

**SUSPECTED COLORECTAL CANCER – REFERRAL FORM**

To make an **URGENT REFERRAL**, Fax to: **0151 430 1629**

Telephone Contact No.: 0151 430 1234

REFERRER'S DETAILS			
Referring GP			GP Code:
Registered GP			
GP Address & postcode			
GP Tel. No.			
GP Fax. No.			
Date seen by GP:		Decision to refer date:	
PATIENT DETAILS			
Title & Surname			Forename(s)
D.O.B.		AGE:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			
Postcode		*Tel. No. (day)	Mobile Tel.
*Tel. No. (evening)		NHS No.	Hospital No.
* <b>N.B.</b> It is essential that you provide a current contact telephone number for the patient so that the Trust can contact the patient within 24-hours to arrange a convenient appointment.			
CULTURAL, MOBILITY, IMPAIRMENT ISSUES			
What is the patient's preferred first language? .....			
Does the patient require Translation or Interpretation Services? YES <input type="checkbox"/> NO <input type="checkbox"/> .....			
Please list any hearing or visual impairments requiring specialist help (Sign language, Braille, Loop Induction systems) .....			
Is Disabled Access Required? YES <input type="checkbox"/> NO <input type="checkbox"/> Is transport required? YES <input type="checkbox"/> NO <input type="checkbox"/> .....			
Ethnic Origin: ..... Religion: .....			
Is the patient from overseas? YES <input type="checkbox"/> NO <input type="checkbox"/> Is the patient a temporary visitor? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REFERRAL INFORMATION (referral guidelines are provided below / attached to proforma)			
<b>Refer URGENTLY patients:</b>			
6 weeks rectal bleeding & change in bowel habit (looser stools/increased frequency) > <b>Aged 40+</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>
6 weeks rectal bleeding without a change in bowel habit/anal symptoms > <b>Aged 60+</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>
6 weeks change in bowel habit without rectal bleeding (looser stools/increased frequency) > <b>Aged 60+</b>			YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Any age</b> with a right sided lower abdominal mass consistent with involvement of the large bowel			YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Any age</b> with a rectal mass (intraluminal and NOT pelvic)			YES <input type="checkbox"/> NO <input type="checkbox"/>
Unexplained iron deficiency anaemia (<11g males and <10g in post menopausal females)			YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Clinical Details:</b> History/Investigations/Examinations (including Digital rectal examination)			<b>FBC Results</b>
Is that patient fit for bowel prep at home? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is the patient fit for day case sigmoidoscopy? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is the patient taking iron? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Anticoagulated? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Diabetic? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Any additional information			
Is the patient aware of the reason & urgency for referral & aware that they will be seen within 2 weeks? YES <input type="checkbox"/> NO <input type="checkbox"/>			

In a patient with **equivocal symptoms** who is not unduly anxious, it is reasonable to 'treat, watch and wait'.

**Urgent referral** = the patient is seen within the national target for urgent referrals = **currently 2 weeks**

**Refer urgently patients:**

- Aged **40+ years**, reporting **rectal bleeding WITH a change of bowel habit** towards looser stools and/or increased stool frequency persisting 6 weeks or more
- Aged **60+ years**, **WITH rectal bleeding persisting for 6 weeks or more WITHOUT** a change in bowel habit and **WITHOUT** anal symptoms
- Aged **60+ years**, **WITH a change in bowel habit** to looser stools and/or more frequent stools persisting for 6 weeks or more WITHOUT rectal bleeding
- Of **any age** with a **right lower abdominal mass** consistent with involvement of the large bowel
- Of **any age** with a **palpable rectal mass** (intraluminal and not pelvic). A pelvic mass outside the bowel would warrant an urgent referral to a urologist or gynaecologist
- Who are **men of any age** with *unexplained*<sup>1</sup> **iron deficiency anaemia** and a **haemoglobin of 11g/100ml or below**
- Who are **non-menstruating women** with *unexplained*<sup>1</sup> **iron deficiency anaemia** and a **haemoglobin of 10g/100ml or below**

**Risk factors**

Offer patients with **ulcerative colitis** or a history of ulcerative colitis a follow-up plan agreed with a specialist in an effort to detect colorectal cancer in this high-risk group.

There is insufficient evidence to suggest that a **positive family history of colorectal cancer** can be used to assist in the decision about referral of a symptomatic patient.

