

LANCASHIRE & SOUTH CUMBRIA HEAD & NECK CANCER PATIENT PATHWAYS AND REFERRAL GUIDELINES

- Primary Care Referral Guidelines
- Internal Referral Guidelines
- Patient Pathways for UAT Cancer

July 2016 review

PATIENT PATHWAYS :

Primary Care Referral Guidelines

Introduction

The Lancashire & South Cumbria Head and Neck Network Site Specific Group (NSSG) have agreed the implementation of referral guidelines for patients where there is a suspicion of head and neck/thyroid cancer in line with the recommendations of the [NICE guidance \(NG12\) Suspected cancer : recognition and referral \(2015\)](#)

The following pathways outline the referral processes for patients with suspected head and neck/thyroid cancer. It is agreed that primary care practitioners will refer all patients defined by the “urgent, suspicious of cancer” to the contact point of an agreed designated hospital for Head & Neck cancer (this does not affect patient choice).

Each Trust has a single point for receipt of referrals using locally agreed 2 week wait referral forms:

| Designated Hospitals for Head & Neck Cancer Diagnosis | Single Contact points for referral: |
|--|--|
| East Lancashire Hospitals Trust – forms faxed to central point: A few GP Practices are involved in piloting electronic referrals: | Fax: 01282 801395 Email for pilot practices: Twoweekwait.elht@nhs.net |
| Blackpool Teaching Hospitals Trust – forms faxed or emailed to central point: | Fax :01253 306593 Email: FastTrack.General@bfwhospitals.nhs.uk |
| Morecambe Bay Hospitals Trust – forms faxed to central point | Fax: 01539 716691 |
| Lancashire Teaching Hospitals Trust – forms emailed to Booking Management System | Email: LTH-TR.2WWreferrals@nhs.net |

The primary care referring practitioner needs to decide on the basis of clinical examination and history:

- Does the patient have features suggestive of Head and Neck or Thyroid Cancer?
- Does the patient have a neck lump?
- Is the lump clinically a thyroid lump?
- Are there other features of urgency about the lump?
- Are there other urgent features which might suggest UAT or Haematological Malignancy?
- Does the patient have stridor?
- If there is no neck lump does the patient have features suggesting malignancy?

The numbered paragraphs deal with the actions to be taken by the referring practitioner as outlined in the diagnostic schema Figures 1 – 3.

NICE Referral Guidelines for Suspected Cancer 2015 – Head & Neck Cancers

Laryngeal cancer

Consider referral in people aged 45 and over with:

- Persistent unexplained hoarseness or
- 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**
- A persistent unexplained lump in the neck

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 leukoplakia

Thyroid cancer

Consider referral in people with an unexplained thyroid lump

Primary Care Referral Guidelines - Distribution of Neck Lump Clinics

There are no specialist thyroid clinics in the Network – all thyroid lumps are referred to neck lump clinics at Designated Hospitals as shown below.

Agreed distribution of Neck Lump Clinics; Designated Hospitals receiving referrals of patients with Thyroid Lumps

There are no specialist thyroid clinics in the Network – all thyroid lumps are referred to neck lump clinics at Designated Hospitals as shown below.

