# Pancreatic Imaging Review Meeting Referral Form for Tertiary Centres

**NEW REFERRAL** This form is for **Cancer/Suspected Cancer** referrals to PIRM and is to be used by tertiary centres **only**. For internal NUH referrals please use Careflow.

Pancreatic Imaging Review Meeting (PIRM) – Review of Radiology images in patients with conditions that are being considered for an intervention.

**\*\*\*Please note that this referral form is not for the HPB Cancer MDT meeting\*\*\***

There is no Oncologist or Histopathologist at the meeting – please refer to HPB MDT if required.

PIRM meetings take place at 08:00 every Wednesday. Please complete referrals fully and return by 13:00 on the preceding Monday.

Exceptions will be made for the following:

* Lincoln patient referred from the Monday Lincoln MDT meeting
* Candidates suitable for fast-track Whipples. Imaging for these patients should still be reviewed by a Radiologist at the time of receiving the referral, and not wait for a later MDTM for discussion. Images can still be referred in parallel to PIRM.

Acute cases should be discussed with the HPB surgical on-call team to ensure early decision making and timely intervention.

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| **Patient Details** |
| Patient Name\* |  |
| Date of Birth\* | Click here to select a date or enter text |
| NHS/Hospital Number(s)\* |  |
| Current Level of Care\* | Click to select an item or enter text |
| WHO Performance Status\* | Click here to select a status or enter text |

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| **Referrer Details** |
| Referring organisation name\* | Click here to select a centre or enter text |
| Name of referring consultant\* |  |
| Consultant email address\* |  |
| Consultant telephone number |  |

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| **Clinical Details** |
| *Please provide details below* \* |

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| **Current Symptoms** |
| *Please provide details below* \* |

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| **Past Medical History / Co-morbidities** |
| *Please provide details below* \* |
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| **History of Previous Surgery** |
| *Please provide details below* \* |
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| [ ]  Not Applicable |

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| **Blood Tests** |
| Test | Date | Result |  | Test | Date | Result |
| Alk. Phosphate: |  |  |  | AFP: |  |  |
| Bilirubin: |  |  |  | CA19-9: |  |  |
| Albumin: |  |  |  | CA125: |  |  |
| ALT: |  |  |  | eGFR: |  |  |
| CEA: |  |  |  | Clotting Screen: |  |  |
| **Blood Thinners** | *Please provide details of any blood thinning medication:* |

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| **Radiological Investigations** *To add more rows, right-click inside a cell choose ‘insert’**Please only refer to the most recent radiology procedures* |
| Date\* | Type\* | Location of Imaging\* |
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| **Histology** |
| Date\* | Report Summary\* |
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| **Cytology** |
| Date\* | Report Summary \* |
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| **Additional Details**  |
| **Neoplasia -** *please specify* \* | Click to select an item or enter text |
| **Jaundice -** *if patient is jaundiced, has this been drained?* |  |
| **Fast track surgery -** *if the following criteria are met, the patient may be suitable for fast-track surgery* | [ ] Bilirubin around 160[ ] Patient aged 75 or under[ ] Patient fit for major laparotomy |

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| **Question for PIRM**\* |
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ROLE OF THE MEETING – Unless otherwise stated in the meeting outcome:

* Any investigations should be requested by the referrer and communicated to the patient.
* The patient will remain under the care of the referring Consultant, rather than the Meeting.