*Worcestershire Acute Hospitals NHS Trust*

*2ww Referral Office – Tel. 01562 513246*

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| **URGENT REFERRAL: SUSPECTED LUNG CANCER**  **These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer 2015** [**https://www.nice.org.uk/guidance/ng12**](https://www.nice.org.uk/guidance/ng12) **(guidelines are summarised below)**  **\*INDICATES MANDATORY FIELDS** |

In case of urgent clinical enquiries, please contact the **On-call medical team** via Switchboard on Tel. 01905 763333 *(Worcestershire Royal Hospital)* or Tel. 01527 503030 *(Alexandra Hospital).*

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| --- | --- | --- | --- | --- | --- |
| **PATIENT DETAILS** | | | | | |
| **Surname:** | | | **Forename:** | **DOB:** | |
| **Address:** | | | **NHS Number:** | **Referring GP:**  **Address:**  **Contact Tel No:**  **GP signature:** | |
| **Tel No. (1):** | | | **Interpreter required**  Yes No  If yes, language: |
| **Tel No. (2):** | | |
| **Smoking status:**  Yes No Ex-Smoker | | |
| **BMI** | | **Weight** |
| \*I have informed the patient this is a suspected cancer referral | | | | |  |
| \*I have emphasised to the patient the importance of being available over next 14 days for an urgent appointment | | | | |  |
| \*I have given the patient the 2-week wait patient information leaflet | | | | |  |
| **REASON FOR REFERRAL** | | | | | |
| **Suspicious finding of CXR**  \*Urgent CT Scan has been requested  **and**  \*Full blood test requested which includes clotting screen, FBC, U&Es, LFTs, Bone profile, CRP | | | | |  |
| **Normal CXR but symptoms suggestive of lung cancer/ mesothelioma**  \*Urgent CT Scan has been requested  **and**  \*Full blood test requested which includes clotting screen, FBC, U&Es, LFTs, Bone profile, CRP | | | | |  |
| **\*Additional history / comments (including medications, allergies, medical history and/or any recent investigations)** | | | | | |
| The clinical details and/or referral letter should include a brief history, the functional status of the patient and a full current medications list.Information that is useful may include:   * Symptoms * Asbestos exposure * Previous cancer diagnosis * History of COPD | | | | | |
| **WHO Performance status (see scale below, please tick one) 0  1  2  3  4** | | | | | |
| **WHO Grade** | **Explanation of activity** | | | | |
| 0 | Fully active, able to carry on all pre-disease performance without restriction | | | | |
| 1 | Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work | | | | |
| 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 | | | | |
| 3 | Capable of only limited self-care, confined to bed or chair more than 50% of waking hours | | | | |
| 4 | Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair | | | | |

#### Lung cancer NICE guidance NG 12 June 2015

**1.1.1** Refer people using a [suspected cancer pathway referral](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#terms-used-in-this-guideline) (for an appointment within 2 weeks) for lung cancer if they:

* have chest X‑ray findings that suggest lung cancer **or**
* are aged 40 and over with [unexplained](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#terms-used-in-this-guideline) haemoptysis. **[new 2015]**

**1.1.2** Offer an urgent chest X‑ray (to be performed within 2 weeks) to assess for lung cancer in people aged 40 and over if they have 2 or more of the following unexplained symptoms, **or** if they have ever smoked and have 1 or more of the following unexplained symptoms:

* cough
* fatigue
* shortness of breath
* chest pain
* weight loss
* appetite loss. **[new 2015]**

**1.1.3** Consider an [urgent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#terms-used-in-this-guideline) chest X‑ray (to be performed within 2 weeks) to assess for lung cancer in people aged 40 and over with any of the following:

* [persistent](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#terms-used-in-this-guideline) or recurrent chest infection
* finger clubbing
* supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
* chest signs [consistent with](https://www.nice.org.uk/guidance/ng12/chapter/terms-used-in-this-guideline#terms-used-in-this-guideline) lung cancer
* thrombocytosis. **[new 2015]**

#### Mesothelioma

**1.1.4** Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for mesothelioma if they have chest X‑ray findings that suggest mesothelioma. **[new 2015]**

**1.1.5** Offer an urgent chest X‑ray (to be performed within 2 weeks) to assess for mesothelioma in people aged 40 and over, if:

* they have 2 or more of the following unexplained symptoms, **or**
* they have 1 or more of the following unexplained symptoms and have ever smoked, **or**
* they have 1 or more of the following unexplained symptoms and have been exposed to asbestos:
* cough
* fatigue
* shortness of breath
* chest pain
* weight loss
* appetite loss. **[new 2015]**

**1.1.6** Consider an urgent chest X‑ray (to be performed within 2 weeks) to assess for mesothelioma in people aged 40 and over with either:

* finger clubbing **or**
* chest signs compatible with pleural disease. **[new 2015]**