More up to date

BREAST CANCER - Urgent referrals

- Patients with a discrete lump in the appropriate age group (e.g. >30)

Signs which are highly suggestive of cancer such as ulcers, skin module distortion, nipple eczema. Recent nipple retraction or distortion (<3 mths)

Conditions that require referral - but not necessarily urgently

Lump

- discrete lump in younger woman (e.g. 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

SKIN CANCERS

Melanoma

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

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 1-2 months.
- Squamous cell carcinoma diagnosed on a biopsy in general practice
- Transplant patients who develop new or growing cutaneous lesions

HAEMATOLOGICAL CANCERS

- Blood count/film suggestive of acute leukaemia or chronic myeloid leukaemia
- Lymphadenopathy (>1cm) 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
- Combination of 3 or more of the following symptoms: Fatigue, bruising, itching, night sweats, weight loss, breathlessness, recurrent infections, bone pain.

UROLOGICAL CANCERS

- Macroscopic haematuria in adults
- Microscopic haematuria in adults over 50 years
- Swelling 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

HEAD & NECK CANCER

- 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
- Suspicion increased if heavy smoker or alcohol drinker, male and aged >45 years

BRAIN TUMOURS

- Subacute progressive neurological deficit developing over day to weeks (e.g. weakness, sensory loss, dyphasia, ataxia)
- New onset seizures characterised by one or more of the following:
  - o - local seizures,
  - o - prolonged post-ictal focal deficit (longer than 1 hour),
  - o - status epilepticus,
  - o - Associated inter-ictal focal deficit
- Patients with headache, vomiting and papilloedema
- Cranial nerve palsy (e.g. diplopia, visual failure including optical 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 presure (e.g. woken by headache, vomiting, drowsiness). There is discretion to decline urgent referral if there are other known features (e.g. depression, somatisation disorder) making a diagnosis of brain tumour very unlikely.

LUNG CANCER - Urgent Referral to a Chest Physician

Note: In most cases where lung cancer is suspected it is appropriate to arrange an urgent chest x-ray before urgent referral to a chest physician.

- 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 juglar venous pressure)
- Stridor (consider emergency referral)

Urgent referral for Chest X-ray

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

UPPER GI CANCER

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

LOWER GI CANCER - Colorectal Cancer.

It is recommended that these symptom and sign combinatons WHEN OCCURING FOR THE FIRST TIME should be used to identify patients for urgent referral under the 2 week standard.

- Rectal bleeding with a change in bowel habit to looser stools and/or increased frequency of defecation persistent for 6 weeks All ages
- A definite palpable right sided abdominal mass All ages
- A definite palpable rectal (not pelvic) mass All ages
- Rectal bleeding persistently without anal symptoms Over 60 years
- Change of bowel habit to looser stools and/or increased defecation, without rectal bleeding and persistent for more than six weeks Over 60 years
- Iron deficiency anaemia without an obvious cause

(Hb<11g/dl in men or <10g/dl in postmenopausal women Over 60 years)

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

- Rectal bleeding with anal symptoms - sore, itching, lumps, discomfort, prolapse
- Change in bowel habit to decreased frequency and harder stools
- Abdominal pain without clear evidence of intestinal obstruction

GYNAECOLOGICAL CANCER - Urgent Referrals

- Lesion suspicious of cancer on cervix or vagina or vulva 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) 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 (e.g. 4-6 weeks) *Indications for 'early' referral (i.e. within 4-6 weeks) but no 'urgent' referral*

- Any other woman with PMB no on HRT
- Repeated unexplained PCB

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

THERE ARE ALSO PUBLISHED REFERRAL GUIDELINES FOR CHILDREN AND PATIENTS WITH SUSPECTED SARCOMAS WHICH CAN BE FOUND AT http://www.doh.gov.uk/cancer

Fax ALL Cancer Referrals to 01702 508174