

SUSPECTED UROLOGICAL CANCER REFERRAL FORM

REFERRER DETAILS	PATIENT DETAILS	
Name:	Forename:	Surname:
Address:	Address:	Gender:
		DOB:
		Hospital No:
		NHS No:
Tel No:	Tel No (1):	Tel No (2):
Email:	<i>Please check telephone numbers</i>	
	Dementia or learning difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does patient have capacity to consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Translator required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Language:	
DECISION TO REFER DATE:	Mobility:	Carer requirements:

☐ **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 a referral letter.

CASES THAT FALL SHORT OF 2WW REFERRAL CRITERIA SHOULD BE DISCUSSED

PROSTATE CANCER

Urinary tract infection (UTI) must be excluded prior to PSA testing

- ☐ **Prostate feels malignant on digital rectal examination.** Features of malignancy include asymmetry, irregularity, nodules and differences in texture, e.g. firm or hard.

Please request a PSA test prior to referral:

PSA (Date of Test: __ / __ / __ __ __ __): _____ ng/ml

- ☐ **PSA is above the age-specific reference range.**

PSA (Date of Test: __ / __ / __ __ __ __): _____ ng/ml

Raised age-specific PSA ranges:

40-49 years	0 – 2.5 ng/ml	60-69 years	0 – 4.5 ng/ml
50-59 years	0 – 3.5 ng/ml	70-79 years	0 – 6.5 ng/ml

Raised PSA in men ≥ 80 years:

- *Asymptomatic and abnormal PSA <20 , please discuss as a referral may not be necessary*
- *Asymptomatic and PSA 20–50, urgent rather than fast track referral*
- *Asymptomatic and PSA > 50 , for fast track referral*
- *Symptomatic (e.g. bone pain and weight loss) and PSA ≥ 20 , for fast track referral.*

The PSA test should be postponed for at least 1 month after treatment of a UTI. In patients compromised by co-morbidities or with a <10 year life-expectancy, a discussion with the patient or carers and/or urologist may be more appropriate.

BLADDER AND RENAL CANCER

☐ Unexplained visible haematuria in adults without UTI.

'Unexplained' haematuria refers to patients where UTI and urinary stone disease have been excluded.

Patients < 45 years with unexplained visible haematuria may be referred for prompt assessment using alternate referral routes. Those ≥ 45 years should be referred as a 2WW.

☐ Visible haematuria in adults that persists or recurs after successful treatment of a UTI.

Patients < 45 years with unexplained visible haematuria may be referred for prompt assessment using alternate referral routes. Those ≥ 45 years should be referred as a 2WW.

☐ Non-visible haematuria (age ≥ 60 years) with either dysuria or a raised white cell count (WCC).

This includes patients who are symptomatic or asymptomatic with a raised WCC with UTI excluded.

Dysuria Y / N

WCC (Date of Test: _ _ / _ _ / _ _ _ _) _____

Asymptomatic non-visible haematuria should be discussed or referred for routine assessment using alternative referral routes as agreed locally.

☐ A soft tissue mass identified on imaging that appears to arise from the urinary tract.

Please ensure that the following results are available by the time of review:

FBC (Date of Test: _ _ / _ _ / _ _ _ _)

Creatinine (Date of Test: _ _ / _ _ / _ _ _ _)

eGFR (Date of Test: _ _ / _ _ / _ _ _ _)

This includes solid renal masses, complex renal cysts (i.e. cysts containing septa, calcification or soft tissue elements) and soft tissue bladder masses.

TESTICULAR CANCER

☐ Non-painful enlargement or change in shape or texture of the body of the testis.

Always perform transillumination to exclude benign epididymal cyst(s). Consider a direct-access ultrasound scan for an unexplained or persistent scrotal swelling that does not transilluminate, or if the body of the testis cannot be easily distinguished on examination.

PENILE CANCER

☐ A penile mass or ulcerated lesion, where a sexually transmitted infection has been excluded as a cause.

This includes progressive ulceration or a mass particularly in the glans penis or prepuce, but can involve the skin of the penile shaft. For lumps within the corpora cavernosa that do not involve the penile skin, please use the routine referral process.

☐ A persistent penile lesion after treatment for a sexually transmitted infection has been completed.

☐ **Unexplained or persistent symptoms affecting the foreskin or glans.**

This does not include simple phimosis. Please ensure fungal infections and balanoposthitis have been excluded or treated before considering referral.

Smoking status

WHO Performance Status:

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

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 the 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 the additional clinical issues list from your practice system

Details to include:

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

For completion by hospital:

UBRN:

Received Date: