

Tumour Group	Diagnostic tests prior to referrals	Essential tests	Patient information – example of some information on DOS
Brain	Direct access to MRI contrast	<b>U&amp;E’s/FBC within 3 months</b> <a href="mailto:urgentbloodappointment@nelft.nhs.uk">urgentbloodappointment@nelft.nhs.uk</a> Patient phone number: Reason for test: Blood test requested: *Blood form to be attached to email*	<ul style="list-style-type: none"> <li>Please be aware that you will receive a phone call from the Consultant on a private or unknown number</li> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway</li> <li>Patients will receive a good-news letter after MRI has been reviewed by consultant</li> </ul>
Breast	N/A	<b>U&amp;E’s/FBC within 3 months</b>	<ul style="list-style-type: none"> <li>Please be aware your appointment will take 4-5 hours due to the range of diagnostic tests to be undertaken on the day and second consultation with surgeon.</li> <li>Upon referral there will be no guarantees that you will be seen by a female consultant.</li> <li>Please do not wear spray deodorant or talcum powder, however you can wear roll on deodorant should you wish.</li> <li>You can bring a friend or relative to your appointment. No children will be allowed at your appointment</li> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway</li> </ul>
Colorectal	FIT TEST	FIT test <b>U&amp;E’s/FBC within 3 months</b> Ferritin will be required for referrals if anaemia is suspected. If the patient is referred for iron deficiency anaemia on an urgent suspected cancer pathway, coeliac antibody test is ideal	<ul style="list-style-type: none"> <li>Your referral will be reviewed by a Clinical Nurse Specialist, and you will receive a phone call on a private or unknown number within 72 hours to discuss your diagnostic options or you will be offered a face-to-face appointment.</li> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway</li> </ul>
GYNAECOLOGY -urgent referral for ovarian, endometrial, cervical, vulval cancers	ULTRASOUND SCAN	<b>U&amp;Es/FBC within 3 months</b> FOR PMB - Transvaginal USS CA 125 (suspected ovarian cancer) / Results of latest smear Chlamydia test in primary care in cases of post coital bleeding	For patients Endometrial PMB (POST MENOPAUSAL BLEEDING): <ul style="list-style-type: none"> <li>If referred without an ultrasound scan, please ensure that you take painkillers and drink 1.5 pints of water one hour before your scan appointment and your hysteroscopy will also take place on the same day. Please allow 2 hours for your appointment.</li> <li>Upon referral there will be no guarantees that you will be seen by a female consultant.</li> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway</li> </ul>
Haematology – leukaemia, myeloma, lymphoma	N/A	<b>U&amp;E’s/FBC within 3 months</b> plus specific tests as per Pan London Referral form <b>Bone profile- Myeloma</b>	<ul style="list-style-type: none"> <li>Your referral will initially be reviewed by the Consultant, and you will be directed into a face-to-face appointment or redirected into the right appointment.</li> <li>You are likely to receive appointments for several different tests, please ensure you are available and attend all appointments offered as you have been referred in an urgent suspected cancer pathway.</li> </ul>
Head & Neck (ENT) no neck lumps	N/A	<b>U&amp;E’s/FBC within 3 months</b> Coagulation profile to enable core biopsy if required, (creatinine and EGFR to be included in urea and electrolyse)	<ul style="list-style-type: none"> <li>Your referral will be initially be reviewed by a nurse and you will receive a phone call from the nurse on a private or unknown number.</li> <li>Depending on the nature of your referral you may be asked to have a hearing test, and you will be advised of this from your phone call with the nurse.</li> <li>Please be aware that your diagnostic tests may be arranged before or after your first OPA with the consultant and please make yourself available for them as you have been referred onto an urgent suspected cancer pathway.</li> </ul>
Head and Neck - Maxillofacial - Oral	N/A	<b>U&amp;E’s/FBC within 3 months</b>	<ul style="list-style-type: none"> <li>Please be aware that your first OPA may be a medical photography appointment or face-to-face appointment. Your medical photograph will be triaged by a consultant/specialist doctor, and you will receive a phone call from a private or unknown number within 48 hours to discuss your clinical diagnosis and the next steps.</li> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway</li> </ul>

