

## Suspected Gynaecological 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):	<i>Please check telephone numbers</i>
	Tel No. (2):	
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 a referral letter.*

### Ovarian cancer

- physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids)
- ultrasound suggests ovarian cancer

*Please perform CA125 test in parallel with referral (plus LDH, HCG, AFP if the patient is under 40 years of age)*

### Endometrial cancer

- post-menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)
- persistent or unexplained post-menopausal bleeding after cessation of HRT for 6 weeks / taking Tamoxifen with post-menopausal bleeding

*For heavy peri-menopausal bleeding over 45 / irregular bleeding / heavy menstrual bleeding despite medical treatment, consider an urgent referral to a Menstrual Dysfunction clinic / General Gynaecology via choose and book as per NICE guidelines.*

### Cervical cancer

- appearance of their cervix on examination is consistent with cervical cancer
- persistent post-coital bleeding in a woman aged over 35

*For persistent post-coital bleeding in a woman under 35 years of age, swab and consider an urgent referral to Colposcopy / Gynaecology*

### Vulval cancer

- unexplained vulval lump, ulceration or bleeding

### Vaginal cancer

- unexplained palpable mass in or at the entrance to the vagina

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

FBC, Us and E's

<b>Smoking status</b>	<b>WHO Performance Status:</b> <input type="checkbox"/> <b>0</b> Fully active <input type="checkbox"/> <b>1</b> Able to carry out light work <input type="checkbox"/> <b>2</b> Up & about greater than 50% of waking time <input type="checkbox"/> <b>3</b> Confined to bed/chair for greater than 50% <input type="checkbox"/> <b>4</b> Confined to bed/chair 100%
<b>BMI if available</b>	

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: