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| Suspected sarcoma (bone and soft tissue) cancer 2 week wait referral |

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| Date of decision to refer: |  | Date referral received at Trust: |  |

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| Patient Details | Surname: First Name: Title: |
| Gender: DOB: / / NHS Number: |
| Ethnicity: Language: |
| Interpreter required: Transport required: |
| Patient Address:  Postcode: |
| Contact numbers:  Home: Mobile: Email: |
| Practice Details | Registered GP Name: |
| Practice Name : |
| Direct line to the practice (Bypass) : |
| Main: Fax: Email: |
| Referring Clinician: |

**SPECIFIC 2 WEEK WAIT INFORMATION:**

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| ☐ **<25y**  ☐ **>25y** | | | if bone/ soft tissue sarcoma suspected **specialist opinion within 48h (phone local orthopaedic team)**  bone pain/swelling arrange X-ray (& refer if required)  unexplained soft tissue lump increasing in size arrange USS (& refer if required)  Bone/soft tissue sarcoma suspected refer |
| If fracture ensure patient is seen within 48 hours in the Emergency Department. | | | |
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| **Describe history and examination of lesion: location; size (please be specific); deep to fascia; fixed/immobile; increasing in size; painful/painless;** | | | |
| **Has this patient has had a previous malignancy? (Please state tumour type as well as when and where treated).** | | | |
| |  |  | | --- | --- | | **Investigations** | | | **☐** | If unexplained soft tissue lump increasing in size – ultrasound scan and refer using 2ww pathway  **REFERRALS WILL NOT BE ACCEPTED WITHOUT AN USS.**  **IF YOU ARE REFERRING FROM OUT OF SOUTHAMPTON REGION and the US report indicates a referral via the 2ww pathway is recommended please perform an MRI scan locally prior to referral.**   * Attach all relevant imaging reports including dates and imaging centre. * Any suspicious Images must be exoPACS exported to UHS, please contact your local radiology department to arrange this.   **If you are referring from a tertiary centre** - following review of the imaging at UHS you may be contacted to obtain additional imaging locally – please ensure a relevant contact number has been included on this referral | | **☐** | If bone sarcoma suspected – perform a plain film X-ray and then refer using 2ww pathway  **REFERRALS WILL NOT BE ACCEPTED WITHOUT AN X-ray.**  **IF YOU ARE REFERRING FROM OUT OF REGION, YOU MAY BE ASKED TO ARRANGE A MRI LOCALLY.**   * Attach all relevant imaging reports including dates and imaging centre. * Any suspicious Images must be exoPACS exported to UHS, please contact your local radiology department to arrange this.   **If you are referring from a tertiary centre** - following review of the imaging at UHS you may be contacted to obtain additional imaging locally – please ensure a relevant contact number has been included on this referral | |  | Please ensure the following recent blood results are available (less than 6 weeks old):  **☐ FBC**  **☐ INR**  **Anticoagulation and / or antiplatelet** **medication** – please state indication and medication taken:  Please provide details and the latest INR if applicable: | | ☐ | This case has been discussed with the clinical team, please specify with whom and when: |   **Please ensure the following:** | | | |
| ☐ | **The patient is aware that this is a 2 week wait referral to exclude a sarcoma** | | |
| ☐ | The patient has been provided with a cancer pathway leaflet | | |
| ☐ | The patient is aware and able to attend an outpatient appointment within the next two weeks | | |

**Please tick YES if any of the following apply to your patient:**

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| ☐ | Patient has cognitive impairment that may affect their mental capacity for consent.  If yes, please confirm date best interests meeting completed: \_\_/\_\_/\_\_\_\_ |
| ☐ | Patient has significant mobility impairment |
| ☐ | Patient has significant sensory impairment (specify): |
| ☐ | Patient will require an interpreter (specify): |

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| Clinical Information | **WHO Performance Status (please tick)** | |
| **0**☐  **1**☐  **2**☐  **3**☐  **4**☐ | Fully active  Restricted in physically strenuous activity but ambulatory and able to carry out light work  Ambulatory and capable of self-care, unable to carry out work activities, up & about 50% of waking hours  Capable of only limited self-care, confined to bed/chair 50% of waking hours  No self-care, confined to bed/chair 100% |
| **Clarification &/or further information provided will help ensure patients receive the most appropriate first line management; please include the following: significant & relevant medical history, smoking status, alcohol intake, co-morbidities, current medication and allergies)** | |