

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><b>I confirm the following:</b>            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	
<b>Prostate cancer</b>	
Refer men using a suspected cancer pathway referral (for an appointment within 2 weeks) for prostate cancer if their	
<input type="checkbox"/>	prostate feels malignant on digital rectal examination
<input type="checkbox"/>	PSA levels are above the age-specific reference range

PSA PRIMARY CARE TEST GUIDANCE															
<p>Consider a prostate-specific antigen (PSA) test and digital rectal examination to assess for prostate cancer in men with:</p> <ul style="list-style-type: none"> <li>▪ any lower urinary tract symptoms, such as nocturia, urinary frequency, hesitancy, urgency or retention <b>or</b></li> <li>▪ erectile dysfunction <b>or</b></li> <li>▪ visible haematuria</li> </ul> <p>The Prostate Cancer Risk Management Programme March 2016 advises that before having a PSA test, men should not have:</p> <ul style="list-style-type: none"> <li>• an active urinary infection (*wait until 6 weeks post treatment with Antibiotics)</li> <li>• ejaculated in the previous 48 hours</li> <li>• exercised vigorously in the previous 48 hours</li> <li>• had a prostate biopsy in the previous 6 weeks</li> </ul> <p>Before performing a PSA test, the conditions above should be met in order to ensure that, where possible, a raised PSA result is the result of prostate cancer, not a confounding physical condition</p>															
<table border="1"> <thead> <tr> <th colspan="2">Age adjusted PSA normal values:</th> </tr> <tr> <th>Age</th> <th>PSA threshold (micrograms/liter)</th> </tr> </thead> <tbody> <tr> <td>Below 40</td> <td>Use clinical judgement</td> </tr> <tr> <td>40-49</td> <td>More than 2.5</td> </tr> <tr> <td>50-69</td> <td>More than 3.0</td> </tr> <tr> <td>70-79</td> <td>More than 6.5</td> </tr> <tr> <td>Above 79</td> <td>More than 10</td> </tr> </tbody> </table>		Age adjusted PSA normal values:		Age	PSA threshold (micrograms/liter)	Below 40	Use clinical judgement	40-49	More than 2.5	50-69	More than 3.0	70-79	More than 6.5	Above 79	More than 10
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<p>(*Updated in accordance with NICE NG12 updates published December 2021. Agreed at Kent and Medway Urology TSSG April 2023)</p>															

**Bladder and renal cancer**

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for bladder cancer if they are:

- aged 45 and over and have:
- unexplained visible haematuria without urinary tract infection **or**
  - visible haematuria that persists or recurs after successful treatment of urinary tract infection, **or**
- aged 60 and over and have unexplained non-visible haematuria and either dysuria or a raised white cell count on a blood test
- abnormal imaging suggestive of renal tract malignancy (please attach report)

**Testicular cancer**

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for testicular cancer in men if they have:

- a non-painful enlargement or change in shape or texture of the testis
- abnormal ultrasound imaging suggestive of testicular cancer (please attach report)

**GUIDANCE FOR IMAGING**

Consider a direct access ultrasound scan for testicular cancer in men with unexplained or persistent testicular symptoms

**Penile cancer**

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for penile cancer in men if they have either:

- a penile mass **or** ulcerated lesion, where a sexually transmitted infection has been excluded as a cause, **or**
- a persistent penile lesion after treatment for a sexually transmitted infection has been completed
- with unexplained or persistent symptoms affecting the foreskin or glans

**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

If yes, please state why you have suspicions:

**CLINICAL INFORMATION**

**NOTE:** Please ensure urgent blood tests are undertaken for FBC, 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

Consider non-urgent referral for bladder cancer in people aged 60 and over with recurrent or persistent unexplained urinary tract infection

**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]