**SUSPECTED OESOPHAGUS, STOMACH MALIGNANCY [UGI CANCER]**

**N.B - Please note that up to date patient contact details and a telephone number required where the patient can be reached during office hours (08.00 am - 17.00 pm) are essential to allow us to offer your patient a date within seven days of your referral.**

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| --- | --- | --- | --- |
| **Patient Details** | | | |
| Surname: <Patient Name> | | Date of Birth: <Date of Birth> | |
| Forename(s): <Patient Name> | | Gender: <Gender> | |
| Address (inc postcode): <Patient Address> | | NHS Number: <NHS number> | |
| Telephone Numbers  Please check tel nos with pt | Tel No (Home):  <Patient Contact Details> | Tel No (work):  <Patient Contact Details> | Tel No (Mobile):  <Patient Contact Details> |
| **GP Details** | | | |
| Referring GP: <Sender Name> | | GP Tel No: <Sender Details> | |
| Practice Name: <Sender Details> | | Practice Email Address: <Organisation Details> | |
| Practice Address: <Sender Address> | | Date of decision to refer: <Today's date> | |

Please provide following mandatory information

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| Please confirm the patient is aware of the possible diagnosis of cancer  Please confirm the Urgent Suspected Cancer patient information leaflet has been given  Please confirm the patient is available and willing to attend an appointment within the next 14 days  If not, refer when willing and able to attend  **NB Patient must have had routine bloods (FBC, U+E,LFT) within the past month when making this referral: Please tick to confirm this has been done** | | | |  |
| **Patient Information** | | | | |
| Does your patient have a learning disability? | | | YesNo | |
| Is your patient able to give informed consent? | | | YesNo | |
| Is your patient fit for day case investigation? | | | YesNo | |
| If a translator is required, please specify language: <Main spoken language> | | | | |
| Is patient on any of the following medications? | | | | |
| Aspirin | Yes No | Indication for therapy: | | |
| Clopidogrel/ NOAC etc . | Yes No | Indication for therapy: | | |
| Warfarin | Yes No | Indication for therapy: | | |
| Insulin | Yes No |  | | |
| It would be helpful if you could provide performance status information (please tick as appropriate)  Fully active  Able to carry out light work  Up & about 50% of waking time  Limited to self-care, confined to bed/chair 50%  No self-care, confined to bed/chair 100% | | | | |

Suspected OG Cancer Symptoms [NICE Guidelines 2015] Please tick as appropriate

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| --- | --- | --- |
| **Presenting Symptoms for Urgent Endoscopy** |  | **1st Appointment** |
| Dysphagia of any age **or** |  | Urgent Endoscopy |
| Aged ≥55 and over with significant and concerning **weight loss\*** **and** any of the following: |  | Urgent Endoscopy |
| * 1. Upper abdominal pain/ or |  |
| * 1. Reflux/ or |  |
| * 1. Dyspepsia |  |
| Upper abdominal mass **consistent with** gastric cancer |  | Endoscopy +/- CT |
| Abnormal barium or radiological study suggesting Upper GI cancer |  | Endoscopy +/- CT |
| \*Weight Loss Amount:       Duration: | | |
| **Presenting Symptoms for Non Urgent Endoscopy** |  | **1st Appointment** |
| Haematemesis [ Not requiring Acute Admission] |  | Non urgent Endoscopy |
| Aged ≥55 and over with any of the following: |  |
| * treatment-resistant dyspepsia |  |
| * upper abdominal pain/ Nausea/Vomiting/Reflux/Dyspepsia/ weight loss with or without low haemoglobin levels or raised platelet count |  |

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| **IF YOUR PATIENT HAS IRON DEFICIENCY ANAEMIA WITH NO OBVIOUS CAUSE AND OVER >60 yr PLEASE REFER ON A LOWER GI URGENT SUSPECTED CANCER FORM. If <60 yr REFER TO MEDICAL GASTROENERTEROLOGY AS URGENT REFERRAL. IRON DEFICIENCY WITHOUT ANAEMIA SHOULD NOT BE REFERRED ON URGENT SUSPECTED CANCER PATHWAY** | | | |
| **All patients referred on this form will be sent for an endoscopy prior to being seen in outpatients unless you specify that they are unsuitable. Please advise your patient of this.** | | | |
| If your patient is **not** suitable to go straight to endoscopy, please tick the box here and explain the reason(s) in the box below | | |  |
|  | | | |
| Please provide a full list of the patient’s current medications in the box below |  |  | |
| Acutes <Medication>  Repeats <Repeat templates> | | | |
| Please provide any other relevant clinical information in the box below |  |  | |
| <Event Details> | | | |
| **Medical Problems:**    <Problems>  <Summary> | | | |

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| **For Hospital Use**  Appointment Date       Endoscopy/ Clinic Attending  Was the referral appropriate  Yes  No (if no please give reason) | | |
| **UPPER GI** | | |
| **Hospital** | **Tel** | **Fax** |
| ***Hull and East Yorkshire NHS Trust*** | **01482 604308** | **01482 675505** |

**Please note there is considerable overlap of some symptoms and cancer pathways.**

This referral pathway is specifically designed for early diagnosis of cancer of Oesophagus and Stomach.

