

Suspected Lower Gastrointestinal Tract Cancer 2 Week Wait Referral Form

Date of decision to refer:		Date referral received at Trust:	hospital to fill in
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Patient Details	Surname:	First Name:	Title:
	DOB: dd /mm /yyyy	NHS Number:	
	Sex assigned at birth: Male/ Female		
	Gender Identity (if different from that above): e.g. Male (inc trans man) / Female (inc trans woman) / Non-binary		
	Ethnicity:	Language:	Interpreter required: YES/NO
	Disability: YES/NO- mobility/sensory/cognitive		Transport required: YES/NO
	Patient Address:		
		Postcode:	
Contact numbers:			
	Home:	Mobile:	
Practice Details	Name of registered GP:		
	Practice Name & J code:		
	Direct line to the practice (Bypass number) :		
	Main Practice Number:	Generic email:	
	Name of referring Clinician:		

FIT TEST RESULT ≥ 10 IS THE MOST IMPORTANT INDICATION YOUR PATIENT MAY HAVE COLORECTAL CANCER, more indicative than any symptoms. **This is true even in patients with rectal bleeding.**

IT IS VERY IMPORTANT YOUR PATIENT URGENTLY COMPLETES A FIT TEST if not already done.

This is a link for your patient with information about FIT (<https://cancermatterswessex.nhs.uk/fit-test/>)

Delay in providing a FIT test may delay your patient's investigation.

The risk of colorectal cancer in those with a FIT <10 , a normal examination and full blood count is $<0.1\%$. This is lower than the general population risk.

SPECIFIC FAST TRACK INFORMATION - Colorectal Cancer

Please refer if FIT ≥ 10 (or strong clinical concern of colorectal cancer) – otherwise consider safety netting or FIT <10 pathway (see [pathway flowchart here](#)). The FIT <10 pathway referral form can be found alongside the 2ww forms in your usual folders.

<input type="checkbox"/> FIT ≥ 10
<input type="checkbox"/> Patient has an abdominal mass – <i>please request a FIT at time of making a referral</i>
<input type="checkbox"/> Patient has rectal mass OR unexplained anal mass OR unexplained anal ulcer
<input type="checkbox"/> FIT <10 and clinical concern about lower GI cancer remains (NB: please consider other cancers / Rapid Investigation Service)
<input type="checkbox"/> Patient has high risk symptoms as defined by NICE NG12 guidance (see below) and has been unable/unwilling to do a FIT test (NB do not delay referral for more than 2 weeks if FIT has not been done, or result not available)
<input type="checkbox"/> Age 40 or over with unexplained weight loss AND abdominal pain
Age < 50 with rectal bleeding AND any of following
<input type="checkbox"/> Abdominal pain <input type="checkbox"/> Weight Loss
<input type="checkbox"/> Change in bowel habit <input type="checkbox"/> Iron Deficient Anaemia (see local IDA pathway)
<input type="checkbox"/> Age 50 or over with unexplained rectal bleeding
<input type="checkbox"/> Age 60 or over with change in bowel habit
<input type="checkbox"/> Age 60 with iron deficient anaemia (see local IDA pathway)

RIGHT PATHWAY, RIGHT TIME...

Following clinical triage by a secondary care clinician, I support this referral being re-routed to a more suitable pathway, within the trust, if deemed clinically appropriate and better for the patient

YES
 NO

Patient name _____ Date of Birth _____ NHS number _____

For all patients	Clinical History: <i>I am concerned because...</i>
	Physical examination findings including rectal examination. <i>(This will allow patient to follow a straight to test pathway)</i>

Patients with other symptoms outlined in NICE Diagnostic Guidance 30 ([see link for details](#)) - please examine fully, do blood tests and FIT test:
 FIT test ≥ 10 or abnormal examination findings - **refer via 2 ww**
 FIT test < 10 and ongoing concerns which don't fulfil colorectal 2 ww consider referral to Rapid Investigation Service
 FIT test < 10 , normal blood test and examination findings and no ongoing concerns consider safety netting or advice & guidance from colorectal team

Patients with unexplained rectal bleeding who don't fulfil 2 ww colorectal criteria- please examine fully, do blood tests & FIT test
 If FIT test ≥ 10 or abnormal examination findings - **refer via 2 ww**
 If FIT test < 10 with no abnormalities on blood tests or examination- refer via non-fast track referral

Results:

FIT Result:	_____ ug/ml
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Bloods - required in determining treatment options

Please ensure the following recent blood results are available (U&Es must be within 3 months):

Hb:	Na:	K:	eGFR:
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(tumour markers are only indicated for disease monitoring)

Bloods have been requested if not done in last 3/12)

<input type="checkbox"/>	The patient is aware that this is a 2 week wait referral to exclude colorectal cancer
<input type="checkbox"/>	The patient has been provided with a 28 day cancer pathway leaflet (https://cancermatterswessex.nhs.uk/fast-track-referrals/)
<input type="checkbox"/>	The patient is willing to undergo investigation
<input type="checkbox"/>	Patient is expecting a telephone assessment or appointment within the next few days with hospital tests within 2 weeks

Please tick YES if any of the following apply to your patient: (Helpful in supporting patient in clinic)

Admin use only

<input type="checkbox"/>	Patient has cognitive impairment that may affect their mental capacity for consent. If yes, please confirm date best interests meeting completed: __/__/__	NP
<input type="checkbox"/>	Patient has significant mobility impairment – please tick if hoist is required	TT
<input type="checkbox"/>	Patient has significant sensory impairment (specify):	NP
<input type="checkbox"/>	Patient will require an interpreter (specify):	NP

WHO performance status:

0 <input type="checkbox"/>	Fully active
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Patient name _____ Date of Birth _____ NHS number _____

1 <input type="checkbox"/>	Restricted in physically strenuous activity but ambulatory and able to carry out light work
2 <input type="checkbox"/>	Ambulatory and capable of self-care, unable to carry out work activities, up & about 50% of waking hours
3 <input type="checkbox"/>	Capable of only limited self-care, confined to bed/chair 50% of waking hours
4 <input type="checkbox"/>	No self-care, confined to bed/chair 100%

Additional Background Clinical Information

Significant Medical History	<i>Please autofill from GP record</i>
Anticoagulant/ Antiplatelet Medication	<i>Please autofill from GP record- indication, medication taken and latest INR if applicable</i>
Regular Medication	<i>Please autofill from GP record</i>

Admin use: CR-colorectal consultant clinic, NP-colorectal nurse practitioner clinic, TT-telephone triage