1.1 Lung

Refer for urgent CXR

People aged 40 and over if they have 2 or more of the following unexplained symptoms

Or if they have ever smoked and have one or more of the following unexplained symptoms

Or if they have been exposed to asbestos and have one or more of the following unexplained symptoms

- Cough
- Fatigue
- Shortness of breath
- Chest pain
- Weight loss
- Appetite loss

Consider an urgent chest X-ray for lung cancer in people aged 40 and over with any of the following

- Persistent or recurrent chest infection
- Finger clubbing
- Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
- Chest signs consistent with lung cancer or pleural disease
- Thrombocytosis

Local guidance suggests consider direct emergency admission for patients presenting with Stridor or Superior Vena Caval Obstruction

Chest X-ray findings that suggest lung cancer

Chest X-ray findings that suggest mesothelioma

Chest X-ray findings that suggest pleural effusion

Aged 40 and over with unexplained haemoptysis

1.2 IDA

New, previously non investigated IDA in men or non-menstruating women with anaemia (Hb <130 men or <120 women) AND meets
Ferritin <30
Ferritin <100 with evidence of chronic inflammation or renal impairment
Ferritin 30 – 100 with low MCV and low iron saturation (<20%) and/or raised TIBC
Age 50 or over, or
Strong family history of GI cancer = first degree relative diagnosed under the age of 45 or 2 affected first degree relatives

UPPER GI

OESOPHAGEAL AND STOMACH CANCER REFERRAL CRITERIA: Consider referral for any patient with an upper abdominal mass consistent with stomach cancer
Offer urgent direct access to upper gastrointestinal endoscopy on this form to patients :
with dysphagia
Barium swallow is suspicious of malignancy
Aged 55+ with weight loss and any of the following:
upper abdominal pain
reflux

dyspepsia

PANCREATIC

SYMPTOMS WITH OR WITHOUT JAUNDICE: • Loss of appetite • Abdominal Pain • Back pain (NEW ONSET) • Weight loss • New onset diabetes < 3 years • Pale Stools • Dark Urine • Steatorrhea • Lethargy

AND/OR HISTORY: • Previous Hepatitis • High Alcohol Intake

AND/OR ON EXAMINATION: • Hepatomegaly • Ascites • Upper Abdominal Mass • Palpable Abdominal Mass • Other Liver Signs

Please also consider referral for patients with:

Non-jaundice BUT abdominal pain radiating to the back

Non-jaundice BUT Radiological diagnosis of dilated CBD

Unexplained deranged LFTs (providing an Ultrasound Scan has shown that the cause of abnormal LFTs is NOT gall stones)

1.3 LOWER GI

Refer patients: aged 40+ with unexplained weight loss and abdominal pain

aged 50+ with unexplained rectal bleeding

aged 60+ with IDA or change in bowel habit

any age, with a positive FIT, as per current lab guidelines

Consider referral for patients: any age, with rectal or abdominal mass

any age, with unexplained anal mass or unexplained anal ulceration

aged under 50 with rectal bleeding and any of the following unexplained symptoms or findings:

• Abdominal pain • Change in bowel habit • Weight loss • IDA

1.4 BREAST

Refer people aged 30 and over and have an unexplained breast lump with or without pain

Refer people aged 50 and over with any of the following symptoms in one nipple only

- Discharge
- Retraction
- Other changes of concern

Consider referral in people with skin changes that suggest breast cancer

Consider referral in people aged 30 and over with an unexpected lump in the axilla

Symptomatic – cancer is not suspected but please indicate the reason for the urgent referral

Patients aged <30 years with a lump

Patients with breast pain alone(no palpable abnormality).

Asymmetrical nodularity or thickening that persists at review after menstruation

Infection or inflammation that fails to respond to antibiotics

With unilateral eczematous skin or areola or nipple, please don't refer until tried topical steroid for 2 weeks

Unilateral, spontaneous nipple discharge that is persistent or troublesome

NICE recommends considering non-referral in people under 30 with an unexpected lump with or without pain

1.5 GYNAE

Ovarian Refer if physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids).
Refer if the ultrasound suggests ovarian cancer.
Local guidance recommends referring if the CA125 >30 and, at the same time, arranging an urgent US scan.