| Trust | Designated Hospital/ Diagnostic Unit | Neck Lump Clinic | Contact details |
|--|--|---|--|
| Blackpool Teaching Hospitals NHS Trust | Blackpool Victoria Hospital | Weekly in ENT Outpatients: Includes thyroid patients Nasoendoscopy when indicated; Ultrasound examination; Fine needle aspiration. FNA – same day result | Mr Ajay Nigam, Consultant ENT Surgeon Mr N Kazmi, Consultant ENT Surgeon Dr Colin Walshaw, Consultant Radiologist Dr Mati, Consultant Radiologist Dr Patankar, Consultant Pathologist |
| East Lancashire Hospitals NHS Trust | Royal Blackburn Hospital | Weekly clinic Includes thyroid patients FNA diagnosis – 1 hour service | Mr Pradeep Morar, Consultant ENT Surgeon Mr Antonio Belloso, Consultant ENT Surgeon Dr M B Aslam, Consultant Cytopathologist Dr N Sahasrabuda, Consultant Pathologist Dr M Perara, Consultant Pathologist Dr Gavan, Consultant Radiologist |
| Lancashire Teaching Hospitals NHS Trust | Royal Preston Hospital (Twice a week) Chorley Hospital (Weekly) | Weekly in ENT Outpatients Includes thyroid patients Clinic assessment, ultrasound assessment and ultrasound guided FNAC a.m. Ultrasound and Cytology result p.m. | Mr John de Carpentier, Consultant ENT Surgeon Dr Sachin Mathur, Consultant Radiologist Dr Hillary Wood, Consultant Radiologist (ultrasonography) Dr Claribel Cardozo, Consultant Pathologist |
| University Hospitals of Morecambe Bay NHS Trust | Royal Lancaster Infirmary | Head & Neck/ Thyroid clinic – weekly at Royal Lancaster Infirmary Ultrasound FNA same day Cytology Adequacy of sample –same day | Head & Neck: Ms Ahmed, Consultant ENT Surgeon Ms Joshi, Consultant Oral Surgeon Mr Mohammed Mian, Consultant ENT Surgeon Dr Matthew Brown, Consultant Pathologist Dr Manal Atwan Consultant Pathologist Mr George Fragkiadakis, Consultant ENT Surgeon Mr T Siva, Consultant ENT Surgeon Dr Phuoc-Tan Diep, Consultant Pathologist Dr Nik Nik-Hussin, Consultant Radiologist (ultrasonography) Thyroid: Mr Mark Tomlinson, Consultant Endocrine, Vascular and General Surgeon Mr Gerard Walls, Consultant Endocrine & General Surgeon Mr Mohammed Mian, Consultant ENT Surgeon Dr Paul Smith, Consultant Endocrinologist Mr George Fragkiadakis, Consultant ENT Surgeon |