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Head And Neck - Neck Lump/Thyroid	Ultrasound +/- FNA	<b>U&amp;Es/Full Blood Count within 3 months</b> Ultrasound +/- FNA TFT (Thyroid Function Tests) Coagulation profile to enable core biopsy if required, (creatinine and EGFR to be included in urea and electrolytes)	<ul style="list-style-type: none"> <li>Your referral will be initially be reviewed by a nurse and you will receive a phone call from the nurse on a private or unknown number.</li> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway</li> </ul>
Lung	Xray CT chest with contrast within 6 weeks	<b>U&amp;Es/Full Blood Count within 3 months</b> Optimal lung pathway – direct access to x-ray and then radiographer to flag. Radiologist to initiate CT scan	<ul style="list-style-type: none"> <li>You are likely to receive appointments for several different tests, including a CT scan, please ensure you are available and attend all appointments offered as you have been referred on an urgent suspected cancer pathway</li> <li>Patients will receive a good-news letter after CT scan has been reviewed by consultant</li> </ul>
Paediatrics	N/A	As outlined on the PAN London cancer referral form GP to contact the on call CYPAU.  Children with breast lump or ovarian pathology presenting to GP with suspected oncological diagnosis – GP to refer directly on an urgent suspected cancer pathway to Breast clinic of Gynaecology clinic  Children with skin lesion presenting to GP with suspected oncological diagnosis to refer directly to urgent suspected cancer pathway to dermatology clinic  Children with asymmetric tonsils presenting to GP with a suspected oncological diagnosis to refer directly to urgent suspected cancer pathway to ENT clinic.	<ul style="list-style-type: none"> <li>The GP must ring on call CYPAU on <b>Ext. 6172</b> through Queens Switchboard <b>01708 435000</b> and get the child seen through children’s ED/CYPAU.</li> <li>If your child has a <b>Breast lump or ovarian pathology</b> your referral will be sent directly to urgent suspected cancer breast clinic or gynaecology clinic where your referral will be reviewed, and an appointment will be offered.</li> <li>If your child has a <b>skin lesion</b>, your referral will be sent directly to urgent suspected cancer dermatology clinic where your referral will be reviewed, and an appointment will be offered.</li> <li>If you child has asymmetric tonsils which means with two halves, sides, or parts that are not exactly the same in shape your referral will be sent directly to urgent suspected cancer pathway ENT clinic for a face-to-face appointment.</li> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway</li> </ul>
Non-site-specific (RDC) pathway	N/A	FBC, U&Es, TFT, CRP, LFT, serum electrophoresis, bone profile, haematinics, HIV serology, hepatitis profile, FIT test, CA-125, chest x-ray Medication list to be included and recent investigations on referral form	<ul style="list-style-type: none"> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway</li> <li>Patients will need to make themselves available for the first F2F appointment</li> <li>Patient could be assessed via telephone consultation if needed and will be assessed holistically</li> <li>Patient will be offered diagnostic plans after the clinical assessment that could imply exposure to multiple further investigations, patient will be offered further follow up to clarify diagnosis and rule out cancer.</li> </ul>
Skin	N/A	Indicate the site, size, number and duration of lesion upon referral. Indicate if patient is immunosuppressed. Provide WHO Performance status for patient and indicate if patient on anticoagulants and/ or antiplatelets	<ul style="list-style-type: none"> <li>Please be aware that your first OPA may be a medical photography where you will have a photograph taken of your skin lesion or you will be offered a face-to-face appointment.</li> <li>Patients medical photograph will be reviewed by a Consultant, and you may be offered a diagnostic surgery or sent directly to the Maxillo facial team for ongoing management of lesions above the clavicle.</li> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway.</li> </ul>
UGI	Direct access to CT for pancreatic protocol	U&E’s/FBC with 3 months LFT	<ul style="list-style-type: none"> <li>For patients who are having a Gastroscopy you will need to be nil by mouth for six hours prior to appointment.</li> <li>If you are taking regular medication, a sip of water is allowed.</li> <li>Patients should be suitable for a telephone triage if not a face-to-face appointment will need to be requested.</li> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway</li> </ul>

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Urology – Prostate	PSA	U&E's/FBC within 3 months PSA within previous 3 months Urine dipstick + MSU within previous 3 months GPs are no longer required to request MRI but should enter contraindications to MRI e.g. pacemaker, metallic implants etc.	<ul style="list-style-type: none"> <li>Upon referral patients will be contacted by Urology nurse to complete the MRI radiology request form</li> <li>Prostate leaflet to be provided to all patients so they are aware of the range of diagnostic tests required for this pathway</li> <li>If patient is 80 years old, they may not require an MRI prior to their first outpatient appointment. First OPA will be booked within 14 days.</li> <li>If the patient has a digital rectal examination and is under 80 years old with a related PSA level, they will be automatically accepted for an MRI scan prior to the 1st OPA</li> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway</li> </ul>
Urology - Haematuria	Ultrasound for non-visible haematuria	BLADDER CANCER: FBC/U&Es/eGFR within previous 3 months Urine dip stick Ultrasound KUB for non-visible haematuria	<ul style="list-style-type: none"> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway</li> </ul>
Urology - Kidney	Ultrasound for non-visible haematuria	RENAL CANCER: Ultrasound KUB for non-visible haematuria FBC/U&Es blood tests within previous 3 months	<ul style="list-style-type: none"> <li>Your referral will be reviewed by a urology nurse and you will be offered a phone call or a face-to-face appointment.</li> <li>Please ensure that you make yourself available for all your appointments as you have been referred on an urgent suspected cancer pathway</li> </ul>
Urology - Testicular/Penile	Ultrasound testes	TESTICULAR: FBC/U&Es blood tests within previous 3 months Ultrasound	<ul style="list-style-type: none"> <li>If you have been referred for a testicular problem, you will be contacted by the hospital with a date and time for an ultrasound scan prior to your face-to-face appointment.</li> </ul>