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## **PAN LONDON SUSPECTED OCULAR SURFACE/ORBITAL/INTRAOCULAR CANCER & RETINOBLASTOMA REFERRAL FORM**

**(For suspected EYELID CANCER please use the Pan London Suspected Skin Cancer Referral Form)**

Press the <Ctrl> key while you click here to view the Pan London Suspected Cancer Referral Support Guide

**REFERRAL DATE:**

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| <p><b>E-referral is the preferred booking method for suspected cancer referrals.</b><br/><b>If this is not available please email the referral.</b><br/><b>Fax is no longer supported due to patient safety and confidentiality risks.</b><br/><b>All referrals should be made within 24 hours.</b></p> <p>Press the &lt;Ctrl&gt; key while you click here to view the list of hospitals you can refer to</p> <p><b>Copy the hospital details from the webpage and paste them onto the line below.</b></p> |
| <p><b>PATIENT DETAILS</b><br/>SURNAME: FIRST NAME: TITLE:<br/>GENDER: DOB: AGE: NHS NO:<br/>ETHNICITY: LANGUAGE:<br/><input type="checkbox"/> INTERPRETER REQUIRED <input type="checkbox"/> TRANSPORT REQUIRED</p> <p>PATIENT ADDRESS: POSTCODE:<br/>DAYTIME CONTACT:</p>  |
| <p>HOME: MOBILE: WORK:<br/>EMAIL:</p>  |
| <p><b>CARER/KEY WORKER DETAILS</b><br/>NAME: CONTACT: RELATIONSHIP TO PATIENT:</p>   |
| <p><b>COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT</b><br/><input type="checkbox"/> COGNITIVE <input type="checkbox"/> SENSORY <input type="checkbox"/> MOBILITY <input type="checkbox"/> DISABLED ACCESS REQUIRED</p>  |
| <p>PLEASE INCLUDE RELEVANT DETAILS:</p>  |
| <p><b>SAFEGUARDING</b><br/><input type="checkbox"/> SAFEGUARDING CONCERNS</p>  |
| <p>PLEASE INCLUDE RELEVANT DETAILS:</p>  |
| <p><b>GP DETAILS</b><br/>USUAL GP NAME:<br/>PRACTICE NAME: PRACTICE CODE:<br/>PRACTICE ADDRESS:<br/>BYPASS:</p>  |
| <p>MAIN: FAX: EMAIL:<br/>REFERRING CLINICIAN:</p>  |

**PLEASE DO NOT REFER THE FOLLOWING ON A SUSPECTED EYE CANCER REFERRAL PATHWAY**

- Congenital hypertrophy of retinal pigment epithelium
- Simple naevi, if small and flat
- Simple naevi, if minimally raised with only drusen on the surface

**FOR SUSPECTED EYELID CANCER PLEASE USE THE PAN LONDON SUSPECTED SKIN CANCER REFERRAL FORM.**

**REASON FOR SUSPECTED CANCER REFERRAL**

This form has FIVE sections for specific tumours: intraocular tumour, retinoblastoma, conjunctival melanocytic tumour, melanocytic choroidal tumour, and iris nodule. These are followed by ONE general information section.

You will (usually) only need to complete one specific tumour section:

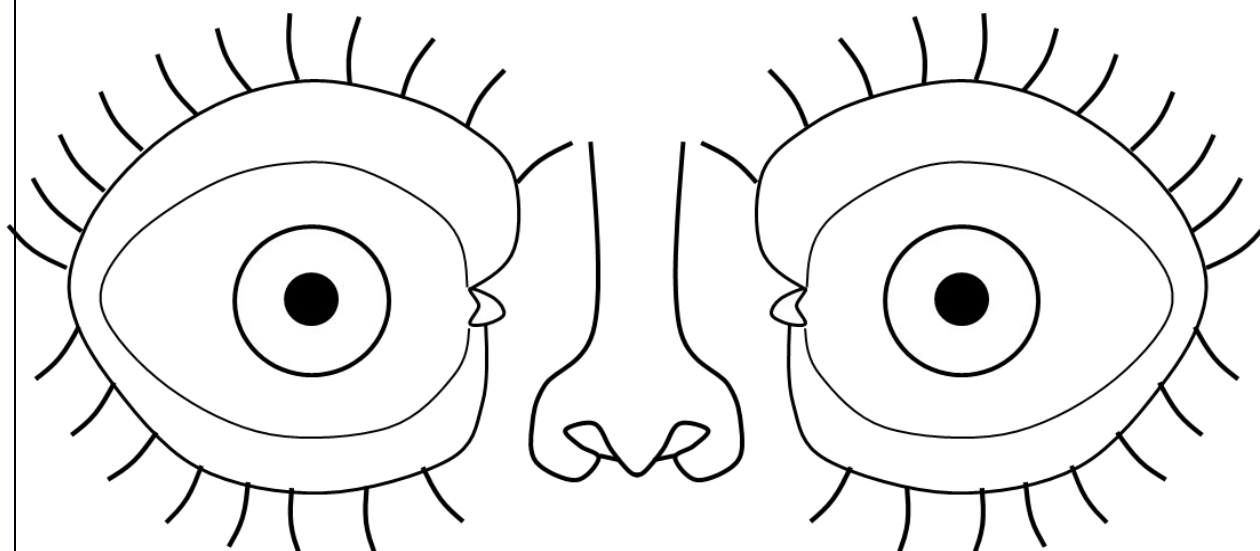
1. Please mark the diagram below to indicate the site of the suspected tumour.
2. With the patient's consent, please also attach retinal or medical photograph to the referral form.
3. Check the box at the top left of the relevant specific tumour section and fill in the clinical details.

