

GUIDELINES FOR URGENT REFERRAL OF PATIENTS WITH SUSPECTED CANCER

LUNG CANCER

Urgent Referral for Chest X-Ray

- Haemoptysis
- Unexplained or persistent (more than 3 weeks)
 - Cough
 - chest/shoulder pain
 - dyspnoea
 - weight loss
 - chest signs
 - hoarseness
 - finger clubbing
 - features suggestive of metastasis from a lung cancer (e.g. brain, bone, liver or skin)
 - persistent cervical/supraclavicular lymphadenopathy

Urgent referral to a Chest Physician

Any of the following:

- Chest x-ray suggestive/suspicious of lung cancer (including pleural effusion and slowly resolving consolidation).
- Persistent haemoptysis in smokers/ex smokers over 40 years of age.
- Signs of superior vena caval obstruction (swelling of face/neck with fixed elevation of jugular venous pressure).
- Stridor (consider emergency referral).

UPPER G.I. CANCER

Urgent Referral

- Dysphagia – food sticking on swallowing (any age)
- Dyspepsia at any age combined with one or more of the following 'alarm' symptoms:
 - weight loss
 - proven anaemia
 - vomiting
- Dyspepsia in a patient aged 55 years* or more with at least one of the following 'high risk' features:
 - onset of dyspepsia less than 1yr ago
 - continuous symptoms since onset
- Dyspepsia combined with at least one of the following known risk factors:
 - Family history of Upper GI cancer in more than 2 first degree relatives
 - Barrett's oesophagus
 - Pernicious anaemia
 - Peptic ulcer surgery over 20 years ago
 - Known dysplasia, atrophic gastritis, intestinal metaplasia
- Jaundice
- Upper abdominal mass

* **Age 55 years is considered to be the maximum age threshold. Local Cancer Networks may elect to set a lower age threshold (e.g. 50 years or 45 years).**

BREAST CANCER

Urgent Referral

- Patients with a discrete lump in the appropriate age group (eg. age > 30)
- Signs which are highly suggestive of cancer such as:
 - Ulceration
 - Skin nodule
 - Skin distortion
 - Nipple eczema
 - Recent nipple retraction or distortion (< 3 months)

Conditions that require referral – but NOT necessarily urgently:

Lump

- Discrete lump in a younger women (eg. age < 30 years)
- Asymmetrical nodularity that persists at review after menstruation
- Abscess
- Persistently refilling or recurrent cyst

Pain

- Intractable pain not responding to reassurance, simple measures such as wearing a well supporting bra and common drugs

Nipple Discharge

- Age < 50 with bilateral discharge sufficient to stain clothes
- Age < 50 with bloodstained discharge
- Age > 50 with any nipple discharge

BRAIN TUMOURS

Urgent Referral

- Subacute progressive neurological deficit developing over days to weeks (e.g. weakness, sensory loss, dysphasia, ataxia,)
- New onset seizures characterised by one or more of the following:
 - focal seizures
 - prolonged post-ictal focal deficit (longer than one hour)
 - status epilepticus
 - associated inter-ictal focal deficit
- Patients with headache, vomiting and papilloedema.
- Cranial nerve palsy (e.g. diplopia, visual failure including optician defined visual field loss, unilateral sensorineural deafness).

Consider urgent referral for

Patients with non-migrainous headaches of recent onset, present for at least one month, when accompanied by features suggestive of raised intra cranial pressure (e.g. woken by headache; vomiting; drowsiness)

Please note:

This last guideline is intended to provide the primary care physician with the discretion to decline urgent referral if there are other known features (e.g. depression, somatisation disorder) making a diagnosis of brain tumour very unlikely.

SKIN CANCERS

Urgent Referral

Melanoma

- Pigmented lesions on any part of the body which have one or more of the following features
 - growing in size
 - changing shape
 - irregular outline
 - changing colour
 - mixed colour
 - ulceration
 - inflammation

Please note:

Melanomas are usually 5mm or greater at the time of diagnosis, but a small number of patients with very early melanoma may have lesions of a smaller diameter.

Squamous Cell Carcinoma

- Slowly growing, non-healing lesions with a significant induration on palpation (commonly on face, scalp, back of hand)
 - with documented expansion over a period of 1–2 months.
- Patients in whom squamous cell carcinoma has been diagnosed from a biopsy undertaken in general practice.
- Patients who are therapeutically immunosuppressed after an organ transplant have a high incidence of skin cancers mainly squamous cell carcinoma. These tumours can be unusually aggressive and metastasize. It is therefore strongly recommended that transplant patients who develop new or growing cutaneous lesions should be referred under the two week standard.

GYNAECOLOGICAL CANCER

Urgent Referrals

- Lesion suspicious of cancer on cervix or vagina on speculum examination.
- Lesion suspicious of cancer on clinical examination of the vulva.
- Palpable pelvic mass not obviously fibroids.
- Suspicious pelvic mass on pelvic ultrasound.
- More than one or a single heavy episode of postmenopausal bleeding (PMB) in women aged >55 years who are not on HRT.
- Postcoital bleeding (PCB) age > 35 years that persists for more than 4 weeks.
- HRT: unexpected or prolonged bleeding persisting for more than 4 weeks after stopping HRT.

Early Referral

Indications for 'early' referral (i.e. within 4-6 weeks) but not 'urgent' referral.

