South Yorkshire and Bassetlaw Integrated Care System

CANCER ALLIANCE

Working with Derbyshire

UROLOGY

Fast track Referral - 2 week wait

Please refer via e-Referral Service

Please use separate children's proforma for patients under 16.

Patient details			
Patient Name			
Address			
DOB		**NHS No.**	
Home Tel. No.		**Gender**	
Mobile Tel. No.		**Ethnicity**	
Preferred Tel. No.		**Email Address**	
Main Spoken Language		**Interpreter needed?**	Yes ☐ No ☐
Transport needed?		**Patient agrees to telephone message being left?**	☐ Yes ☐ No
Communication requirements	Hard of hearing: ☐ Visually impaired: ☐ Learning/mental difficulties: ☐ Dementia: ☐ Has the patient capacity? Yes ☐ No ☐ Communication difficulties other: (please specify)		
Safeguarding concerns?			
Date of Decision to Refer			

Registered GP details			
Practice Name			
Registered GP		**Usual GP / Referring GP**	
Registered GP Address			
Tel No.		**Fax No.**	
Email		**Practice Code**	

Patient engagement	
The patient has been informed that the reason for referral is to rule out or rule in Cancer.	☐
Supporting information (2ww leaflet) provided	☐
The patient has been informed of the likely next pathway steps and the time in which they should be contacted?	☐
The patient has confirmed that they are willing and available to be contacted and attend the hospital for appointments and tests within the required timeframes? **(and that this may include virtual or telephone consultations if appropriate)**	☐
Does the patient want a relative present at the appointment	☐ Yes ☐ No
Patient or Carer Concerns/ Support Needs at the point of referral:	

Covid status	
I can confirm the patient has been fully vaccinated	☐ Yes ☐ No

Referral criteria		
Prostate Cancer	**All patients should have Digital Rectal Examination (DRE), PSA and U&E/eGFR blood tests, urine dipstick (+ MSU result if dipstick positive) prior to referral. PSA testing should be carried out in the absence of a UTI (at least 6 weeks following clearance of symptoms) FOLLOWING counselling about the risks/benefits of PSA testing*.** *Informed consent: Prostate Cancer Risk Management Programme (PCRMP) leaflet https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/509191/Pa tient_info_sheet.pdf	
	Single PSA ≥ 20.0 ng/ml in the absence of a documented UTI	☐
	Prostate feels malignant: Prostate is firm, hard, nodular or craggy on DRE	☐
	Asymptomatic patient with benign prostate on DRE: Where the initial PSA result is between 3 and 20 ng/mL, a repeat should be obtained at least 4 weeks later. **Refer if:** ● Both PSA tests ≥ 3.0 AND < 20 ng/mL (for all ages) Caution: For men with significant co-morbidities, performance status ≥ 2 or life expectancy <10 years, consider discussion with patient/family/carers and/or a Urologist about the risks of diagnosis and slow natural history of prostate cancer **rather than a 2WW pathway referral.** ● N.B. Median life expectancy for UK men aged 76 years is 9 years.	☐
	Symptomatic patient – LUTS with benign prostate on DRE**: As above* **Refer if** either: ● Abnormal DRE ● Two PSAs ≥ 3.0 ng/ml (Two PSA tests at least 4 weeks apart. Refer if both ≥ 3.0) **Men treated with Finasteride/ Dutasteride have a median reduction of PSA of 50% after 6 months of continuous treatment. A rise of PSA of 2ng/mL or more from their nadir value should be considered significant. An approximate rule of thumb is to double the PSA level if nadir PSA level not available. Caution: For men with significant co-morbidities, performance status ≥ 2 or life expectancy <10 years, consider discussion with patient/family/carers and urgent urological referral **rather than a 2WW pathway referral.**	☐
	Symptomatic patient - Suspected metastases (e.g. back pain, weight loss, constitutional symptoms): Refer if either: ● Abnormal DRE ● Single PSA ≥ 20 In this group of patients if initial PSA result is between 10-20ng/mL, suggest repeat and review in 4 weeks with second PSA test. (If repeat PSA level <10 ng/mL then constitutional symptoms are unlikely to be directly due to prostate cancer but consider criteria above)	☐

