

**Suspected Cancer in Adults
Upper GI/HPB (2WW)**

Date of referral: **Short date letter merged**

Name:	Full Name	DOB:	Date of Birth	NHS No	NHS Number
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Attach this form to the e-referral within 24 hours

If ERS is not available, please send [this form AND the 'referral header sheet'](#) by secure email or Fax

- The 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](#)

NICE Guidance	<input type="checkbox"/> 2WW Upper GI clinic (HPB if available) suspected Hepatic/pancreatic/Biliary Cancer Gastric/Oesophageal Cancer
	<p>For any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age 40 and over with jaundice <input type="checkbox"/> Upper abdominal mass consistent with gastric/pancreatic or liver cancer <input type="checkbox"/> Abnormal CT/USS consistent with pancreatic, liver or gallbladder cancer <p>The patient meets criteria for 2WW ENDOSCOPY but there is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uncertain fitness for endoscopy <input type="checkbox"/> patient preference <p><input type="checkbox"/> OR, does not meet this criteria but there is significant clinical concern of cancer – GP MUST give full details of concerns below</p>
	<p>Consider 2WW direct access CT if available in Primary care Over 60 with weight loss AND any of: diarrhoea, back pain, abdominal pain, nausea, vomiting, constipation, new onset diabetes. If 2WW CT not available in primary care, please refer to 2WW clinic above stating reason for referral</p>
	<input type="checkbox"/> 2WW Upper GI Endoscopy Suspected Gastric/Oesophageal Cancer
	<ul style="list-style-type: none"> <input type="checkbox"/> Dysphagia at any age <input type="checkbox"/> Age 55 and over with weight loss AND any of: Upper abdominal pain, reflux, dyspepsia, nausea/vomiting
	<p>Consider non-urgent direct access upper GI endoscopy in people aged 55 and over with</p>
	<p>Treatment resistant Dyspepsia (persistent symptoms on full dose PPI or H2A for 8 weeks)</p> <p>OR Upper abdominal pain with low haemoglobin levels (CONSIDER IRON DEFICIENCY PATHWAY if available HB <13g/dl for men or <12g/dl for women AND low MCV or low ferritin)</p> <p>OR Raised platelet count with any single symptom of: nausea, vomiting, weight loss, reflux, dyspepsia, upper abdominal pain</p> <p>OR Nausea/vomiting with any reflux, dyspepsia, upper abdominal pain.</p>
	<p>HYPERLINK TO: Upper GI Symptoms Pathway</p>

Reason for referral – Compulsory

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

Previous endoscopy? YES NO If YES, date of test:

Recording below of endoscopy result/s in last 3 years

: Endoscopy normal...

Weight: Single Code Entry: O/E - weight Single Code Entry: O/E - weight Single Code Entry: O/E - weight

Patient Fitness: Information essential to arrange direct to test investigation in secondary care

NB: If patient wanting sedation, they must be able to organise escort home and observation overnight

Is patient able to give informed consent? (e.g. short term memory loss): YES NO

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

Description	Y	N	Description	Y	N
Warfarin	<input type="checkbox"/>	<input type="checkbox"/>	NOAC e.g. Rivaroxaban/dabigatran/apixaban/edoxaban	<input type="checkbox"/>	<input type="checkbox"/>
Antiplatelets e.g. Clopidogrel, Prasugrel	<input type="checkbox"/>	<input type="checkbox"/>	Metformin	<input type="checkbox"/>	<input type="checkbox"/>
Insulin/Sulfonylureas	<input type="checkbox"/>	<input type="checkbox"/>	PPI/H21	<input type="checkbox"/>	<input type="checkbox"/>

Cardiac:	<input type="checkbox"/>	Poorly controlled Angina/MI within 3 months
	<input type="checkbox"/>	Prosthetic valve replacement, previous SBE or vascular graft within one year
Diabetes :	<input type="checkbox"/>	

History of IHD, Diabetes and CKD

NB: information below only displays the latest recording. Full list is displayed in Patient Medical History
: Ischaemic heart disease...

Blood tests within last month – REQUIRED

LFT	<input type="checkbox"/> Requested Date: <input type="text"/>			
	Result within 1 month 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	Single Code Entry: Serum alkaline phosphatase	Single Code Entry: Serum alkaline phosphatase	Single Code Entry: Serum alkaline phosphatase
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
Albumin	Single Code Entry: Serum albumin...	Single Code Entry: Serum albumin...	Single Code Entry: Serum albumin...	Single Code Entry: Serum albumin...

FBC/Ferritin	<input type="checkbox"/> Requested Date: <input type="text"/>			
	Result within 1 month 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: Mean corpuscular volume (MCV)	Single Code Entry: Mean corpuscular volume (MCV)	Single Code Entry: Mean corpuscular volume (MCV)	Single Code Entry: Mean corpuscular volume (MCV)
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	Single Code Entry: Serum ferritin	Single Code Entry: Serum ferritin	Single Code Entry: Serum ferritin

U&Es	<input type="checkbox"/> Requested Date: <input type="text"/>			
	Result within 1 month REQUIRED		Latest Result	
Sodium	Single Code Entry: Serum sodium	Single Code Entry: Serum sodium	Single Code Entry: Serum sodium	Single Code Entry: Serum sodium
Potassium	Single Code Entry: Serum potassium	Single Code Entry: Serum potassium	Single Code Entry: Serum potassium	Single Code Entry: Serum potassium
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	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine	Single Code Entry: Serum creatinine

eGFR result within 1 month REQUIRED **Requested Date:**

Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73 square metres...	Single Code Entry: eGFR	Single Code Entry: eGFR	Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73
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eGFR latest result

Title Given Name Surname

Date of Birth

NHS Number

Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73 square metres...	Single Code Entry: eGFR	Single Code Entry: eGFR	Single Code Entry: eGFR using creatinine (CKD-EPI) per 1.73
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Title Given Name Surname

Date of Birth

NHS Number

Referrer details

Name of Referrer:	<input type="text"/>	Date of Referral:	<input type="text"/>	Short date letter merged
Referring organisation		GP details		
Organisation Name, Organisation Full Address (single line)		Usual GP Full Name		
Tel: Organisation Telephone Number		Usual GP Organisation Name, Usual GP Full Address (single line)		
Email: Organisation E-mail Address		Tel: Usual GP Phone Number		
Fax: Organisation Fax 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 and 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 <input type="text"/>			
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf Single Code Entry: 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: [X] Specific developmental disorders of scholastic skills <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer			
Risks:	<input type="checkbox"/> Vulnerable Adult (details below, of any recording in last 3 years) Single Code Entry: Vulnerable adult Single Code Entry: Adult no longer vulnerable Single Code Entry: Failed or 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: Occupation history Single Code Entry: Has a carer Single Code Entry: Is no longer a carer Single Code Entry: Is a carer Single Code Entry: Carer				

Accessible Information

Communication support: Uses a legal advocate...

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

Contact method: Requires contact by telephone...

Information format: Requires information verbally...

[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)** 2WW NCA Upper GI Referral Form V4 – EMIS Web Gateshead April 2018

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:**

Title Given Name Surname

Date of Birth

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Diagnosis: Malignant Benign