

Suspected Haematological Cancer Two Week Wait Referral Form

Referrer Details	Patient Details	
Name:	Name:	DOB:
Address:	Address:	Gender:
		Hospital No.:
		NHS No.:
Tel No:	Tel No. (1): Tel No. (2):	<i>Please check telephone numbers</i>
Email:	Carer requirements (has dementia or learning difficulties)?	Capacity concerns?
Decision to Refer Date:	Translator Required: Yes <input type="checkbox"/> No <input type="checkbox"/> Language.....	Mobility:

Level of Concern

I think it is likely that this patient has cancer, and would like the patient to be investigated further even if the first test proves negative, including a Consultant to Consultant referral if deemed appropriate. All non-site specific symptoms (e.g. iron deficiency anaemia, unexplained weight loss) are listed in the clinical details section below.

Clinical details

Please detail your conclusions and what needs to be excluded, or attach referral letter.

Acute Leukaemia

*If a blood film suggests an **acute** leukaemia please arrange an immediate admission with a haematologist.*

Myeloma

- ☐ results of protein electrophoresis or a serum-free light chain assay test suggest myeloma
- ☐ radiology reported as suggestive of myeloma and myeloma screen confirms myeloma

*When considering referral, take into account other features including:
Hypercalcaemia, abnormal full blood count, acute kidney injury.*

- A myeloma screen includes: full blood count, renal function, calcium, serum protein electrophoresis, serum-free light-chain assay
- Myeloma is unlikely with a IgG <15g/l or IgA <10g/l in the absence of other symptoms (e.g. renal failure, hypercalcaemia, back pain, bone marrow failure), in which case consider a routine referral
- Spinal cord compression or acute kidney injury suspected of being caused by myeloma should be discussed more urgently with on call haematologist
- A polyclonal (diffuse) increase in gammaglobulin is not associated with haematological malignancy.

Hodgkin's & Non-Hodgkin's lymphoma

☐ unexplained lymphadenopathy (*for patients with isolated lymphadenopathy suggestive of malignancy then consider referral directly to appropriate surgical team in preference i.e. nodes above the clavicle please refer via H&N 2WW form*)

Unexplained lymphadenopathy is defined as >1cm and persisting for six weeks

- ☐ unexplained palpable splenomegaly
- ☐ unexplained radiological splenomegaly plus symptoms or signs

When considering referral, take into account any associated symptoms, particularly unexplained high fever, drenching night sweats (with or without weight loss), shortness of breath, pruritus or alcohol-induced lymph node pain.

Please ensure the following recent pathology results are available (less than 8 weeks old)

Myeloma

FBC, renal function, calcium, serum protein electrophoresis, serum-free light-chain assay

Lymphoma

FBC U+Es, LFTs, LDH

CLL is not an indication for a 2 week wait referral

Smoking status

WHO Performance Status:

- ☐ **0** Fully active
- ☐ **1** Able to carry out light work
- ☐ **2** Up & about greater than 50% of waking time
- ☐ **3** Confined to bed/chair for greater than 50%
- ☐ **4** Confined to bed/chair 100%

BMI if available

Please confirm that the patient has been made aware that this is a suspected cancer referral: ☐ Yes ☐ No

Please confirm that the patient has received the two week wait referral leaflet: ☐ Yes ☐ No

Please provide an explanation if the above information has not been given:

If your patient is found to have cancer, do you have any information which might be useful for secondary care regarding their likely reaction to the diagnosis (e.g. a history of depression or anxiety, or a recent bereavement from cancer might be relevant) or their physical, psychological or emotional readiness for further investigation and treatment?

Date(s) that patient is unable to attend within the next two weeks:

If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.

Please attach additional clinical issues list from your practice system.

Details to include:

Current medication, significant issues, allergies, relevant family history, alcohol status and morbidities

Trust Specific Details

For hospital to complete

UBRN:

Received date: