

BREAST SUSPECTED CANCER REFERRAL FORM or Symptomatic without suspicion **MALE patients only**

Date of GP decision to refer: [Click here to enter a date.](#)

No. of pages sent:

IF NHS E-REFERRAL IS UNAVAILABLE, COMPLETE FORM AND EMAIL TO THE REFERRAL TEAM WITHIN 24 HOURS.

PATIENT DETAILS –Must provide current telephone number

Last name:	First name:
Gender:	DOB:
NHS No:	
Address:	
Telephone (Day):	
Telephone (Evening):	
Ethnicity :	
Patient agrees to telephone message being left?	Y <input type="checkbox"/> N <input type="checkbox"/>
Transport required?	Y <input type="checkbox"/> N <input type="checkbox"/>
Email:	Y <input type="checkbox"/> N <input type="checkbox"/>
Interpreter required? Y <input type="checkbox"/> Language/Hearing:	Y <input type="checkbox"/>
Learning difficulties? Y <input type="checkbox"/>	
Impaired mental capacity?	Y <input type="checkbox"/>
Known safeguarding concerns?	Y <input type="checkbox"/>
Mobility requirements (unable climb on/off bed)?	Y <input type="checkbox"/>

***WHO Performance Status**

0 Fully active
 1 Able to carry out light work
 2 Up and about 50% of waking time
 3 Limited self-care, confined to bed/chair 50%
 4 No self-care, confined to bed/chair 100%

WHO Patient Performance status Please tick

0 1 2 3 4

GP DETAILS

GP name:
 Practice Code:
 Address:
 Tel:
 Fax:
 Practice email:

INVESTIGATIONS IN SUPPORT OF REFERRAL

Please ensure the following blood results are available

FBC Y
 Anticoagulants Y
 Steroids Y

Physical Examination Y

PATIENT MEDICAL HISTORY (MANDATORY)

*Existing conditions/Risk factors Inc. **Current/previous alcohol consumption** , smoking status, BMI*

Recreational drug use Y

Current medication:

Level of Concern

Pretty sure my patient has cancer
 Unsure, it might well be cancer
 Don't think my patient has cancer but want or rule it out
 Doesn't meet criteria but I am concerned

DISCUSSIONS WITH PATIENT PRIOR TO REFERRAL

Cancer needs to be excluded Y
 Patient given referral information leaflet Y

Date(s) unavailable next 14 days:

2ww Suspected Cancer Please only use this section if you feel this patient is LIKELY to have Breast Cancer	Yes	Symptomatic cancer NOT suspected	Yes
Discrete, hard lump ± fixation, ± skin tethering	<input type="checkbox"/>	Gynaecomastia with no obvious physiological or drug cause (including anabolic steroids, propecia/ finasteride and cannabis use) . Consider primary care management – see https://patient.info/doctor/gynaecomastia	<input type="checkbox"/>
With spontaneous unilateral bloody or blood stained nipple discharge or which stains clothes	<input type="checkbox"/>	With unilateral eczematous skin of areola or nipple : please don't refer until tried topical treatment such as 0.1% mometasone for 2 weeks	<input type="checkbox"/>
With nipple retraction or distortion of recent onset (<3 months onset)	<input type="checkbox"/>	Unilateral, spontaneous, non-bloody nipple discharge that is persistent or troublesome	<input type="checkbox"/>
Skin distortion / tethering / ulceration / Peau d'orange	<input type="checkbox"/>	Unexplained lump in axilla	<input type="checkbox"/>

If your patient does not meet NICE suspected cancer referral criteria, but you feel they warrant further investigation, please disclose full details in your referral letter

Please attach a Patient summary including:

- Referral letter (if applicable) Investigation results PMH Up-to date medications list and allergies

Patient Name:..... NHS Number:..... DOB:.....

Clinical History and Examination

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In cases of unexplained gynaecomastia the following blood tests should be performed in primary care prior to referral on a 2WW Urgent GP Suspected Cancer Referral pathway.

9am Testosterone, Thyroid Function Tests, Liver Function Tests, α -Fetoprotein, β -Human Chorionic Gonadotrophin

If Testosterone is abnormal: Luteinizing Hormone, Follicle Stimulating Hormone, Sex Hormone Binding Globulin, albumin, oestradiol, prolactin

Testicular Ultrasound Scan if any of the following abnormal blood results are noted: raised β HCG, raised α -Fetoprotein

Abnormal endocrine (hormonal) blood results *Refer to Medical Endocrinology clinic

Abnormal β hcg or afP blood results or abnormal finding on testicular uss *Refer to Urology Clinic urgently

<input type="checkbox"/> LFTs	<input type="checkbox"/> Oestradiol	<input type="checkbox"/> LH	<input type="checkbox"/> FSH	<input type="checkbox"/> TSH
<input type="checkbox"/> AFP	<input type="checkbox"/> HCG	<input type="checkbox"/> LDH	<input type="checkbox"/> Testosterone	<input type="checkbox"/> U&Es

Pain	
Lump	
Discharge	
Family History (please specify) :	
Relevant Imaging	Location
	Date

Additional guidance: Nipple retraction – new onset and sustained, Discharge – spontaneous clear of blood, Males age 50 and over with unilateral firm sub areolar mass with or without nipple distortion and skin changes

See: Association of Breast surgery summary statement - Investigation and Management of gynaecomastia In Primary & Secondary care for further guidance

TVCA	Great Western Hospital	Emergencies only : gwh.2ww@nhs.net	
	Refer via e-RS		

For hospital to complete	UBRN:
	Received date: