

# CLINICAL REFERRAL GUIDELINES FOR ADULT PERSONAL DOCTORS

## URINARY SYSTEM CANCER

### Bladder cancer

Urgent referral to a Urologist (within 2 weeks) in individuals

- Aged >45 with
  - Unexplained macrohaematuria without any urinary tract infection
  - Persistent or recurrent macrohaematuria after treatment for urinary tract infection
- Aged > 60 years with unexplained microhaematuria and additionally
  - Dysuria or
  - Increased white blood cells in the blood

Non-urgent referral for individuals

- Aged > 60 years of age with unexplained persistent or recurrent urinary tract infection.

### Penile Cancer

Urgent referral to a Urologist or General Surgeon or Dermatologist (within 2 weeks) in men with any of the following and after sexually transmitted disease has been ruled out or treatment for sexually transmitted disease has been completed

- Penile mass
- Ulceration
- Unexplained and persistent symptoms in the foreskin or glans

### Prostate Cancer

Urgent referral to a Urologist (within 2 weeks) in men if

- Suspected malignancy on digital rectal examination
- Abnormal prostate specific antigen (PSA)

Non-urgent investigation with PSA testing and digital rectal examination in me with

- Nocturia
- Frequent urination
- Dysuria
- Urinary retention
- Erectile dysfunction
- Macrohaematuria

Age (years)	Prostate-specific antigen threshold (micrograms/litre)
Below 40	Use clinical judgment
40 to 49	More than 2.5
50 to 59	More than 3.5
60 to 69	More than 4.5
70 to 79	More than 6.5
Above 79	Use clinical judgment

### Kidney Cancer

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Urgent referral to a Urologist (within 2 weeks) in individuals

- Aged > 45 if they present with
  - Unexplained macrohaematuria without any urinary tract infection
  - Persistent or recurrent macrohaematuria after treatment for urinary tract infection

### **Testicular cancer**

Urgent referral to a Urologist (within 2 weeks) in men with any of the following changes in the testes

- Painless lump/bump
- Change of shape/form
- Change of firmness

Direct access to ultrasound examination is recommended for men with unexplained testicular symptoms.

**NOTE 1:** In cases where immediate referral for imaging (e.g. ultrasound, CT) is recommended, referral depends on the referral capacity of the GP. Where this is not possible, referral to a specialist for imaging tests is recommended.

**NOTE 2:**

1. For patients diagnosed with cancer undergoing oncological treatment or follow-up, communication with the treating oncologist is recommended.
2. Patients undergoing oncological treatment or follow-up (at least one visit to the oncologist within 8 months) have the right to direct access to the treating oncologist.

**Bibliography:**

1. Rapid Referral Guidelines for Suspected Cancer. A NICE-endorsed summary of the guidelines for suspected cancer (NG12). MacMillan Cancer Support.  
<https://www.macmillan.org.uk/healthcare-professionals/cancer-pathways/prevention-and-diagnosis/rapid-referral-guidelines>