### Urgent Referral

Refer urgently patients:

- With a hard irregular prostate typical of a prostate carcinoma. **Prostate-specific antigen (PSA) should be measured and the result should accompany the referral.** (An urgent referral is not needed if the prostate is simply enlarged and the PSA is in the age-specific reference range).

- With a normal prostate, but rising/raised age-specific PSA, with or without lower urinary tract symptoms. (in patients compromised by other comorbidities, a discussion with the patient or carers and/or a specialist may be more appropriate).

- With symptoms and high PSA levels

Refer urgently patients with:

- Of any age with painless macroscopic haematuria
- Aged 40 years and over who present with recurrent or persistent urinary tract infection associated with haematuria
- Aged 50 years and older who are found to have unexplained microscopic haematuria.
- With an abdominal mass identified clinically or on imaging that is thought to arise from the urinary tract.

- Refer urgently patients with a swelling or mass in the body of the testis.

- Refer urgently patients with a symptoms or signs of penile cancer. These include progressive ulceration or a mass in the glans or prepuce particularly, can involve the skin of the penile shaft. (Lumps within the corpora cavernosa can indicate Peyronies disease, which does not require urgent referral.

All blood tests should be performed prior to referral and the results sent with the referral form

NICE guideline: all of the recommendations

URGENT REFERRAL FOR SUSPECTED UROLOGICAL CANCER

If you wish to include an accompanying letter, please do so.

On completion please attach to the UBRN or FAX to 01733 875648 (2ww Office), or Email to mailto:Peh-tr.2WWreferralspbh@nhs.net

Please ensure you inform your patient that they will need to make themselves available for an appointment within 14 days of sending this referral

These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer, June 2005

<table>
<thead>
<tr>
<th>Patient Details</th>
<th>GP Details (inc Fax Number)</th>
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</thead>
<tbody>
<tr>
<td>Surname</td>
<td>Tel No :</td>
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<tr>
<td>Forename</td>
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<tr>
<td>D.O.B.</td>
<td>Fax No:</td>
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<tr>
<td>Address</td>
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<tr>
<td>Postcode</td>
<td>Date of Decision to Refer</td>
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<td>Telephone</td>
<td>Date of Referral</td>
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<tr>
<td>NHS No</td>
<td>GP Signature</td>
</tr>
<tr>
<td>Interpreter? Y / N</td>
<td>First Language</td>
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</tbody>
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Suspected Cancer Site:

- **Prostate**
  - Symptoms:
    - Hard irregular prostate on DRE
    - Significant symptoms (inc. symptoms of metastases) and raised PSA
    - Raised age-related PSA
    - Unspecified lower urinary tract symptoms
  - PSA value ______ng/ml

*Age related cut-off measurements:*
- 40-49yrs >2.5ng/ml; 50-59yrs >3.5ng/ml; 60-69yrs >4.5ng/ml; 70-79yrs >6.5ng/ml.

Those with significant co-morbidity do not require urgent referral for mildly elevated PSA in the absence of symptoms. PSA measurements are NOT valid in the presence of urinary tract infection and need to be repeated once the infection has resolved.

- **Bladder or Renal**
  - Symptoms:
    - PAINLESS macroscopic haematuria (any age)
    - Unexplained microscopic haematuria (>50yrs)
    - Haematuria associated with PERSISTENT UTI (>40yrs)
    - Palpable renal mass or solid renal mass on U/S scan

- **Testicular**
  - Symptoms:
    - Swelling / mass in BODY of testicle

- **Penile**
  - Symptoms:
    - Ulceration / mass in the glans or the prepuce

Clinical Details: History/Examination/Investigations...

Medication...

- Please confirm Patient is aware of nature of the referral
- Has Patient been informed that they must be available to be seen within 2 weeks of referral.

For Hospital Use

- Appointment
- Clinic

Was the referral appropriate? Yes No (if no please give reason)

Version 5 May 2010 * Please discard all other Suspected Urology Cancer Referral forms