

Urgent Suspected Cancer Referral

HC No.					
Patient Name					
Nationality					
QID No.					
Date of Birth					
Gender:		Fem	ale		
Patient Mobile No.					
Referring Physician St	tamp				

Calicel Referral	Patient Mobile No.
	Referring Physician Stamp
Procedure for Urgent Suspected Cancer (USC) Referral:	
 any combination of the signs and symptoms below. This form should be used together with the Guideline for Sus Please refer to the site-specific pages and complete any advis Please tick the relevant boxes on this USC form and email it suspectedcancer@hamad.qa The patient will be contacted by telephone with their appoint 	sed tests or investigations prior to referral. along with any additional information requested to
Brain and Central Nervous System ☐ Symptoms related to the CNS	Persistent hoarseness > 4 weeks
☐ Progressive neurological deficit weakness of	Ulceration of skin and mucosa persisting > 2
limbs ☐ New onset of seizures, headaches, mental changes	weeks Swellings > 2 weeks despite medical treatment
☐ Cranial nerve palsy	☐ All red or white suspicious patches of the oral
☐ Unilateral sensorineural deafness ☐ Changes in vision without reason	mucosa > 3 weeks ☐ Unilateral nasal obstruction > 3 weeks
☐ Headaches of recent onset	☐ Dysphagia >3 weeks despite medical
☐ Headache with pulse synchronous tinnitus or neurological symptoms	treatment Sensory or motor deficits in cranial or maxillo-
neurological symptoms	facial domain
Lung/Thoracic	Orbital extra global masses and lesions
Recent abnormal chest x-ray with: Lung nodule	☐ Tooth mobility > 3 weeks☐ Unilateral hearing loss☐
☐ Mass	
Pleural effusion	Breast ☐ New, discrete lump in breast or axilla
☐ Hilar adenopathy ☐ Consolidation	☐ Altered contour/dimpling
	☐ Persistent asymmetrical nodularity/thickening ☐ Abscess/inflammation not responsive to one
Skin Malignant Melanoma of the Skin or Mucosa	course of antibiotics
Suspicious pigmented or non-pigmented lesion	☐ Bloodstained, spontaneous nipple discharge
☐ Seven-point checklist score ≥ 3 ☐ Dermoscopy suggestive of melanoma	☐ Nipple retraction/distortion or eczema☐ Abnormal mammogram (≥ BIRADS 4)
Dermoscopy suggestive of metallollia	
Squamous Cell Carcinoma	Hepatobiliary-Pancreatic
☐ Hyperkeratotic lesion, warty surface and induration	☐ Progressive jaundice +/- viral hepatitis☐ Progressive jaundice with rapid weight loss
☐ Ulcers arising on previous scar or old burn	☐ Suspicious radiology showing:
Bowen's (SCC in situ) red scaly patch	☐ Liver lesions ☐ Pancreatic mass
Basal Cell Carcinoma	Gall bladder mass
Ulcer with a raised rolled edge	☐ Biliary dilatation or mass
☐ Lesion with prominent fine blood vessels ☐ Nodule (particularly pearly or waxy)	Upper Gastrointestinal
☐ Never healing sore or ulcer	☐ Persistent dysphagia or vomiting
☐ Telangiectatic patch with vague border ☐ Pigmented slow growing nodule	☐ Epigastric mass
Tightented slow growing house	☐ Weight loss ☐ Chronic agetraintectinal blooding
Rare Skin Cancers	☐ Chronic gastrointestinal bleeding☐ Iron deficiency anemia
Refer to page 37 of the Guideline for Suspected	Positive occult blood in stool
Cancer Referral in the State of Qatar	☐ Patients > 40 years with dyspepsia > 8-6 weeks
	WOOKS



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Procedure for Urgent Suspected Cancer (USC) Referral:	
1. A patient should be considered for urgent suspected cancer (USC) refe	rral to Hamad Medical Corporation (HMC) if they have one or
any combination of the signs and symptoms below.This form should be used together with the Guideline for Suspected C	
Please refer to the site-specific pages and complete any advised tests: 3. Please tick the relevant boxes on this USC form and email it along with	
suspectedcancer@hamad.qa	
4. The patient will be contacted by telephone with their appointment time	e and an email will be sent to the referrer.
Thyroid	— Gynecology
Refer to page 32 of the Guideline for Suspected Cancer Referral in the State of Qatar	Refer to page 22 of the Guideline for
	Suspected Cancer Referral in the State of Qatar
Hematology Leukemia	/ Urology
☐ Abnormal full blood count / blood film	Bladder and Renal
suggestive of leukemia Persistent or recurrent infections	Renal mass Painless hematuria (macroscopic any age
☐ Bruising, bleeding or petechiae	or microscopic > 50 years)
Lymphoma ☐ Unexplained lymphadenopathy or splenomegaly	Testicular ☐ Testicular mass or swelling
Lymphadenopathy > 6 weeks or where lymph nodes are > 2cm or increasing in size	Prostate
Associated symptoms include:	☐ Abnormal Digital Rectal Examination (DRE)
☐ Fever ☐ Night sweats	☐ High Risk Patients with prostate-specific antigen (PSA) > 20
☐ Pruritus☐ Shortness of breath	☐ Elevated age-specific PSA☐ High PSA and symptoms (e.g. bone pain,
□ Weight loss	lower back pain)
Multiple Myeloma	Sarcoma
People ≥ 40 years with any of the following: Persistent bone pain > 6 weeks	Sarcoma - Bone
Back pain with red flags symptoms (spinal cord compression)	☐ Bone swelling and/or tenderness☐ Suspicious radiology showing:
☐ Unexplained fracture	☐ Bone lesion or destruction☐ Pathological fracture
Lower Gastrointestinal	Periosteal elevation
☐ Iron deficiency anemia and ☐ hemoglobin ≤ 11q/dL (men)	☐ New bone formation ☐ Soft tissue swelling
hemoglobin ≤ 10g/dL (non-menstruating women)	☐ Normal x-ray but high clinical suspicion☐ Bone pain, especially in children
Patients ≥ 40 years with:	Sarcoma – Soft Tissue
Rectal bleeding and change in bowel habit > 2 weeks	☐ Soft tissue mass that is: ☐ > 5cm in size and/or increasing in size
☐ Rectal bleeding > 2 weeks ☐ Change in bowel habit > 2 weeks	☐ Deep to fascia
☐ Palpable rectal mass ☐ Abdominal mass consistent with large bowel	☐ Painful☐ Fixed/immobile
☐ Weight loss ☐ Anal mass or ulceration	☐ Abnormal x-ray findings: soft tissue shadow or calcification
And mass of diceration	☐ Unplanned excision of soft tissue sarcoma☐ Recurrence of known sarcoma
	☐ Recurrence of Known Salconia