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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).** |
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| **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)** |