- Any other women with postmenopausal bleeding not on HRT.
- Repeated unexplained postcoital bleeding.

Please note:

In women over 45 years with persistent abdominal pain or distension, ovarian cancer should be considered and a pelvic examination performed.

GUIDELINES FOR URGENT REFERRAL OF PATIENTS WITH SUSPECTED CANCER

SARCOMA

Urgent Referral

A soft tissue mass with one or more of the following characteristics:

- Size > 5 cms
- Painful
- Increasing in size
- Deep to fascia
- Recurrence after previous excision

Patients with radiological suspicion of a primary bone tumour based on evidence of bone destruction, new bone formation, soft tissue swelling and periosteal elevation

UROLOGICAL CANCERS

Urgent Referral

- Macroscopic Haematuria in adults.
- Microscopic Haematuria in adults over 50 years
- Swellings in the body of the testis.
- Palpable renal masses.
- Solid renal masses found on imaging.
- An elevated age specific PSA in men with a ten year life expectancy.
- A high PSA (> 20ng/ml) in men with a clinically malignant prostate or bone pain.
- Any suspected penile cancer.

Prostate Specific Antigen (PSA) testing of asymptomatic men or screening for prostate cancer is not national policy.

It is recommended that a PSA test, except in men clinically suspicious of prostate cancer should only be performed after full counselling and provision of written information.

HEAD AND NECK CANCER

Urgent Referral

- Hoarseness persisting for > 6 weeks.
- Ulceration of oral mucosa persisting for > 3 weeks.
- Oral swellings persisting for > 3 weeks.
- All red or red and white patches of the oral mucosa.
- Dysphagia persisting for 3 weeks.
- Unilateral nasal obstruction particularly when associated with purulent discharge.
- Unexplained tooth mobility not associated with periodontal disease.
- Unresolving neck masses for > 3 weeks.
- Cranial neuropathies.
- Orbital masses.

The level of suspicion is further increased if the patient is a heavy smoker or heavy alcohol drinker and is aged over 45 years and male.

Other forms of tobacco use (chewing Betel, Gutkha, Pan) should also arouse suspicion.

HAEMATOLOGICAL CANCERS

Urgent Referral

- Blood count/film reported as suggestive of acute leukaemia or chronic myeloid leukaemia.
- Lymphadenopathy (> 1 cm) persisting for 6 weeks.
- Hepatosplenomegaly.
- Bone pain associated with anaemia and a raised ESR (or plasma viscosity).
- Bone x rays reported as being suggestive of myeloma.
- Constellation of 3 or more of the following symptoms: Fatigue, night sweats, weight loss, itching, breathlessness, bruising, recurrent infections, bone pain.

LOWER G.I. CANCER

Urgent Referral

It is recommended that these symptom and sign combinations when occurring for the first time should be used to identify patients for urgent referral under the two week standard:

All Ages

- A definite palpable right-sided abdominal mass.
- A definite palpable rectal (not pelvic) mass
- Rectal bleeding WITH a change in bowel habit to looser stools and/or increased frequency of defecation persistent for 6 weeks.

Over 60 years †

- Rectal bleeding persistently WITHOUT anal symptoms*
- Change of bowel habit to looser stools and/or increased frequency of defecation WITHOUT rectal bleeding and persistent for six weeks.

Any Age

- Iron deficiency anaemia WITHOUT an obvious cause (Hb < 11 g/dl in men or < 10 g/dl in postmenopausal women).

Please note:

Patients with the following symptoms and no abdominal or rectal mass, are at very low risk of cancer:

- Rectal bleeding with anal symptoms*
- Change in bowel habit to decreased frequency of defaecation and harder stools.
- Abdominal pain without clear evidence of intestinal obstruction.

* Anal symptoms include soreness, discomfort, itching, lumps and prolapse as well as pain.

† Age 60 years is considered to be the maximum age threshold. Local Cancer Networks may elect to set a lower age threshold (eg 55 years or 50 years)

CHILDRENS CANCERS

Urgent Referral

● Abnormal blood count:

- If reported as requiring urgent further investigation.

● Petechiae/Purpura:

- These findings are always an indication for urgent investigation.

● Fatigue:

In a previously healthy child when combined with either of the following:

- generalised lymphadenopathy
- hepatosplenomegaly

● Bone Pain:

Especially if it is:

- diffuse or involves the back
- persistently localised at any site
- requiring analgesia
- limiting activity

● Headache:

Of recent origin with one or more of the following features:

- increasing in severity or frequency
- noted to be worse in the mornings or causing early waking
- associated with vomiting
- associated with neurological signs (e.g. squint, ataxia)
- associated with behavioural change or deterioration in school performance

● Lymphadenopathy:

Is more frequently benign in younger children but referral is advised if one or more of the following characteristics are present, particularly if there is no evidence of previous local infection

- non tender, firm/hard and >3 cms in maximum diameter
- progressively enlarging
- associated with other signs of general ill health, fever and/or weight loss
- involves axillary nodes (in the absence of any local infection or dermatitis) or supraclavicular nodes
- seen as a mediastinal or hilar mass on chest x-ray

● Soft Tissue Mass:

Any mass which occurs in an unusual location should be considered suspicious particularly if associated with one or more of the following characteristics:

- shows rapid or progressive growth
- size > 3 cms in maximum diameter
- fixed or deep to fascia
- associated with regional lymph node enlargement