FIGURE 1 - Features suspicious of cancer with a Thyroid Lump

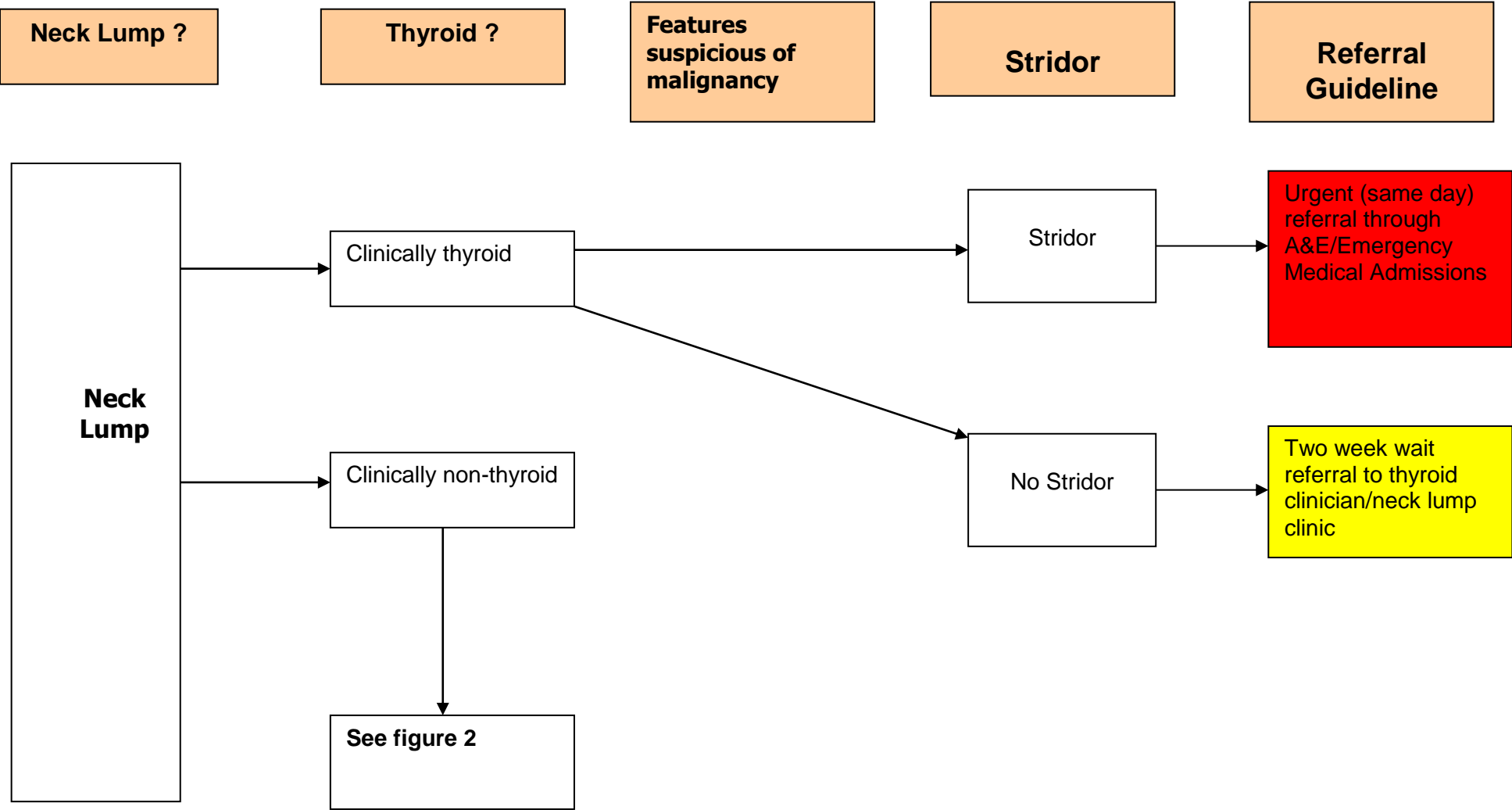


FIGURE 2 - Features suspicious of cancer associated with a non-thyroid neck lump

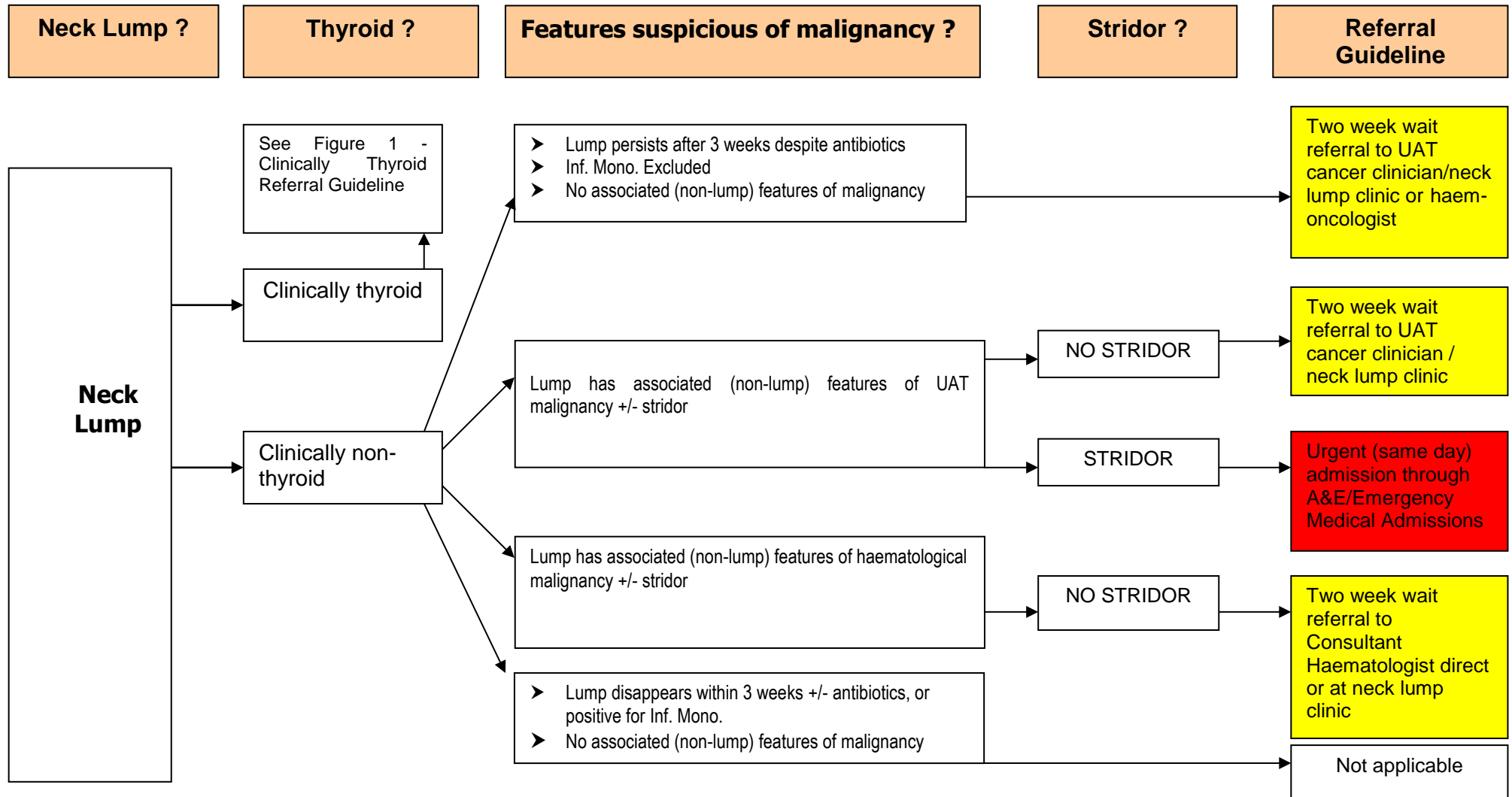
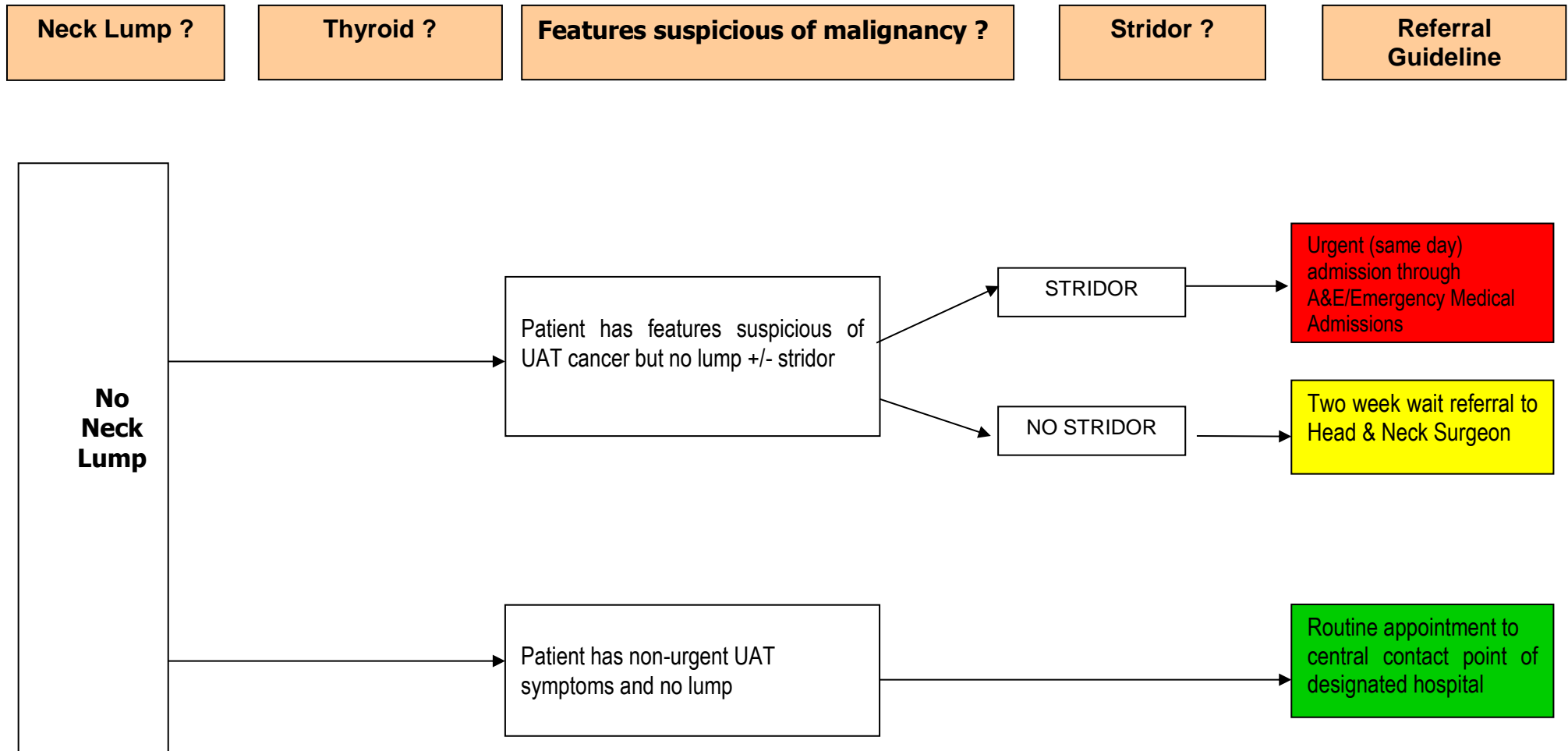
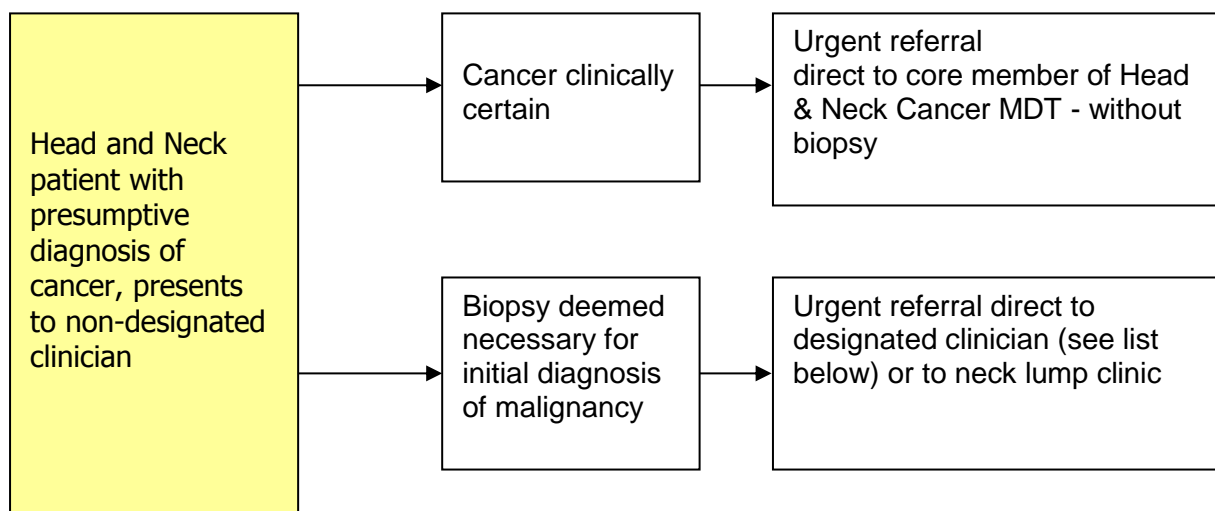


