

**Transforming Cancer Services in
London**

**Changes to Pan London Urgent
Suspected Cancer (USC) referral forms**

January 2023



1. Generic changes for all forms

- Re-designed forms and the fields to be completed have been re-ordered.
- Addition of section to record history, physical examination findings and reason why the patient may have cancer
- Bespoke clinical referral guidance for each tumour site with clearer directions to alternative management and referral options if patient does not meet the defined USC referral criteria.
- Addition of a link for learning disability contacts in London.
- Updated patient information leaflets which will be available in many community languages and easy read versions.
- 'Top tips' boxes on the breast and lower GI forms. (Top tips for gynaecological, haematological, upper GI and urology forms are in development).

2. Changes to referral criteria for specific tumour site forms

Tumour site	Changes to referral criteria	Comments on changes to form
Brain	No	-
Breast	No	Revised categorisation of gender categories by referral criteria
Children's	No	Greater emphasis on need to discuss any potential referral with on-call paediatrician
Gynaecology	Yes	More detailed definition of the criteria for: <ul style="list-style-type: none">• Suspicious post-menopausal bleeding if patient is on HRT• Abnormality on cervical, vaginal and vulval examination suspicious of malignancy
Haem Oncology	Yes	More detailed definition of criteria for: <ul style="list-style-type: none">• Thresholds for laboratory abnormalities suspicious of myeloma Clinical features of suspicious lymphadenopathy



Head and Neck	Yes	<ul style="list-style-type: none"> • Creation of separate Medical (all H&N cancer sites) and Dental (Oral/Lip only) forms • Reduction in number of criteria for referral by merging and tighter wording for laryngeal, pharyngeal, ear, sinus and nose cancers • More detailed definition of criteria for: <ul style="list-style-type: none"> - Suspicious neck mass and / or thyroid lump - Suspicious findings on oral / lip examination
Lower GI	No	Criteria in line with recent BSG guidelines on use of FIT for symptomatic patients – these were changed in 2020 during the Covid pandemic
Lung and Pleural	No	<ul style="list-style-type: none"> • More detail on appropriate situations to refer if NG12 defined high risk criteria not met including where Chest X-ray is normal Additional criteria for referral if unexplained cough and weight loss
Ophthalmology	Yes	<ul style="list-style-type: none"> • Re-categorisation of existing clinical criteria along more anatomical lines • Clearer definition of ocular abnormalities that warrant suspicion
Sarcoma	No	<ul style="list-style-type: none"> • No changes to clinical criteria for referral • Greater direction to arrange ultrasound / CT scan of lump before referral
Skin	No	<ul style="list-style-type: none"> • No changes to clinical criteria for referral • Greater direction to use of teledermatology services where criteria not met
Upper GI	Yes	Reduction in age threshold for referral for all upper GI cancers , if weight loss and suspicious symptom/s from ≥ 55 to ≥ 50 years
Urology	No	Incorporation of new recommended PSA thresholds for prostate cancer referral