**Investigations**

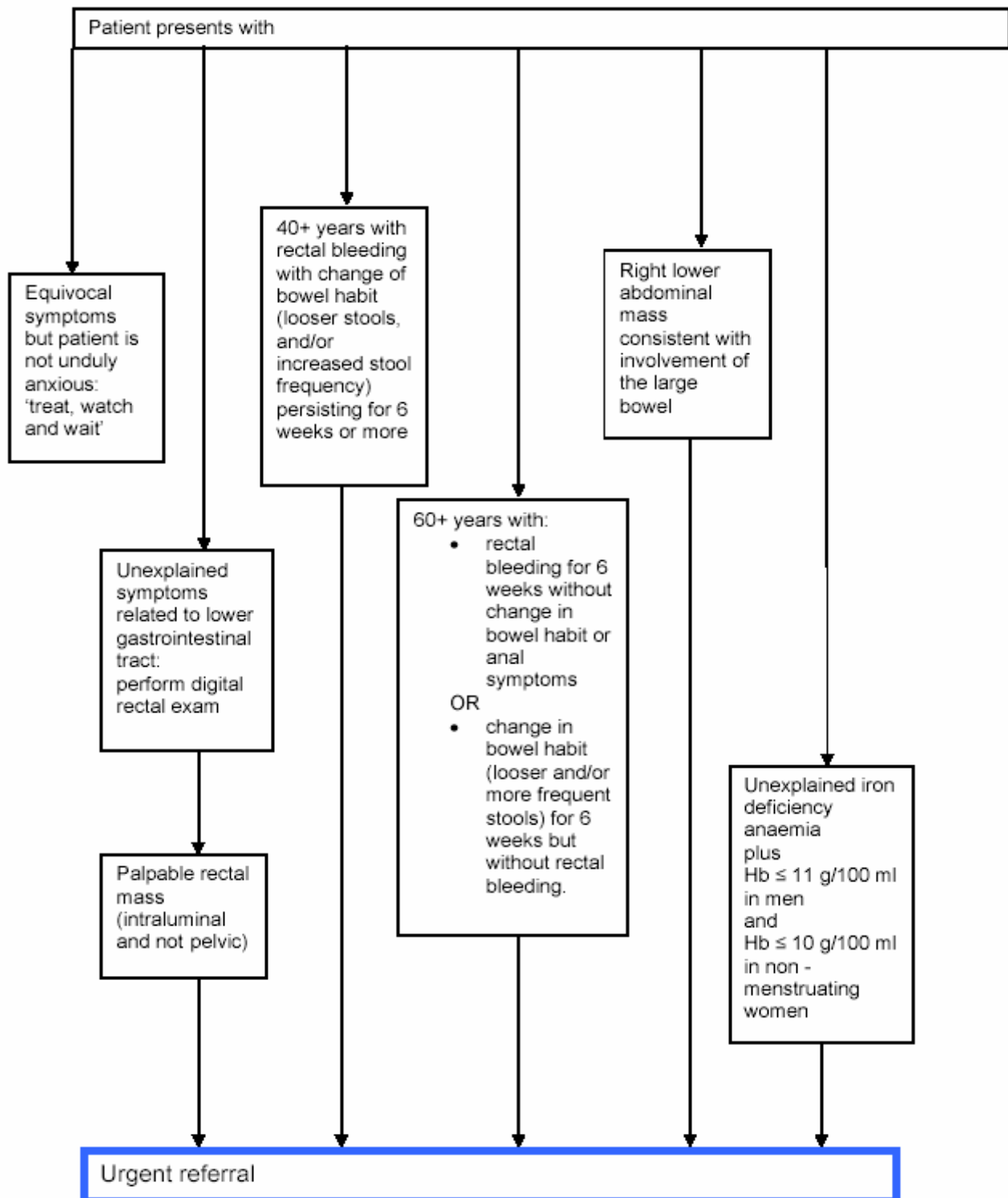
- Always carry out a **digital rectal examination** in patients with unexplained symptoms related to the lower gastrointestinal tract.
- Where symptoms are equivocal a **full blood count** may help in identifying the possibility of colorectal cancer by demonstrating iron deficiency anaemia, which should then determine if a referral should be made and its urgency.
- When referring, a **full blood count** may assist specialist assessment in the outpatient clinic.
- **When referring, no examinations or investigations other than abdominal and rectal examination and full blood count are recommended as this may delay referral.**

**Definitions:**

1. In this guideline, **unexplained** is defined as 'a symptom(s) and/or sign(s) that has not led to a diagnosis being made by the primary care professional after initial assessment of the history, examination and primary care investigations (if any)'. In the context of this recommendation, **unexplained** means a patient whose anaemia is considered on the basis of a history and examination in primary care not to be related to other sources of blood loss (for example, ingestion of NSAIDs) or blood dyscrasia.

An algorithm<sup>2</sup> summarising the principal recommendations on how to proceed when a patient presents with symptoms suggestive of lower GI cancer.

Lower gastrointestinal cancer



2. National Institute for Health and Clinical Excellence: Referral guidelines for suspected cancer - Clinical Guideline 27 (issued June, 2005)

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