FIGURE 3 - NO NECK LUMP



Internal Referral Guidelines for Non-Designated Hospital Clinicians and onward referral of patients presenting with features suspicious of Head and Neck Cancer



Designated Clinicians by Trust

Lancashire Teaching Hospitals Foundation NHS Trust

Mr J de Carpentier, Consultant ENT Surgeon
 Mr A Cardozo, Consultant ENT Surgeon
 Ms L Thomas, Consultant ENT Surgeon
 Miss S Banerjee, Consultant ENT Surgeon
 Mr S Akhtar, Consultant OMF Surgeon
 Mr K Anjum, Consultant OMF Surgeon

Blackpool Teaching Hospitals Foundation NHS Trust

Mr A Nigam, Consultant ENT Surgeon
 Mr N Kazmi, Consultant ENT Surgeon
 Prof S Crean, Consultant OMF Surgeon
 Mr Hammond, Consultant OMF Surgeon

East Lancashire Hospitals NHS Trust

Mr K McAlister, Consultant OMF Surgeon
 Ms Naseem Ghazali, Consultant OMF Surgeon
 Mr P Morar, Consultant ENT Surgeon
 Mr A Belloso, Consultant ENT Surgeon

University of Morecambe Bay Hospitals NHS Trust

Mr T Siva, Consultant ENT Surgeon
 Mr Mian, Consultant ENT Surgeon
 Ms S Ahmed, Consultant ENT Surgeon
 Mr G Fragkiadakis, Consultant ENT Surgeon
 Mr P Dyer, Consultant OMF Surgeon
 Ms A Joshi, Consultant OMF Surgeon
 Mr R Molloy, Consultant OMF Surgeon

Internal Referral Guidelines Distribution Process : each Trust is responsible for distributing this information once finalised.