**Scroll down to complete the GENERAL section. Please check the ROUTINE CLINICAL DATA inserted at the end of the form.**

Press the <Ctrl> key while you click here to view Pan London Suspected Lid, Orbital, Retinoblastoma & Conjunctival Cancer Referral Guide

**EYE TUMOUR DIAGRAM**

Describe here: or mark diagram below.



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**HOW TO MARK THE DIAGRAM ABOVE**

Place the mouse cursor over the diagram at the position of the lesion. Click the left mouse button. Use the keyboard to mark the diagram (X marks the lesion). Use the mouse or arrow keys to move left or right or to adjacent lines. Please do not press the <ENTER> key as it may cause alignment problems with your markers.

**WITH THE PATIENT'S CONSENT, PLEASE ALSO ATTACH RETINAL OR MEDICAL PHOTOGRAPH TO THE REFERRAL FORM IF AVAILABLE.**

☐ **INTRA-OCULAR TUMOUR**

- ☐ Any primary intraocular tumour other than naevus
- ☐ Any intraocular metastatic tumour if specialist ocular oncology is required
- ☐ Suspected intraocular lymphoma
- ☐ Vision loss / change from the suspected tumour
- ☐ Proptosis / globe displacement
- ☐ CT / MRI showing an intraocular tumour

Site: ☐ Left ☐ Right Duration:

☐ **RETINOBLASTOMA**

Consider urgent referral (for an appointment within 2 weeks) for ophthalmological assessment for retinoblastoma in INFANTS/CHILDREN with an absent red reflex.

Site: ☐ Left ☐ Right Duration:

☐ **CONJUNCTIVAL MELANOCYTIC TUMOUR**

- ☐ Cornea, caruncle and/or palpebral conjunctiva is/are involved
- ☐ Feeder vessels are present
- ☐ Nodule is associated with diffuse pigmentation
- ☐ Diameter exceeds 3 mm, especially in absence of clear cysts

☐ **MELANOCYTIC CHOROIDAL TUMOUR**

Any ONE of the following:

- ☐ Thickness greater than 2.0 mm
- ☐ Collar-stud configuration

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☐ Documented growth of a pigmented lesion at the choroid

OR any TWO of the following:

☐ Thickness > 1.5mm

☐ Orange pigment

☐ Serous retinal detachment

☐ Red eye and persistent conjunctivitis

Site: ☐ Left ☐ Right Duration:

☐ **IRIS NODULE**

☐ Tumour is more than 3.0 mm in diameter

☐ Tumour is markedly elevated

☐ Secondary glaucoma or cataract

☐ Tumour involves irido-corneal angle.

Site: ☐ Left ☐ Right Duration:

#### GENERAL INFORMATION ABOUT THIS REFERRAL

☐ Referral is due to **CLINICAL CONCERNS** that do not meet NICE/pan-London referral criteria (the GP **MUST** give full clinical details in the 'additional clinical information' box at time of referral)

**Additional clinical information:**

**Personal/relevant patient information:**

**Past history of cancer:**

**Relevant family history of cancer:**

☐ I have discussed the possible diagnosis of cancer with the patient

☐ The patient has been advised and confirmed they will be available for an appointment within the next two weeks

☐ I have counselled the patient regarding the referral process and offered the pan-London information leaflet. Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages.  
Press the <Ctrl> key while you click here to select leaflet

☐ This patient has been added to the practice suspected cancer safety-netting system

Press the <Ctrl> key while you click here to view Pan London Practice-based Suspected Cancer Safety Netting System

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|  |   |                                     |  |
|--|---|-------------------------------------|--|
| <b>THIS SECTION IS FOR REFERRALS FROM SECONDARY CARE ONLY</b><br>If this is a confirmed cancer referral from secondary care, you <b>MUST</b> include the inter-provider transfer form. |   |                                     |  |
| If patient is on open cancer pathway please tick one:<br><input type="checkbox"/> 31 day <input type="checkbox"/> 62 day   |   |                                     |  |
| Diagnosis:   | <input type="checkbox"/> Orbital Tumour | <input type="checkbox"/> Lid Tumour | <input type="checkbox"/> Retinoblastoma <input type="checkbox"/> Conjunctival Tumour |
| Cancer is:   | <input type="checkbox"/> Probable       | <input type="checkbox"/> Possible   | <input type="checkbox"/> Definite  |

## INVESTIGATIONS

Please ensure this referral includes **ALL** the relevant investigations including blood tests and imaging. If there are any pending test results that you have organised at the time of this referral please provide information including **TYPE OF INVESTIGATION** requested (bloods, imaging) and **TRUST** performing the tests in the box below.

**IMAGING STUDIES** (in past 3 months)    Please include date:    and location:

## MEDICAL HISTORY

## ALLERGIES

## MEDICATION