

### Patient Details:

<b>Patient Name</b>			
<b>Address</b>			
<b>DOB</b>		<b>NHS No.</b>	
<b>Home Tel. No.</b>		<b>Gender</b>	
<b>Mobile Tel. No.</b>		<b>Ethnicity</b>	
<b>Preferred Tel. No.</b>		<b>Email Address</b>	
<b>Main Spoken Language</b>		<b>Able to communicate effectively in English or interpreter needed?</b>	
<b>Transport needed?</b>		<b>Contactable by telephone?</b>	

### Registered GP Details:

<b>Practice Name</b>			
<b>Registered GP</b>		<b>Usual GP</b>	
<b>Registered GP Address</b>			
<b>Tel No.</b>		<b>Fax No.</b>	
<b>Email</b>		<b>Practice Code</b>	

**Please use separate children's pro-forma for patients under 16**

Dear Colleague,

I would be grateful for your opinion on the patient named above who presents with the clinical findings I consider suspicious of malignancy

1. I have discussed the **possibility of cancer** with this patient. Yes  No
2. Has the patient confirmed that they **can be available** to attend an appointment within the next two weeks? Yes  No
3. Have you informed the patient that they will receive a call from the hospital to discuss the referral further and to book an appointment? Yes  No
4. Do you have any **concerns** about the patient proceeding to a **Straight to Test (STT)** colonoscopy? Yes  No  If so, please state your concerns:

<b>WHO performance status: (please tick for ALL patients)</b>	
0 – Able to carry out all normal activity without restriction	<input type="checkbox"/>
1 – Restricted in physically strenuous activity but able to walk and do light work	<input type="checkbox"/>
2 – Able to walk, capable of all self-care. Unable to carry out any work. Up & about 50% of waking hours	<input type="checkbox"/>
3 – Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	<input type="checkbox"/>
4 – Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair	<input type="checkbox"/>

<b>Prior to referring the patient, please confirm:</b>	
Is the patient fit for a day-case colonoscopy with home bowel prep?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the patient able to be observed at home, overnight?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the patient had a FBC, U&E and CRP in the last 3 months and ferritin if referring for iron-deficiency anaemia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the patient on Warfarin or any other anticoagulants or antiplatelets?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the patient had a previous failed colonoscopy or a colonoscopy in the last two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are referring a patient with a change in bowel habits to looser stools, please tick to confirm that a stool culture has been performed <b>(but do not delay referral)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Please confirm that you have indicated the WHO functional status	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the patient have the cognitive capacity to discuss undergoing colonoscopy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional tests that may be useful in the assessment of lower GI symptoms, but are not mandatory prior to referral, include TSH, coeliac antibodies, Faecal Pancreatic Elastase, LFT, clotting.

**Please ask patients to discontinue the following medications until being seen: oral iron, Loperamide, codeine, stool bulkers**

<b>Colorectal Cancer</b>	
<b>2ww referral if:</b>	<b>Tick if criteria applies</b>
Aged $\geq$ 40y with unexplained weight loss and abdominal pain for a duration of $\geq$ 3 weeks	<input type="checkbox"/>
Aged $\geq$ 50y with unexplained fresh rectal bleeding <b>alone</b> persisting for $\geq$ 3 weeks	<input type="checkbox"/>
Aged $\geq$ 50y with unexplained dark red rectal bleeding mixed with stool	<input type="checkbox"/>
Aged $\geq$ 50y with change in bowel habit to looser stools and rectal bleeding	<input type="checkbox"/>
Aged $\geq$ 60y with: <ul style="list-style-type: none"> <li>• Iron deficiency anaemia</li> <li>• Changes in their bowel habit persisting for <math>\geq</math> 3 weeks</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
<b>ANY AGE</b> with positive FIT test	<input type="checkbox"/>
<b>Consider 2ww referral if:</b>	<b>Tick if criteria applies</b>
Rectal or abdominal mass	<input type="checkbox"/>
$\leq$ 50y and rectal bleeding persisting for $>$ 3 weeks with any of the following unexplained symptoms: <ul style="list-style-type: none"> <li>• Abdominal pain</li> <li>• Change in bowel habit</li> <li>• Weight loss</li> <li>• Iron deficiency anaemia</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Offer FIT testing for the following people: <ul style="list-style-type: none"> <li>• Without rectal bleeding aged <math>\geq</math> 50y and have abdominal pain or weight loss</li> <li>• Without rectal bleeding aged <math>\leq</math> 60y and have change in bowel habit and iron deficiency anaemia</li> <li>• Without rectal bleeding aged <math>\geq</math> 60y and have anaemia, even in the absence of iron deficiency</li> <li>• Those found to have low ferritin in the absence of anaemia</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Anal Cancer</b>	
<b>Consider 2ww referral if:</b>	<b>Tick if criteria applies</b>
Unexplained anal mass or ulceration	<input type="checkbox"/>

**Presenting symptoms**

**Examination – including current BP and DRE**

**Past Medical History**

**Current Medications**

**Known Allergies**

**Family History**

**Patient anxiety level and any supportive needs**

**Information given to the patient? Yes  No**

**Other information**

<b>To be completed by the Admin Team at the Provider Trust</b>	
Date of appointment	
Date of earliest offered appointment (if different to above)	
Specify reason if not seen at earliest offered appointment	
Periods of unavailability	
Booking number (UBRN)	

## Summary of the NICE 2015 Suspected Cancer Guidelines

<b>Gastrointestinal cancers</b>	
<b>Colorectal cancer</b>	
Refer using suspected cancer pathway	<ul style="list-style-type: none"> <li>• Aged ≥40y with unexplained weight loss and abdominal pain.</li> <li>• Aged ≥50y with unexplained rectal bleeding</li> <li>• Aged ≥60y with:               <ul style="list-style-type: none"> <li>○ Iron deficiency anaemia (<i>N.B. in draft guidance NICE defined this as Hb ≤12 in men and Hb ≤11 in women – this was based on primary care research that showed these lower thresholds would pick up more cases – it was removed from final guidance and left to our discretion</i>)</li> <li>○ Changes in their bowel habit.</li> <li>○ Positive FIT test taken under the circumstances detailed below.</li> </ul> </li> </ul>
Consider cancer pathway referral	<ul style="list-style-type: none"> <li>• Rectal or abdominal mass.</li> <li>• &lt;50y and rectal bleeding with any of the following unexplained symptoms or findings:               <ul style="list-style-type: none"> <li>○ Abdominal pain.</li> <li>○ Change in bowel habit.</li> <li>○ Weight loss.</li> <li>○ Iron deficiency anaemia.</li> </ul> </li> </ul>
Offer FIT testing to assess for colorectal cancer in people without rectal bleeding who:	<ul style="list-style-type: none"> <li>• Aged 50y and over and have abdominal pain or weight loss.</li> <li>• Aged &lt;60y and have change in bowel habit or iron deficiency anaemia.</li> <li>• Aged 60y and over and have anaemia - even in absence of iron deficiency</li> </ul>
<b>Anal cancer</b>	
Consider cancer pathway referral	<ul style="list-style-type: none"> <li>• Unexplained anal mass or ulceration.</li> </ul>