Distributed to:

- Designated Consultant Clinicians
- Non-designated Head and Neck Consultant Clinicians (ENT surgeons, Endocrine surgeons, OMFS surgeons, Oral medicine specialists)
- Endocrinologists

| Blackpool Teaching Hospitals Foundation NHS Trust | | |
|--|---|-----------------------------------|
| Designated consultant clinicians: | Mr A Nigam, Consultant ENT Surgeon Mr N Kazmi, Consultant ENT Surgeon Professor S Crean, Consultant OMF Surgeon Mr Hammond, Consultant OMF Surgeon | |
| Non-designated head and neck consultant clinicians: | Non-cancer ENT Surgeons | Mr Hans Mr Malik |
| | Endocrine Surgeons | Mr Rajan Mr Kiri |
| | OMFS Surgeons | |
| | Oral Medicine Specialists | |
| Endocrinologists: | Dr Ahmad Dr Myint Aye | |

| East Lancashire Hospitals NHS Trust | | |
|--|---|---|
| Designated consultant clinicians: | Mr K McAlister, Consultant OMF Surgeon Ms Naseem Ghazali, Consultant OMF Surgeon Mr P Morar, Consultant ENT Surgeon Mr A Belloso, Consultant ENT Surgeon | |
| Non-designated head and neck consultant clinicians: | Non-cancer ENT Surgeons | Mr A Daudia Mr Maceij Dabrowski Mr S Narayan |
| | Endocrine Surgeons | Mr R Watson |
| | OMFS Surgeons | Miss ME Morton Mr G Cousin Mr Johnston |
| | Oral Medicine Specialists | |
| Endocrinologists: | Dr S Ramtoola Dr M Littley | |

| Lancashire Teaching Hospitals Foundation NHS Trust | | |
|--|---|---|
| Designated consultant clinicians: | Mr J de Carpentier, Consultant ENT Surgeon Mr A Cardozo, Consultant ENT Surgeon Ms L Thomas, Consultant ENT Surgeon Miss S Banerjee, Consultant ENT Surgeon Mr S Akhtar, Consultant OMF Surgeon Mr K Anjum, Consultant OMF Surgeon | |
| Non-designated head and neck consultant clinicians: | Non-cancer ENT Surgeons | Mr A Pahade Miss Bannerjee |
| | Endocrine Surgeons | Mr P Turner |
| | OMFS Surgeons | Mr A Edwards |
| | Oral Medicine Specialists | |
| Endocrinologists: | Dr S Howell Dr K Kaushal | |

| University Hospitals of Morecambe Bay NHS Trust | | |
|--|--|--|
| Designated diagnostic and assessment consultant clinicians: | Mr M Mian, Consultant ENT Surgeon Ms S Ahmed, Consultant ENT Surgeon Mr G Fragkiadakis, Consultant ENT Surgeon Mr T Siva, Consultant ENT Surgeon Mr P Dyer, Consultant OMF Surgeon Ms A Joshi, Consultant OMF Surgeon Mr R Molloy, Consultant OMF Surgeon | |
| Non-designated head and neck consultant clinicians: | ENT Surgeons | |
| | Endocrine Surgeons | Mr M Tomlinson Mr G Walls |
| | OMFS Surgeons | |
| | Oral Medicine Specialists | |
| Endocrinologists: | Dr P Smith, Dr D Walmsley, Dr K Haye, Dr S Dampetla | |

Patient Pathways :

Imaging Protocol:

The local diagnostic and assessment service will undertake basic scans eg CT chest before referral to MDT.

The MDT will arrange for more complex imaging to be undertaken following discussion at MDT.

Investigational Protocol:

The local diagnostic and assessment service will undertake basic diagnostic tests taking histology samples

Care of the patient:

Care of the patient is multi-disciplinary and holistic throughout the patient pathway. Support team members are part of the MDT and, therefore, care is co-ordinated and tailored for each patient.

Indications for referral back to the care of members of the MDT from the support team:

Any health professional who identifies or is suspicious of recurrence will refer back to the MDT. Similarly, patients can also self-refer back to MDT.

