



Adult Ocular Oncology Referral Form

Glasgow Liverpool London Sheffield

Introduction

- If you are an ophthalmologist referring a patient to an ocular oncology centre, the contact details are provided on page 2 of this form. Optometrists are welcome to use this form, but should refer patients to a local hospital eye unit or ophthalmologist, not an oncology centre.
- Please attach images of the lesion in question and try to complete all fields on this form so that advice and guidance can be provided remotely whenever it is safe to do so. Patients would receive care more quickly and would be spared the cost, stress, and inconvenience of a non-essential hospital visit. Waiting times would be shortened and resources released for patients in greater need of specialist care.
- If no images of the lesion are submitted with this form without a valid explanation, we regret that the referral may be rejected. A new referral form would need to be submitted, with images of the lesion. This would also delay diagnosis and treatment, which may be urgent.
- A face-to-face consultation at an ocular oncology clinic will take place only if the submitted images indicate malignancy or a benign lesion requiring treatment. In keeping with NHS guidelines, patients should receive care as close to their home as possible, if appropriate.

Patient information

Referral date: • (dd/mm/yyyy) (Click to enter data and press tab to move to next field. Some fields have info if you over them. Rename and save form before emailing)

NHS Number: Patient pathway identifier:

Name: Surname:

Address:

Postcode: City: e-mail:

Mobile number: Landline number:

Referrer

Name: Occupation:

Clinic/Hospital: MRN:

Address: Postcode:

City: Phone No: e-mail:

Clinical information

Ophthalmic, Systemic, and Past Medical History, Allergies:

Special needs: Interpreter (language):

Suspected diagnosis: Eye(s):

Location of lesion (e.g., conjunctiva, iris, choroid) Quadrant: Eccentricity:

Features:

Visual acuity RE: Visual acuity LE:

Images

Fundus photo: OCT: Auto fluorescence: US: Ext. eye photo: Reason for no images:

(If tumour growth has been documented, please send oldest and most-recent images, ensuring that dates are specified)

If choroidal tumour is melanocytic, please compute MOLES Score to estimate melanoma risk.

MOLES score

Indicator	Finding
Mushroom shape	Absent=0
	Early tumour spread through RPE = 1
	Present (i.e. definitive mushroom shape with overhang) = 2
Orange pigment	Absent=0
	Trace (i.e., fine hyper-auto-fluorescent specks)=1
	Confluent (i.e. easily visible clumps of orange pigment)=2
Large size	Flat (<1mm thick) and less than 3 disc-diameters (DD) wide=0
	Diameter is 3-4 DD AND/OR thickness is 1-2 mm =1
	Diameter >4 DD AND/OR thickness >2 mm=2
Enlargement*	None (or no baseline photography)=0
	Suspected growth or if diameter >5 DD or thickness >3 mm=1
	Definite growth confirmed by sequential imaging=2
Subretinal fluid	Absent subretinal fluid on ophthalmoscopy=0
	Subretinal fluid limited to tumour surface =1
	Subretinal fluid extends beyond tumour margins =2

0 = Common naevus, 1 = low-risk naevus, 2 = high-risk naevus; 3+ = probable

Services

- Glasgow:** Ocular Oncology Service, Gartnavel General Hospital, 103 Great Western Rd, Glasgow, G12 0YN; Phone: 01412110124; e-mail: susan.ewan3@nhs.scot
- Liverpool:** Ocular Oncology Service, 8Z Link, St Paul's Eye Unit, Royal Liverpool University Hospital Prescot Street, Liverpool L7 8XP; Phone: 01517063973; e-mail: looc@liverpoolft.nhs.uk
- London:** Ocular Oncology Service, Moorfields Eye Hospital, 162 City Rd, London EC1V 2PD; Phone: 02075214639 Option 3 or Sec:: 02072533411 Ext: 4872/2267; e-mail: meh-tr.ocularoncology@nhs.net
- Sheffield:** Ocular Oncology Service, Department of Ophthalmology, Royal Hallamshire Hospital, Glossop Road, Sheffield S10 2JF; Phone: 0114 271 3242 or 0114 271 2179; E-mail: sht-tr.cancer-ocularoncology@nhs.net

Management guidance

Melanocytic choroidal tumours

- MOLES = 0: Advise review by community optometrist every 2 years.
- MOLES= 1 or 2: Review by ophthalmologist after 4m, then after 6m, then every 12m with colour photography and, if possible, OCT & FAF.
- MOLES = 3: Urgent referral to an ocular oncology centre.

Other intraocular melanocytic tumours

- Congenital ocular melanocytosis: Annual review by ophthalmologist.
- Melanocytoma: Annual review by ophthalmologist.
- Melanocytic iris tumour: Refer to ocular oncologist if diameter >3mm or thickness>1mm, or angle involvement.

Other tumours

- Suspected ocular metastasis: urgent referral to ocular oncology centre.
- Congenital hypertrophy of the RPE: Advise patient to attend optometrist every 2y.
- Benign tumours: Refer to oncologist if treatment is needed or if uncertain diagnosis.

Conjunctival tumours

- Suspected intraepithelial or invasive malignancy: refer urgently to ocular oncologist
- Growing conjunctival naevus in childhood: observe until growth stops in adulthood.
- Conjunctival naevus: self-monitoring if bulbar or, excision if non-bulbar.

Information

For further guidance, refer to 'Referral Pathways for adult ocular tumours' published by The Royal College of Ophthalmologists at:

<https://www.rcophth.ac.uk/wp-content/uploads/2021/01/Ocular-tumours-referrals-guidance-Feb-2025.pdf>

Comment:

Consent

I have discussed the suspected diagnosis with the patient:

The patient has consented to sharing clinical information and images with the ocular oncology centre:

Name of referring practitioner:

Contacts

Rename and save referral form. Click on recipient e-mail address. Send form as attachment. If e-mail program does not open, copy and paste address to program.

Please e-mail any suggestions to: Bertil.Damato@NHS.net

- Glasgow:** Susan.Ewan3@nhs.scot
- Liverpool:** looc@liverpoolft.nhs.uk
- London:** meh-tr.ocularoncology@nhs.net
- Sheffield:** sht-tr.cancer-ocularoncology@nhs.net

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Tips:

- Ignore tumour thickness if this cannot be measured. Thick tumours are usually wide.
- Intraretinal oedema and/or signs of previous SRF do not merit an S score >0
- Naevi can grow, especially in patients less than 30 yrs old, but the diameter does not increase by more than 1% per year.
- Lateral growth is best detected by sequential measurement of distances from tumour margin to adjacent landmarks.
- Orange pigment is brightly autofluorescent and accumulates on retinal surface of RPE. It is brown over amelanotic tumours.

Please enter sum of M+O+L+E+S in this field if automated scoring fails.