Bladder / Renal tract cancer	**Visible Haematuria** Aged ≥ 45y with unexplained visible haematuria without UTI **PLEASE ENSURE that a U&E HAS BEEN UNDERTAKEN within 1 MONTH of referral (FOR CT SCAN)**	☐
	Visible Haematuria Aged ≥ 45y with unexplained visible haematuria that persists or recurs after successful treatment of UTI **PLEASE ENSURE that a U&E HAS BEEN UNDERTAKEN within 1 MONTH of referral (FOR CT SCAN)**	☐
	Non-visible Haematuria Aged ≥60y with unexplained non-visible haematuria and either: ● Dysuria ☐ ● Raised blood white cell count ☐ **PLEASE ENSURE that a U&E HAS BEEN UNDERTAKEN within 1 MONTH of referral – include result if available**	
	Mass on Imaging Mass in the kidney or bladder on USS or CT	☐
Penile Cancer	Penile mass or ulcerated lesion and STI excluded	☐
	Persistent penile lesion after treatment for STI completed	☐
Testicular Cancer	Non painful enlargement or change in shape or texture of the testis	☐
If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter.		☐

Routine referral
Non-visible Haematuria (A trace of blood on urine dipstick is not considered to be of significance)
All patients 60yrs and under: ● If proteinuria or raised creatinine – refer to renal physician ● If no proteinuria and normal creatinine – refer to a urologist

Referral letter (please include any symptoms and examination findings)	
Digital rectal examination	
Patient anxiety level	

Anticoagulation status

Is the patient currently on any anticoagulants?	☐ Yes ☐ No	
Is the patient currently on any antiplatelet medications?	☐ Yes ☐ No	

Relevant investigations		
U&E		☐
PSA		☐
Other		

Performance status - WHO classification	
0 - Able to carry out all normal activity without restriction	☐
1 - Restricted in physically strenuous activity, but able to walk and do light work	☐
2 - Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours	☐
3 - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	☐
4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair	☐

Consultations

Past Medical History

Family history

Current Medications

Allergies

To be completed by the Hospital Data Team	
Date of decision to refer	
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)	
Final diagnosis: Malignant ☐ Benign ☐	

Summary of the NICE 2015 Suspected Cancer Guidelines

Renal tract cancer	
Bladder/renal tract cancer	
The age threshold for both visible and nonvisible haematuria has been raised. Remember that haematuria may be a feature of prostate or endometrial cancer as well as bladder/renal cancer.	
Refer via cancer pathway	● Aged ≥45y and have unexplained visible haematuria without UTI or visible haematuria that persists or recurs after successful treatment of UTI (? bladder or renal cancer). ● Aged ≥60y with unexplained non-visible haematuria and either dysuria or raised blood white cell count (? bladder cancer).
Consider non urgent referral	● Aged ≥60y with recurrent or persistent UTI that is unexplained (? bladder cancer).

Male cancers	
Prostate cancer	
Refer via cancer pathway	● Prostate feels malignant on digital rectal examination (DRE) ● PSA above age-specific reference range.
Consider DRE and PSA test to assess for prostate cancer in men with:	● Any lower urinary tract symptoms such as nocturia, urinary frequency, hesitancy, urgency or retention. ● Erectile dysfunction. ● Visible haematuria (in the absence of UTI or not resolving/ recurring after successful treatment).
Testicular cancer - *Peak age of onset 30-34y*	
Refer via cancer pathway	Non-painful enlargement or change in shape or texture of the testis.
Consider direct access USS as part of clinical reassessment	Unexplained or persistent testicular symptoms
Penile cancer	
Refer via cancer pathway	● Penile mass or ulcerated lesion and STI excluded, or ● Persistent penile lesion after treatment for STI completed.
Consider cancer pathway referral	● Unexplained or persistent symptoms affecting the foreskin or glands.