Follow Up:

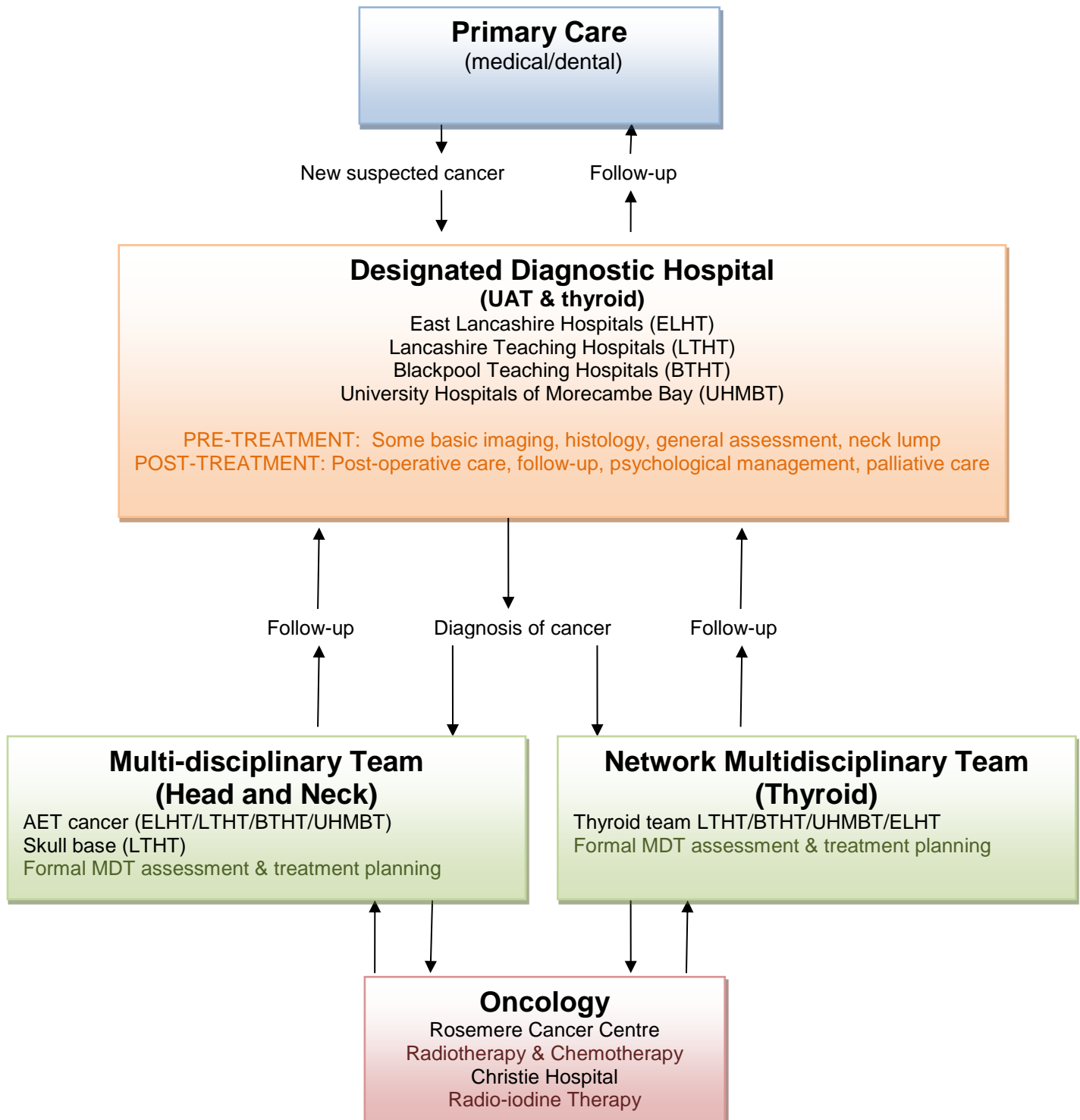
Follow up care will be undertaken by the treating clinician and the patient's key worker but may also involve other health professionals, either centrally or locally. Patient's will remain under the care of the treating consultant.

Setting for follow up:

Follow up will initially be undertaken through the MDT for patients early in the post-treatment stage. Follow up can then be undertaken locally but if there any concerns the patient can be referred back to the MDT.

