
| Single Code Entry: eGFR (estimated glomerular | Single Code Entry: GFR (glomerular filtration rate) | Single Code Entry: GFR (glomerular filtration rate) | Single Code Entry: GFR (glomerular filtration rate) |
|---|---|---|---|

eGFR latest result

| | | | |
|---|---|---|---|
| Single Code Entry: eGFR (estimated glomerular | Single Code Entry: eGFR (estimated glomerular | Single Code Entry: eGFR (estimated glomerular | Single Code Entry: eGFR (estimated glomerular |
|---|---|---|---|

| | | |
|--------------------------|---|---|
| Myeloma Screen | <input type="checkbox"/> Requested Date: <input type="text"/> | |
| | Latest Result | Date |
| Serum Kappa level | Single Code Entry: Serum kappa light chain level | Single Code Entry: Serum kappa light chain level |
| Serum Lambda level | Single Code Entry: Serum lambda light chain level | Single Code Entry: Serum lambda light chain level |
| Serum Kappa lambda ratio | Single Code Entry: Serum kappa:lambda light chain ratio | Single Code Entry: Serum kappa:lambda light chain ratio |
| Bence jones Protein | Single Code Entry: Urine Bence Jones protein | Single Code Entry: Urine Bence Jones protein |
| Serum paraprotein level | Single Code Entry: Serum paraprotein level | Single Code Entry: Serum paraprotein level |
| Serum total protein | Single Code Entry: Serum total protein... | Single Code Entry: Serum total protein... |
| IgM (Immunoglobulin M) | Single Code Entry: IgM | Single Code Entry: IgM |
| Others | <input type="text"/> | |

 **Medical History** This section is unlocked.

Note to referrer: Extraneous/sensitive information **MUST BE DELETED** from the Medical History below

Problems

Medication

Allergies

Please complete the rest of this form

Referrer details

| | | | |
|---|-------------------------------------|--|--------------------------|
| Name of referrer: | Referring User <input type="text"/> | Date of referral: | Short date letter merged |
| Referring Organisation | | GP details | |
| Organisation Name , Organisation Full Address (single line) Tel: Organisation Telephone Number Email: Organisation E-mail Address Fax: Organisation Fax Number | | Usual GP Full Name Usual GP Organisation Name Usual GP Full Address (single line) Tel: Usual GP Phone Number Fax: Usual GP Fax Number | |
| Name of GP to address correspondence to, if different to accountable GP | | <input type="text"/> | |

Patient details

| | | | |
|--|--|------------------------|--|
| Name: | Full Name | Address: | Home Full Address (stacked) |
| Gender: | Gender(full) | | |
| DOB & Age: | Date of Birth Age: Age | | |
| NHS number: | NHS Number | | |
| Patient Contacts: | Home: | Patient Home Telephone | Mobile: Patient Mobile Telephone |
| | Work: | Patient Work Telephone | Email: Patient E-mail Address |
| | Carer/Advocate: The patient has confirmed the following person should be included in correspondence – Name: <input type="text"/> Contact Details: <input type="text"/> | | |
| Contact Consent: | <input type="checkbox"/> Can leave message on answer machine <input type="checkbox"/> Can contact by text <input type="checkbox"/> Can contact by Email | | NB: Not all services use Texts or Emails as a method of communication. |
| Ethnicity: | Ethnic Origin | | |
| Interpreter: | <input type="checkbox"/> Yes Language: Single Code Entry: Main spoken language English... <input type="text"/> | | |
| Accessibility Needs: | <input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf Single Code Entry: Partial deafness... <input type="checkbox"/> Registered Blind Single Code Entry: Registered blind <input type="checkbox"/> Learning Disability, Single Code Entry: On learning disability register Single Code Entry: Moderate learning disability... <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer | | |
| Risks: | <input type="checkbox"/> Vulnerable Adult (Details of any recording within last 3 yrs) Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult... Single Code Entry: Difficult intubation Other: <input type="text"/> | | |
| Other: Single Code Entry: Military veteran Single Code Entry: Left military service Single Code Entry: History relating to military service Single Code Entry: History relating to Army service... Single Code Entry: Has a carer Single Code Entry: Is no longer a carer Single Code Entry: Is a carer | | | |

Accessible information

Communication support: Uses a legal advocate...

Contact method: Requires contact by telephone...

Information format: Requires information verbally...

Professional required: Interpreter needed - British Sign Language...

[If you have any problem with this form or suggested changes, please contact & click here to open direct email.](#) (NB: NOT TO BE USED FOR REFERRING A PATIENT) NCA 2ww MUO referral form April 2018 v7 EMIS Web SNOMED CDRC

To be completed by the Data Team (Insert Dates)

Received: / / First Appointment booked: / /

First Appointment date: / / 1st seen: / /

Specify reason if not seen on 1st appointment:

Diagnosis: Malignant Benign