

CUP (Cancer Unknown Primary) MDT Patient Request Form (Please complete and send to MDT co-ordinators for any patient wishing to be discussed)			
Is this a 2ww referral?		Please select ▼	If so, what is the 62 day breach date?
Previous MDT outcome:			
Referrer:			
Name:		Dob	
NHS Number:		MRN:	
History:			
Co-morbidities:			
Any special issues eg. Social issues			
Imaging:		Bloods	
		FBC	CEA
		U&E	CA 125
		LDH	AFP
		Ca	PSA
		LFT	CA 199
		Other	βHCG
Performance Status		-	0 1 2 3 4 5
FOR PATIENTS WITH PERFORMANCE STATUS > 3 CONSIDER APPROPRIATE FURTHER INVESTIGATION AND REFER TO CUP MDT			
Histology:		Other ie endoscopies, PET	
IHC:			
MDT outcome:		Please select ▼	Additional comments:

Please send completed forms to CUPMDT@tst.nhs.uk

0 – Asymptomatic (Fully active, able to carry on all predisease activities without restriction)

1 – Symptomatic but completely ambulatory (Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work)

2 – Symptomatic, <50% in bed during the day (Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours)

3 – Symptomatic, >50% in bed, but not bedbound (Capable of only limited self-care, confined to bed or chair 50% or more of waking hours)

4 – Bedbound (Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)

5 – Death