The patient with no OG Cancer on Endoscopy the will be discharged back to GP from Endoscopy department. The patient will need another referral by the GP for symptom investigation on non-2WW pathway as routine as below mentioning Endoscopy ruled out cancer:

1. Routine referral to Medical Gastroenterology / UGI surgery to investigate dysphagia, reflux, dyspepsia, nausea, vomiting, abdominal pain available on ERS.

**Radiology:** (In last 6 months)

<Arden's Ltd - Investigations: Radiology last 6m (view)>

**Blood Results (Last 2m):**

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| --- | --- | --- | --- | --- |
| FBC | <Numerics> | Hb <Numerics>, WCC <Numerics>, Plts <Numerics>, MCV <Numerics>, Neut <Numerics> | | |
| UE | <Numerics> | Na <Numerics>, K <Numerics>, Urea <Numerics>, Creat <Numerics>, eGFR <Numerics> | | |
| LFT | <Numerics> | ALT <Numerics>, Alk Phos <Numerics>, Bili <Numerics>, Alb <Numerics>, GGT <Numerics>, Serum globulin <Numerics>, Total Protein <Numerics> | | |
| CRP | <Numerics> | <Numerics> | ESR | <Numerics> |
| TFTs | <Numerics> | TSH <Numerics>, Free T4 <Numerics> | INR | <Numerics> |
| Bone | <Numerics> | Ca <Numerics>, Ca cor <Numerics>, Ca adj <Numerics>, Phos <Numerics> | | |
| Iron | <Numerics> | Ferritin <Numerics>, Iron Saturation <Numerics>, TIBC <Numerics> | | |
| Vitamins | <Numerics> | B12 <Numerics>, Folate <Numerics> | | |
| Lipids | <Numerics> | Chol <Numerics>, LDL <Numerics>, HDL <Numerics>,Chol:HDL ratio <Numerics>, Tri <Numerics> | | |
| Random Glucose | | <Numerics> | Fasting Chol. | <Numerics> |
| Fasting Glucose | | <Numerics> | HbA1c | <Numerics> |

**Urgent Suspected Cancer referral**

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| Why have I been referred urgently to the hospital? |  | Will I need any tests? |
| Your doctor or dentist has arranged for you to be seen by the hospital within two weeks.  This is an URGENT referral because it is possible that you could have cancer.  We need to refer you urgently because there is evidence that early diagnosis of cancer can increase the chances of successful treatment. |  | You may need specialised tests before, during or following your first appointment at the hospital. These test results could help the specialist to understand the cause of your symptoms. |
| What do I need to do now? |
| TELL YOUR DOCTOR NOW if you will be away on holiday or are unable to attend the hospital appointment within the next two weeks.  Make sure that your doctor has your correct address, telephone number, and mobile number if possible.  The hospital will contact you by telephone to arrange an appointment, so the correct contact telephone number is very important. If they are not able to contact you by telephone they will send you an appointment letter.  Talk to your doctor’s surgery if you have not been contacted by the hospital within one week of your doctor’s referral.  Let the hospital know immediately if you are unable to attend your appointment so that the appointment can be offered to someone else. It is important that you arrange an alternative date and time when cancelling this appointment. |
| Does this mean I have cancer? |  |
| No it doesn’t. Most patients do not turn out to have cancer; they have another diagnosis. |  |
| So why has my doctor  referred me? |  |
| Most illnesses are successfully treated by doctors. However, on some occasions they need to arrange for you to see a specialist hospital doctor. This could be for a number of reasons, such as:  Your symptoms need further investigation and it is important that this is done quickly.  The treatment you have already received has not worked.  Your tests have shown some abnormal results.  To be sure you do not have serious disease. |  |
| Help us get it right |  |  |
| **Please feel free to bring someone with you to your appointment.**  **If you have any queries regarding the arrangements for your appointment, please telephone the hospital you have been referred to on one of the numbers below Monday to Friday 8.30am - 5.00pm**  **Hull and East Yorkshire NHS Trust: Urgent Suspected Cancer referral office: 01482 604308** | | |
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