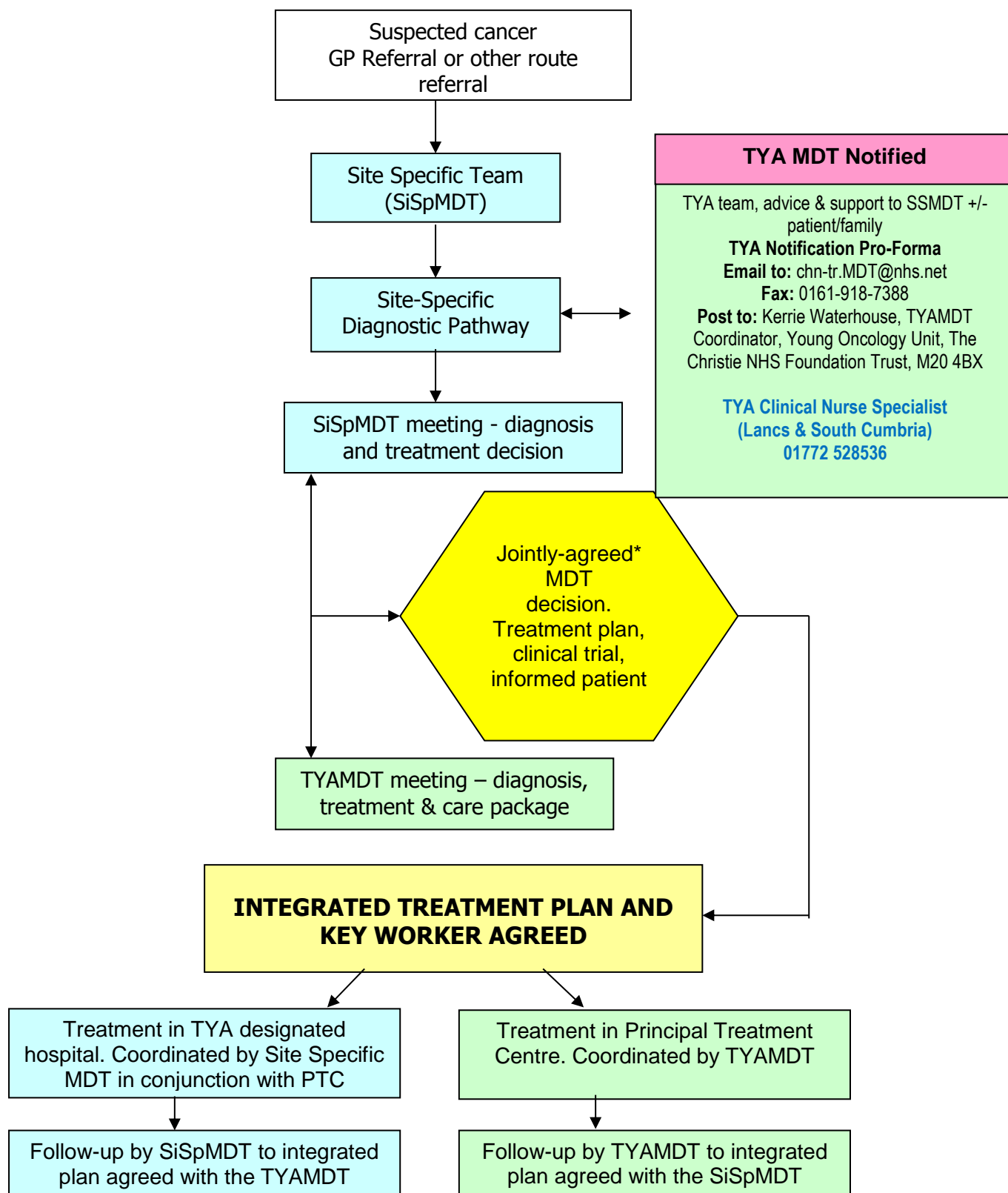
- It is agreed that the Designated Hospitals will refer all Salivary Gland Cancer for treatment decision to the VC Network Head & Neck MDT (LTHT).
- It is agreed that the Designated Hospitals will refer all Skull Base Cancer for treatment decision/surgery to the Head & Neck MDT at Lancashire Teaching Hospitals Trust.
- It is agreed that the Designated Hospitals will refer all Thyroid Cancer to the Network Thyroid MDT at which Thyroid cancers are discussed on a weekly basis.
- Any patient with metastatic carcinoma of unknown origin should be referred on for discussion by the local CUP MDT/Team

Head and Neck Cancer Referral Guidelines Upper Aero-digestive (AED) & Thyroid



TEENAGE AND YOUNG ADULT PATHWAY 19-24 YEARS

Designated TYA Hospitals



***NB** “Jointly agreed” refers to the MDT discussion. The patient will remain under the clinical care of the site specialist clinician until a formal referral for transfer of care to the TYA Unit Lead Clinician has been accepted.