**Referring Suspected Malignancy of Undefined Primary Origin to**

**Acute Oncology Outpatient Clinic**

Dear Colleagues

The WUTH Acute Oncology Service (AOS) has set up a new outpatient clinic that would serve the needs of patients with suspected cancer of unknown primary and also patients with presentations that would not fit into any of the NICE suspected cancer pathways. This service is run by Oncologists with interest in Cancer of Unknown Primary (CUP) and Acute Oncology Clinical Nurse Specialists supported by central CUP specialist MDT at Clatterbridge Cancer Centre and aim to improve the care and management of these patients.

Please use the attached referral form, which outlines the conditions/presentations that would be appropriate for referral to this service. **This form must be faxed to WUTH’s current Choose and Book 2 Week Wait Fax line on 0151 604 7172. There are two clinics available - Monday 9-1 and Thursday 9-1, both at Arrowe Park Hospital.**

If you have a patient with suspected cancer but falls outside of the listed conditions please call the AOS at APH for advice on 0151 678 5111, Ext 2392. If staff are unavailable please leave a voice message with your contact details and we will get back to you as soon as possible. Service operates Monday – Friday 9am to 5pm.

Alternatively, you can e-mail securely using the NHSmail address -

[wih-tr.AcuteOncologists@nhs.net](mailto:wih-tr.AcuteOncologists@nhs.net). We aim to respond within one working day.

WUTH AO Team:

Dr Richard Griffiths, Consultant Medical Oncologist

Dr Eliyaz Ahmed, Consultant Medical Oncologist

Jessica Gilmore, CNS

Alan Davies, CNS

Devi Forsythe, Secretary

**URGENT REFERRAL FORM FOR SUSPECTED MALIGNANCY OF UNDEFINED PRIMARY ORIGIN**

**Fax to WUTH Choose & Book: 0151 604 7172 Tel WUTH Choose & Book: 0151 604 7720**

**For advice call AOS at APH on 0151 678 5111, Ext 2392 or Bleep 7029**

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| **1. Has the patient been counselled regarding this referral as per NICE guidelines i.e. advised why they have been referred to a cancer service and offered appropriate information? YES NO**  **2. Has the patient been advised that they need to be available within the next four weeks? YES NO** | | |
| **Referring GP :** | **GP Address & Postcode** | **GP Tel. No. …….……………………**  **GP Fax. No. …………………………** |
| **Registered GP:** |  |  |
| **Date of patient’s first appointment with GP for related symptom/complaint ………………………..** | | |
| **Patient’s Title and Surname:**  **……………………………………………**  **Forename (s)**  **…………………………………………..** | **Address and Postcode:** | **Contact Phone Number/s:** |
| **DOB:………………………………….**  **AGE:………………………………….** | **NHS Number:** | **Gender:**  **Male 🞎 Female 🞎** |
| **Cultural, Mobility, Impairment Issues** | | |
| **Patients preferred Language ………………………………………..**  **Interpreter required? Yes No**  **Please list any hearing or visual impairments requiring specialist help (Sign language, Braille, Loop induction systems)……………………………………..**  **Is Disabled Access required? Yes No Is Transport required? Yes No**  **Ethnic origin…………………………………………... Religion………………………………**  **Is the Patient from overseas or a temporary visitor?** | | |
| **Referral Information** | | |
| **Reason for referral (please tick one or more that apply)**  **Suspicious bone metastases on plain X-ray or bone scan with no obvious primary clinically and a normal PSA and negative myeloma screen**  **Liver metastases on ultrasound with no obvious primary clinically**  **Multiple lung metastases on Chest X-ray with no obvious primary clinically**  **Lymphadenopathy with biopsy showing carcinoma and lymphoma ruled out\***  **Pleural effusion or ascites suspicious of malignant origin**  **CT scan showing abnormal findings suspicious of malignancy with no obvious primary**  **Brain metastases with no obvious primary**  **Clinical suspicion of cancer but the presentation does not fit in to the NICE suspected cancer pathways *(please ring 0151 678 5111, Ext 2392 / Bleep 7029* *or e-mail***  [**wih-tr.AcuteOncologists@nhs.net**](mailto:wih-tr.AcuteOncologists@nhs.net) ***to discuss prior to referral).*** | | |
| **Clinical information** | | |
| **Symptoms:** | | |
| **Investigations to date:** | | |
| **Past medical history:** | | |
| **Smoking and Alcohol History:** | | |
| **Additional Information:** | | |
| **\*Patients presenting with lymphadenopathy suspicious of malignancy should be referred along the current pathway (neck nodes to ENT, axillary lymph nodes to breast team). They should be referred to the oncology clinic only if the biopsy confirms carcinoma and lymphoma has been ruled out.** | | |
| **Exclusions** | | |
| **Patients with lymphadenopathy only and symptoms suggesting haematological malignancy e.g. fever and night sweats should be referred to Haematology.** | | |
| **Isolated neck lymphadenopathy should be referred using the ENT cancer pathway.** | | |
| **Isolated axillary lymphadenopathy should be referred using the breast cancer pathway.** | | |
| **Patients who are unaware cancer is suspected should not be referred until they have been told the reason for referral and that they will be seeing a cancer specialist** | | |
| **Referred by: Date referred:** | | |