

PATIENT DETAILS			
Surname:	[MERGED FIELD]	First Name:	[MERGED FIELD]
D.O.B.:	[MERGED FIELD]	Gender:	[MERGED FIELD]
Age:	[MERGED FIELD]	NHS No.:	[MERGED FIELD]
Address:	[MERGED FIELD]		
Post code:	[MERGED FIELD]		
Home Tel.:	[MERGED FIELD]	Mobile:	[MERGED FIELD]
Other Tel:		Other Tel Name:	
Interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First Language:

GP DETAILS	
Name:	[MERGED FIELD]
Code:	[MERGED FIELD]
Address:	[MERGED FIELD]
Post code:	[MERGED FIELD]
Tel. No.:	[MERGED FIELD]
E-mail:	[MERGED FIELD]

PATIENT ENGAGEMENT AND AVAILABILITY	
<p>I confirm the following: I have discussed the possibility that the diagnosis may be cancer; I have provided the patient with a 2WW referral leaflet and advised the patient that they will need to attend an appointment within the next two weeks</p>	
GP Name:	Date of decision to refer (dd/mm/yy):

REFERRAL CRITERIA
<p>Oesophageal and gastric cancer</p> <p>Refer people to assess for suspected oesophageal and gastric cancer with the following symptoms:</p> <p><input type="checkbox"/> with dysphagia or</p> <p><input type="checkbox"/> aged 55 and over with weight loss and any of the following:</p> <ul style="list-style-type: none"> ▪ upper abdominal pain ▪ reflux ▪ dyspepsia ▪ haematemesis* <p><input type="checkbox"/> Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with an upper abdominal mass consistent with stomach cancer</p>
<p>Pancreatic cancer</p> <p><input type="checkbox"/> Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for pancreatic cancer if they are aged 40 and over and have jaundice</p> <p><input type="checkbox"/> Refer based on imaging (CT/MRI/ultrasound) suggestive of pancreatic cancer</p>
<p>Gall bladder and liver cancer</p> <p><input type="checkbox"/> Gall bladder: imaging suggestive of gall bladder cancer</p> <p><input type="checkbox"/> Liver: imaging suggestive of liver cancer</p>

GUIDANCE FOR URGENT IMAGING
<ul style="list-style-type: none"> • <i>Arrange*</i> an urgent direct access CT scan (to be performed within 2 weeks), or an urgent ultrasound scan if CT is not available, to assess for pancreatic cancer in people aged 60 and over with weight loss and any of the following: diarrhoea, back pain, abdominal pain, nausea, vomiting, constipation, new-onset diabetes • Consider an urgent direct access ultrasound scan to assess for gall bladder cancer in people with an upper abdominal mass consistent with an enlarged gall bladder • Consider an urgent direct access ultrasound scan to assess for liver cancer in people with an upper abdominal mass consistent with an enlarged liver

REFERRAL WHERE NICE NG 12 GUIDANCE IS NOT MET

NOTE: Whilst guidance assists the practice of healthcare professionals, they do not replace their knowledge, skills or clinical judgement. Tick the following boxes if you are unsure if a patient meets the NICE criteria

I am very concerned my patient has cancer but they do not meet the NICE NG 12 criteria (attach any relevant reports and include incidental findings)

If yes, please state why you have suspicions:

CLINICAL INFORMATION

NOTE: Please ensure urgent blood tests are undertaken for FBC, LFTs, electrolytes and creatinine

Relevant clinical details including past history of cancer, family history and examination findings:

Anticoagulation Yes

Cognitive Impairment (e.g. dementia/learning disability, memory loss etc.) Yes

Is a hoist required to examine the patient? Yes

PATIENT'S WHO PERFORMANCE STATUS

<input type="checkbox"/>	0	Able to carry on all normal activity without restriction
<input type="checkbox"/>	1	Restricted in physically strenuous activity but able to walk and do light work
<input type="checkbox"/>	2	Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours
<input type="checkbox"/>	3	Symptomatic and in a chair or in a bed for greater than 50% of the day but not bedridden
<input type="checkbox"/>	4	Completely disabled; cannot carry out any self-care; totally confined to bed or chair

ADDITIONAL GP GUIDANCE

NOTE: If significantly compromised by other co-morbidities or with limited life expectancy consider a discussion with the patient and carer regarding whether investigation is necessary

Non-urgent direct access endoscopy guidance for oesophageal and gastric cancer:

Consider non-urgent direct access upper gastrointestinal endoscopy to assess for oesophageal cancer in people with haematemesis

Consider non-urgent direct access upper gastrointestinal endoscopy to assess for oesophageal cancer in people aged 55 or over with:

- treatment-resistant dyspepsia **or**
- upper abdominal pain with low haemoglobin levels **or**
- raised platelet count with any of the following: nausea, vomiting, weight loss, reflux, dyspepsia, upper abdominal pain, **or**
- nausea or vomiting with any of the following: weight loss, reflux, dyspepsia, upper abdominal pain

PATIENT CLINICAL INFORMATION FROM MERGED GP ELECTRONIC RECORDS

Allergies:	[MERGED FIELD]
Active Problems:	[MERGED FIELD]
Investigations:	[MERGED FIELD]
Significant past history:	[MERGED FIELD]
Current medication:	[MERGED FIELD]
Repeat medication:	[MERGED FIELD]

*Locally agreed with TSSG Lead (Dr. Walter Melia) September 2019