

Fast Track Direct Access Radiology (within 2 weeks) Suspected Cancer in Adults

Section 1: PATIENT INFORMATION		Section 2: GP PRACTICE INFORMATION	
NHS No: _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> Patient Surname: _____ First name: _____ Address: _____ Postcode: _____ Date of Birth: _____ Telephone Home: _____ Mobile: _____ Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/> First language: _____		GP Name: _____ Address: _____ Post code: _____ Tel No: _____ E-mail: _____	
Section 3: NICE Suspected Cancer Imaging Guidance (NG12) : see https://www.nice.org.uk/guidance/ng12 Note: If high suspicion refer into the fast track 2ww pathway at the same time as requesting fast track imaging. Please tick relevant boxes. Note that a CT scan often requires contrast so a Renal profile should be requested			
Brain <input type="checkbox"/> MRI <input type="checkbox"/> CT	Fast-track MRI (CT scan if MRI is contraindicated) Brain for adults with <input type="checkbox"/> progressive, subacute loss of central neurological function or other symptoms or signs suggestive of brain cancer; (see next page for guidance on definition)		
Gall Bladder or Liver <input type="checkbox"/> US	Fast-track ultrasound to assess for gall bladder or liver cancer if: <input type="checkbox"/> upper abdominal mass consistent with an enlarged gall bladder or an enlarged live		
Gynae <input type="checkbox"/> US	Fast-track ultrasound for any of the following: <input type="checkbox"/> CA125≥35 iu/ml ≥55 years with unexplained PV discharge and any of the following: <input type="checkbox"/> First presentation with these symptoms <input type="checkbox"/> Thrombocytosis <input type="checkbox"/> Report Haematuria ≥55 years with a visible haematuria and new onset any of the following: <input type="checkbox"/> Low Hb <input type="checkbox"/> Thrombocytosis <input type="checkbox"/> High blood Glucose		
Lung <input type="checkbox"/> CXR Print form and give to patient to take to walk-in x-ray service	Fast track Chest x-ray via the current walk-in service: (the local pathway may result in urgent CT being organised for a suspicious abnormality) <input type="checkbox"/> Unexplained haemoptysis if ≥40 years – NICE advice is 2ww referral as well ≥40 years and any of the following: <input type="checkbox"/> Persistent or recurrent chest infection <input type="checkbox"/> Finger clubbing <input type="checkbox"/> Supraclavicular lymphadenopathy <input type="checkbox"/> Persistent cervical lymphadenopathy <input type="checkbox"/> Thrombocytosis <input type="checkbox"/> Chest signs consistent with lung cancer or pleural disease ≥40 years and either One symptom if smoker or asbestos exposure, OR Two symptoms if never smoked: <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Appetite loss <input type="checkbox"/> Weight loss <input type="checkbox"/> Shoulder pain (with no obvious cause) <input type="checkbox"/> Chest pain (non-cardiac) <input type="checkbox"/> Fatigue		
<input type="checkbox"/> CT chest	<input type="checkbox"/> If high clinical suspicion persists despite initial negative CXR		
Pancreatic <input type="checkbox"/> CT	Fast-track CT to assess for pancreatic cancer if ≥60 years with weight loss and any of the following: <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Constipation <input type="checkbox"/> Back pain <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Nausea or Vomiting <input type="checkbox"/> New-onset diabetes		
Testicular <input type="checkbox"/> US	<input type="checkbox"/> Fast-track US for testicular cancer for unexplained or persistent testicular symptoms or signs		
Sarcoma <input type="checkbox"/> US <input type="checkbox"/> X-ray	Fast-track ultrasound for: <input type="checkbox"/> Soft tissue swelling that is clinically suspicious and remains unexplained after clinical assessment, and is increasing in size Fast-track plain x-ray for: <input type="checkbox"/> Bony swelling that is clinically suspicious and remains unexplained after clinical assessment, and is increasing in size		

SECTION 4: Additional Patient Information	
Special needs for patient. e.g. hoist, interpreter, claustrophobia, wheelchair user etc. <input type="checkbox"/>	
Details:	
The patient must be ambulant, or if a wheelchair user they must be able to transfer onto the examination couch – any assistance must be organised by the referrer.	
*MRI referrals: please complete the following MRI safety questions for the patient:	
1. Is there any implanted metallic foreign device? (e.g. cardiac pacemaker, artificial heart valve, cerebral aneurysm clips, cochlear implant etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are there known metallic fragments in their eyes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brief medical history & comments	
Current medication	
Relevant results	

SECTION 5: Patient engagement and availability (Mandatory)
I confirm the following: I have discussed the possibility that the diagnosis may be cancer, I have provided the patient with a 2WW imaging referral and have informed the patient that they will need to attend an appointment within the next two weeks <input type="checkbox"/>
GP Name: _____ GP Electronic Signature: _____ Date ____/____/____ (if possible) (Date of decision to refer)

Email & telephone		
Tunbridge Wells	mtw-tr.TWHRadiology-GPRef@nhs.net	Tel: 01892 635074 or 01892 634724
Maidstone Hospital	mtw-tr.MHRadiology-GPRef@nhs.net	Tel: 01622 224712
Gynae US referrals to Tunbridge Wells via the women and children's unit	mtw-tr.ultrasoundwandc@nhs.net	Tel: 01892 633043

GUIDANCE:

GUIDANCE for SUSPECTED CANCER OF UNKNOWN PRIMARY
Carry out an assessment for additional symptoms, signs or findings that may help to clarify which cancer is mostly likely AND offer fast-track investigation or a rapid access/2week wait suspected cancer pathway referral:
<ul style="list-style-type: none"> Unexplained appetite and/or weight loss eg >5% (lung, upper and lower GI, pancreatic, urological & prostate cancer) Deep vein thrombosis (breast, lung, colorectal and urogenital)

GUIDANCE FOR BRAIN MRI
<ul style="list-style-type: none"> No definition of 'progressive sub-acute loss of central neurological function' has been provided in the NG12 2015 NICE guidance, but the 2005 NICE guidance for suspected cancer includes signs or symptoms that may cause concern, including: Progressive neurological deficit, new-onset seizures, headaches, mental changes, cranial nerve palsy. Headaches of recent onset accompanied by features suggestive of raised intracranial pressure, e.g. vomiting, drowsiness, posture-related headache, pulse-synchronous tinnitus, or other focal or non-focal neurological symptoms, such as blackout or change in personality or memory.