Endometrial (PMB)
Refer women with postmenopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause).
Cervical Cancer Consider referral if, on examination, the appearance of the cervix is consistent with cervical cancer Book appointment
Vulval Cancer Consider referral for vulval cancer in women with an unexplained vulval lump, ulceration or bleeding.
Vaginal Cancer Consider referral in women with an unexplained palpable mass in or at the entrance of the vagina.

1.6 UROLOGY

Refer patients aged 45 and over who have at least one of the following:
unexplained visible haematuria without urinary tract infection
Visible haematuria that persists or occurs after successful treatment of urinary tract infection

Refer patients aged 60 and over who have: unexplained non-visible haematuria (greater than a trace on dipstick) without a UTI on 3 separate tests and with persistent urinary symptoms

Consider non-urgent referral for patients aged 60 and over who have: • Recurrent or persistent unexplained Urinary Tract Infections, or • Persistent sterile pyuria, or • Asymptomatic dipstick haematuria

Testicular
Consider a direct access ultrasound scan for testicular cancer in men with: • unexplained or persistent testicular symptoms

Refer men with: Non-painful enlargement or change in shape or texture of the Testes an Ultrasound result that suggests Testicular Cancer

Penile
Refer men if they have: a Penile mass or Ulcerated Lesion, where a Sexually Transmitted Infection has been excluded as a cause or;
Persistent Penile Lesion(s) after treatment for Sexually Transmitted Infection has been completed or;
Unexplained persistent symptoms affecting the Foreskin or Glands

1.7a SKIN

MELANOMA Refer patients scoring 3 points or more
Growing in size (2 pts)
Irregular shape (2 pts)
Irregular colour (2 pts)
Largest diameter 7mm or more (1 pt)
Inflammation (1 pt)
Oozing (1 pt)
Change in sensation (1 pt)
Dermoscopy suggests Melanoma
Consider referral in people with a pigmented or non-pigmented skin lesion that suggests nodular melanoma

SQUAMOUS CELL CARCINOMA Consider referral for people with a skin lesion that raises suspicion squamous cell carcinoma.
Previous NICE guidance offered more advice on the type of lesions to refer, e.g. Slowly growing, non-healing keratinizing or crusted lesions > 1cm with a significant induration on palpation
Excision biopsy diagnosis.
New or growing skin lesion in a post-transplant therapeutically immunosuppressed patient.

1.8 HEAD & NECK

Laryngeal cancer
Consider referral in people aged 45 and over with

- Persistent unexplained hoarseness
- An unexplained lump in the neck

Oral Cancer
Consider referral in people with either

- An unexplained ulceration in the oral cavity lasting more than 3 weeks or

Consider a referral in people who have either

- A lump on the lip or
- A lump in the oral cavity or
- A red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia

Thyroid cancer
Consider referral inn people with an unexplained thyroid lump

1.9 BRAIN & CNS

NICE recommends: Consider urgent MRI scan to be performed within 2 weeks in adults with progressive sub-acute loss of central neurological function.
A local consensus view is that the NICE guidance 2015 is not of much practical use. It is recommended that if a GP is acutely concerned about a patient's neurological function, or the result of an MRI or CT scan, they could either seek advice from a radiologist or a neurosurgeon or admit to hospital

1.10 HAEMATOLOGY

LEUKAEMIA Refer urgently/admit if FBC indicates acute leukaemia All cases of suspected acute leukaemia (blood film comment or blasts in the peripheral blood) need to be discussed BY PHONE with the on-call Consultant Haematologist TO AVOID DELAY DO NOT USE THIS FORM Refer NEW & UNEXPLAINED pancytopenias that are clinically significant (Local guidance is to admit to Medical Assessment Unit)
Consider a very urgent FBC within 48 hours to assess for leukaemia in adults with any of the following • Pallor C • Persistent fatigue • Unexplained fever • Unexplained persistent or recurrent infection • Generalised lymphadenopathy • Unexplained bruising • Unexplained bleeding • Unexplained petechiae • Hepatosplenomegaly

