Urology
Suspected Cancer e-Referral Form (Form B)

Urgent referral criteria Suspected Cancer

- Visible haematuria in any patient age 45 and over without infection
- Persistent / recurrent UTI with visible haematuria in patient aged 45 years and over
- Unexplained non-visible / dipstick haematuria without infection in patients aged 60 years or over with either dysuria or raised white cell count on blood test
- Unexplained non-visible haematuria is significant if 1+ or greater in an asymptomatic individual, or on any occasion with symptoms in absence of infection.
- Non-2ww urgent referral if asymptomatic non-visible haematuria with normal WCC, or patient aged <60.
- Haematuria does NOT require verification with microscopy. Exclude menstruation.
- Palpable renal mass on examination
- Solid renal mass identified on imaging
- Non-painful swelling in body of testicle suspicious of cancer (it would speed up the diagnostic process if the GP initiated an urgent USS if ticking this criterion)
- Suspected penile cancer
- Mass / ulcer where STI has been excluded or persists after treatment, or unexplained persistent symptoms affecting foreskin or glans
- Malignancy on biopsy, cytology or other investigation
- Abnormal prostate on DRE suggestive of carcinoma (urgent referral is not needed if the prostate is simply enlarged and the PSA is in the age specific reference range)
- Elevated age specific PSA in absence of UTI

Age adjusted PSA normal values:

<table>
<thead>
<tr>
<th>Age</th>
<th>PSA below (ug/L)</th>
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<tbody>
<tr>
<td>40-49</td>
<td>2.5</td>
</tr>
<tr>
<td>*50-59</td>
<td>3.0</td>
</tr>
<tr>
<td>*60-69</td>
<td>4.0</td>
</tr>
<tr>
<td>*70 and over</td>
<td>5.0</td>
</tr>
</tbody>
</table>

CLINICAL INFORMATION

Other relevant clinical information (including current medication / history / details of significant family history)
Please feel free to append usual referral letter and any current results

PLEASE REQUEST URGENT FBC, U&E, LFT
Patients WHO Performance Status

- 0 Able to carry on 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 for more than 50% of waking hours
- 4 Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair

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

<table>
<thead>
<tr>
<th>Essential Criteria</th>
<th>Yes/No</th>
<th>If yes please give details</th>
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<tbody>
<tr>
<td>Anticoagulants</td>
<td></td>
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<tr>
<td>Cognitive Impairment (e.g. dementia/learning disability etc.)</td>
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Patient engagement and availability

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

GP Name: ________________________________                     Date: _____ / _____ / _____
(Date of decision to refer)

To make a referral, submit via eRS. Use the telephone number only if you have a technical query

| EKHUFT | Via eRS (electronic Referral System – NHS e-Referral) | Tel: 01227 864240 |

☐ Referral is due to clinical concerns that do not meet current East Kent Cancer referral criteria. The GP MUST give full clinical details with attached letter or information in the 'other relevant clinical information' box above