

Suspected Cancer of Unknown Primary (MUO)



This form should be submitted via the Referral Support Service

Referral Information

Please attach all imaging reports.

For advice please contact oncology on call or 01904 726198

An alternative referral form should be used for the following results:

- Radiology indicates lung primary - use **Suspected Lung Cancer** form
- Multiple bone metastases on XR/CT/MRI/bone scan (**PSA raised**) - use **Suspected Urological Cancer** form
- Widespread peritoneal infiltration +/-ascites on USS CT (**CA125 raised**) - use **Suspected Gynaecological Cancer** form

Suspected Type (tick appropriate boxes)

Multiple lung metastases on CXR/CT (unless Radiology indicates lung primary)	<input type="checkbox"/>
Multiple brain metastases on CT/MRI	<input type="checkbox"/>
Multiple liver metastases on USS/CT/MRI	<input type="checkbox"/>
Multiple bone metastases on XR/CT/MRI/bone scan (PSA not raised)	<input type="checkbox"/>
Widespread peritoneal infiltration +/-ascites on USS/CT (CA125 not raised)	<input type="checkbox"/>
Other disseminated disease on scan and no site of primary identified (discuss with oncology)	<input type="checkbox"/>

Patient's Performance Status (tick one of the following)

0 - Normal activity/well	<input type="checkbox"/>
1 - Normal activity but symptomatic	<input type="checkbox"/>
2 - Resting but <50% of the day	<input type="checkbox"/>
3 - Resting >50% of the day	<input type="checkbox"/>
4 - Bed bound/limited mobility for ADL	<input type="checkbox"/>