

THE LONDON AND SOUTH EAST SARCOMA NETWORK

For use by all Cancer Networks without a designated local diagnostic clinic. Please tick the box of the hospital you are referring to and fax this form with an accompanying letter to the relevant Urgent Referral Team within 24 hours. **Guidelines are on the reverse side.**

SUSPECTED SARCOMA (all ages) - GP 2WW REFERRAL FORM		
<input type="checkbox"/> SOFT TISSUE (all tumour sites) Royal Marsden Hospital Fax: 020 8661 3149 Tel: 020 8661 3630 CentralReferralsOffice@rmh.nhs.uk	<input type="checkbox"/> SOFT TISSUE & BONE (limb & trunk) <input type="checkbox"/> SPINE Royal National Orthopaedic Hospital Fax: 020 8909 5709 Tel: 020 8909 5603 rno-tr.LondonSarcomaService@nhs.net	<input type="checkbox"/> SOFT TISSUE (non-limb/trunk including e.g. head & neck, retroperitoneal, abdominal, pelvic, urology, breast, skin etc) University College London Hospital Fax: 020 3447 9932 Tel: 020 3447 9599 uclh.2ww@nhs.net

SECTION 1 – PATIENT INFORMATION. PLEASE COMPLETE ALL FIELDS IN BLOCK CAPITALS.

SURNAME	NHS Number	Hospital Number
FIRST NAME	Patient visited this hospital before? Y / N	
Gender M / F	D.O.B.	Patient aware is urgent suspected cancer referral? Y / N
Address Post Code		First language:
		Interpreter required? Y / N
		Transport required? Y / N
Daytime Telephone	Home Telephone (if different) / Mobile No.	

SECTION 2 – PRACTICE INFORMATION. USE PRACTICE STAMP IF AVAILABLE.

Referring GP	Date of Referral
Practice Address Post Code	Telephone
	Fax:

SECTION 3 – CLINICAL INFORMATION. MUST BE COMPLETED

REASON FOR URGENT 2 WEEK WAIT REFERRAL

Clinical History (mandatory): Please provide as much information as possible. Continue on separate sheet if required.

<p style="text-align: center;">SUSPECTED PRIMARY BONE TUMOUR*</p> <p>Specify Body Site: _____</p> <p>Suspicious X-ray showing:- (please tick)</p> <p><input type="checkbox"/> Spontaneous Fracture</p> <p><input type="checkbox"/> Bone Destruction</p> <p><input type="checkbox"/> Soft Tissue Swelling</p> <p><input type="checkbox"/> New Bone Formation</p> <p><input type="checkbox"/> Periosteal Elevation</p>	<p style="text-align: center;">SUSPECTED SOFT TISSUE SARCOMA*</p> <p>Specify Body Site: _____</p> <p>Soft tissue mass with one or more of the following (please tick)</p> <p><input type="checkbox"/> > 5cm in size</p> <p><input type="checkbox"/> Deep to Fascia</p> <p><input type="checkbox"/> Recurrence following Excision, please describe</p> <p><input type="checkbox"/> Painful</p> <p><input type="checkbox"/> Increasing in size</p> <p><input type="checkbox"/> Fixed or <input type="checkbox"/> Immobile</p> <p><input type="checkbox"/> Other</p>
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* see overleaf

Form submitted by (PRINT) _____ Contact Number _____

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Information to support Sarcoma referrals

Use this form to urgently refer patients with:

<p><u>Suspected Primary Bone Tumour</u></p> <ul style="list-style-type: none"> • Whose X-ray indicates possible bone cancer <p><u>Suspected Soft Tissue Sarcomas (limb/trunk)</u></p> <ul style="list-style-type: none"> • With a palpable lump that <ul style="list-style-type: none"> ○ Is rapidly increasing in size ○ Is painful or painless ○ Is deep to the fascia, fixed or immobile ○ Is greater than 5cm in diameter ○ Recurs after a previous excision <p><u>Suspected Soft Tissue Sarcomas at non limb/trunk sites</u></p>	<p style="text-align: center;"><u>Referral Checklist</u> (please tick)</p> <p>2WW form <input type="checkbox"/></p> <p>Referral letter <input type="checkbox"/></p> <p>Imaging & reports <input type="checkbox"/></p> <p>Date & location of previous imaging:</p> <p>Histology reports <input type="checkbox"/></p> <p style="text-align: center;">Once all of the above is complete you can submit the referral.</p> <p style="text-align: center;">We are unable to fully process incomplete forms and this may delay patient review/treatment</p>
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Do not refer HIV-associated Kaposi's sarcoma with this form

Guidance on Investigations and other referrals for suspected primary bone tumours:

- Refer for an immediate X-ray a patient with suspected spontaneous fracture.
 - If the X-ray suggests possible bone cancer, refer urgently as above.
 - If the X-ray suggests metastatic disease or a benign tumour, refer to your local orthopaedic service.
 - If the X-ray is normal but symptoms persist, follow up and / or request repeat X-ray, bone function tests or make a non-urgent referral.
- Urgently investigate increasing, unexplained or persistent bone pain or tenderness, particularly pain at rest (and especially if not in the joint), or an unexplained limp. Consider whether the patient has a history of previous malignancy. In older people metastases, myeloma or lymphoma, as well as sarcoma, should be considered.
 - If you suspect metastatic disease, refer to your local orthopaedic service.
 - If you suspect myeloma or lymphoma, refer urgently to your local Haematology service using the Haematology Urgent Suspected Cancer Referral proforma.
 - If you suspect bone sarcoma, refer urgently as above.

Patient information and support:

Consider the information and support needs of patients and the people who care for them while they are waiting for the referral appointment. Resources for GPs to use are available from

- Macmillan - <http://www.macmillan.org.uk/Home.aspx>
- The Royal Marsden Sarcoma Unit - <http://www.royalmarsden.nhs.uk/consultants-teams-wards/clinical-units/sarcoma-unit>
- The London Sarcoma Service - <http://www.londonsarcoma.org/>
- Or visit our website <http://www.lsesn.nhs.uk/>

If you wish to discuss this two week wait referral, please contact:

- Royal Marsden Hospital: Joe Pace, MDT Coordinator, 020 7811 8078 Joe.Pace@nhs.net
- Royal National Orthopaedic Hospital: MDT Office 020 8909 5112 rno-tr.LondonSarcomaService@nhs.net
- University College London Hospital: MDT Coordinators 020 3447 4821 ucl-tr.LondonSarcomaService@nhs.net