

Patient Details:

Patient Name			
Address			
DOB		NHS No.	
Home Tel. No.		Gender	
Mobile Tel. No.		Ethnicity	
Preferred Tel. No.		Email Address	
Main Spoken Language		Interpreter needed?	

Registered GP Details:

Practice Name			
Registered GP		Usual GP	
Registered GP Address			
Tel No.		Fax No.	
Email		Practice Code	

PLEASE NOTE: Patients with suspected **SOFT TISSUE SARCOMA** should be referred to the Sheffield Specialist Sarcoma service as a 2WW ON e-RS

Bone Malignancy Referral Guidance

- **If patient aged under 16 yrs.** – refer directly to the Royal Orthopaedic Hospital, Birmingham – see guidance at the end of this form
- **Aged 16-40 yrs.** – see guidance at the end of this form
- **Aged 40yrs+ please use this form** to refer to the local orthopaedic service (adhering to the requirements and clinical guidance below and next page):

1. I have discussed the possibility of cancer with this patient. Yes

2. Has the patient confirmed that they can be available to attend an appointment within the next 2 weeks? Yes No

3. Has the patient had X-ray imaging prior to referral (**mandatory prior to referral**)
Yes

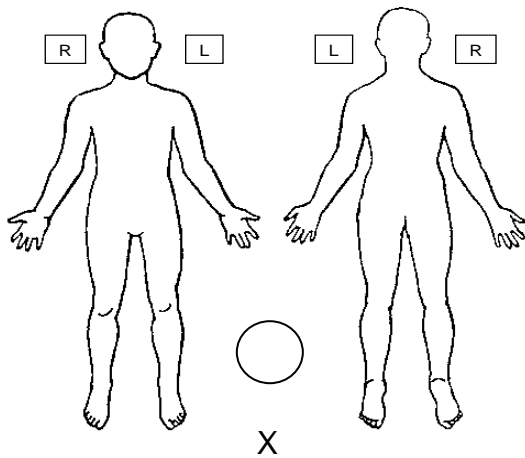
WHO performance status: (please tick for ALL patients)	
0 – Able to carry out all normal activity without restriction	<input type="checkbox"/>
1 – Restricted in physically strenuous activity but able to walk and do light work	<input type="checkbox"/>
2 – Able to walk, capable of all self-care. Unable to carry out any work. Up and about 50% of waking hours	<input type="checkbox"/>
3 – Capable of only limited self-care, confined to bed or chair more than 50% of waking hours	<input type="checkbox"/>
4 – Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair	<input type="checkbox"/>

SUSPECTED BONE MALIGNANCY IN PATIENTS OVER 40 YEARS OF AGE	
Order urgent X- ray if:	Tick if Criteria applies
Rest pain, especially if not in the joint	<input type="checkbox"/>
Unexplained limp	<input type="checkbox"/>
Increased, unexplained, persistent bone pain or tenderness	<input type="checkbox"/>
Suspected spontaneous fracture	<input type="checkbox"/>
2ww Referral if:	Tick if Criteria applies
X-ray suggestive of bone malignancy	<input type="checkbox"/>

PLEASE ONLY REFER AS A 2WW TO LOCAL ORTHOPAEDIC SERVICES AFTER THE FOLLOWING:

- A radiology report from a Consultant Radiologist has recommended an urgent 2WW to Orthopaedics for a suspected bone malignancy
- A myeloma screen (either serum and urine protein electrophoresis, or serum protein electrophoresis and serum free light chains (where available), PSA and breast examination have been completed in primary care (where appropriate) and are negative
- Any history of previous malignancy has been considered as a cause

Location of suspected bone lesion (please mark location):



Clinical history related to this presentation:

Medical History

Active problems:

Consultations:

Latest Consultation:

Investigations: (FBC, U&E, LFT, LNR, TFT)

Recent Pathology:

Outstanding Pathology:

Current Medications

Known Allergies

Is the patient on anticoagulation? Yes No

If yes, please specify:

Patient information & support needs

Please provide details.

SUSPICIOUS BONE LESIONS in patients under 40 yrs:

- **Patients under 16 years of age** should be referred directly to the Royal Orthopaedic Hospital (ROH) in Birmingham via e-RS to the appropriate referral assessment service (RAS).
- **Patients 16 - 40 years of age with no history of previous malignancy:**
 1. Order x-ray of relevant area indicating suspicion (this must be reported by a Consultant Radiologist)
 2. X-ray report indicates that bone malignancy is a possibility – Refer directly to THE ROYAL ORTHOPAEDIC HOSPITAL (ROH) IN BIRMINGHAM via e-RS to the appropriate referral assessment service (RAS).

IMPORTANT – If no X-ray has been performed, ROH will not accept the referral and the patient will have a delay in their pathway. Please do not send a 2ww referral at the same time as the X-ray request; wait for the urgent X-ray request report to be available then refer if indicated by the radiology report.

To be completed by the Data Team

Date of decision to refer	
Date of appointment	
Date of earliest offered appointment (if different to above)	
Specify reason if not seen at earliest offered appointment	
Periods of unavailability	
Booking number (UBRN)	
Final Diagnosis: Malignant <input type="checkbox"/> Benign <input type="checkbox"/>	

Summary of the NICE 2015 Suspected Cancer Guidelines

Sarcoma	
Bone Sarcoma	
Consider cancer pathway referral	<ul style="list-style-type: none">• If an X-ray suggests the possibility of bone sarcoma.