

Worcester Acute Hospital NHS Trust Local Pathway for referral of all patients with a Metastatic Cancer of Unknown Origin/ Cancer of unknown primary

GP/Primary Care referral.

For patients who do not require emergency intervention please use the 2-week wait proforma for the relevant site-specific team or urgent OPA arranged via Oncology secretaries. Early discussion with the CUP MDT Lead or CUP CNS may help with referral.



Site-specific team to; -

- Undertake initial examination and assessment.
- Initial diagnostic tests

If CUP/MUO suspected make an urgent referral to CUP lead CNS/ Oncology consultant

Site-specific teams must discuss this referral with the patient prior to the involvement of the CUP specialist team x 36054 tel 01905 760896 or via switch. Or ask for AOS team via switch/ Out of hours consultant Oncologist on call Michelle.judge@worsacute.nhs.uk



Acute Oncology team member receiving the referral to; -

- Agree initial management plan with the referring clinician-
- List the patient for discussion at the next CUP MDT. MDT weekly every Wednesday -
- Inform CUP Lead CNS / CUP Lead clinician of the referral
- Confirm that the patient is aware of the referral and the reason for referral.
- Arrange review by consultant in clinic or on the ward

In-patient referral.

In -patients should be referred to the acute oncology team/ CUP CNS as soon possible following suspicion of MUO/CUP



Acute oncology team;-

The Acute Oncology/CUP CNS team should manage all in-patients with suspicion of MUO/CUP initially. A member of the Acute Oncology team should assess inpatients with MUO/CUP by the end of the next working day after referral. Please contact on-call Oncology team over the weekend via consultant on Call through the switch Board

Tel ex36054 01905 760896 or via switch. Or AOS team



Acute Oncology team member receiving the referral to; -

- Visit and assess the patient within 24 hours of referral.
- Agree initial management plan, including appropriate investigations with the referring clinician
- Discuss with CUP Clinical Lead/ consultant on call and arrange urgent review if required
- Initiate rapid referral to associated specialities e.g. palliative care team as appropriate
- List the patient for discussion at the next CUP MDT weekly every Wednesday
- Inform CUP CNS and CUP Lead clinician of the referral
- Confirm that the patient is aware of the referral and the reason for referral.