MYELOMA Refer if the results of protein electrophoresis or a Bence-Jones protein urine test suggests myeloma
Offer a FBC, blood test for calcium and erythrocyte sedimentation rate in people aged 60 and over with persistent bone pain, particularly back pain or unexplained fracture.
Offer very urgent electrophoresis with a Bence-Jones protein urine test (within 48 hours) in people aged 60 and over with hyercalcaemia or leukopenia and a presentation that is consistent with possible myeloma.
Consider very urgent electrophoresis with a Bence-Jones protein urine test (within 48 hours) if the erythrocyte sedimentation rate and presentation are consistent with possible myeloma.
Do NOT refer at all for polyclonal increases in gamma globulins. This is not indicative of myeloma or MGUS.
Refer if a paraprotein (any level) is found with the presence of any of the following: • Hypercalcaemia • Renal impairment that must be both NEW & UNEXPLAINED • Anaemia that must be both NEW & UNEXPLAINED • Bone pains or lytic lesions on imaging
Refer if a paraprotein is found without the above four features if: IgG paraprotein level> 15g/L IgA or IgM paraprotein > 10g/L

LYMPHOMA Consider referral for adults presenting with unexplained lymphadenopathy or splenomegaly
When considering referral take into account any associated symptoms, particularly • Fever • night sweats • shortness of breath • pruritus • weight loss • alcohol-induced lymph node pain
(local guidance suggests: night sweats should be drenching in nature, to consider cardiovascular or respiratory causes of shortness of breath and that the weight loss should be significant)

Please note for myeloma that a polycloncal increase in gamma globulis is not indicative of myeloma or MGUS and is not a 2WW

1.11 SARCOMA

BONE SARCOMA
Refer patient if:
X-ray suggests primary bone cancer
X-ray indicative on nonspecific bone lesions

X-ray indicative on Metastic bone lesions

SOFT TISSUE SARCOMA

Refer patient with an unexplained lump that is increasing in size with one or more features:

Size greater than 5cm

Recent rapid increase in size

Deep to fascia, fixed or hard

Painful

Recurrence after previous sarcoma excision

Refer patient if:

Ultrasound scan findings suggest possibility of soft tissue sarcoma

Ultrasound scan findings are uncertain and clinical concern persists

Suspected recurrence

1.12 CHILDHOOD CANCERS

REFERRAL INFORMATION

Paediatric cancer can be aggressive and may need immediate assessment.

Discuss children with the following symptoms **immediately** with the on-call paediatric registrar and send child to the Children's Observation and Assessment Unit at Royal Blackburn Hospital.

- Hepato-splenome
- Leukaemia on FB
- Abdominal Mass
- Unexplained bruising
- Mediastinal mass or hilar mass on CXR
- Signs of raised intracranial pressure with a possible brain tumour

Cancer Suspected	SIGNS & SYMPTOMS	CLINICAL FINDINGS
Leukaemia	Bone Pain	Abnormal blood count
Brain Tumour	Behavioural Changes	Abdominal mass
Lymphoma	Fatigue, lethargy	Unexplained bruising
Neuroblastoma	Unexplained fever	Hepatomegaly
Wilm's tumour	Haematuria	Splenomegaly
Bone tumour	Weight loss	Lymphadeopathy
Soft Tissue sarcoma	Headache, vomiting, ataxia	Neurological signs
Retinoblastoma	Significant parental concern	Pallor, signs of anaemia
Other (please specify)	Other	Soft tissue mass

1.13 MALIGNANCY OF UNKNOWN ORIGIN

Referral supported by a CT or MRI scan suggesting an MUO

1.14 NON SITE SPECIFIC

New unexplained and unintentional weight loss in the absence of GI symptoms

New unexplained symptoms (4 weeks +) please indicate

Loss of appetite

Fatigue

Nausea
Malaise or bloating
New unexplained non specific abdominal pain (4 weeks +)
New unexplained, unexpected or progressive pain, including bone pain, of four weeks or more
GP ‘gut feeling’ that patient may have cancer
Unexplained breathlessness
Abnormal laboratory finding (not suitable for alternative suspected cancer pathway)
Abnormal radiology suggesting cancer (not suitable for alternative suspected cancer pathway)
Anaemia