Northern Ireland Referral Guidance for Suspected Cancer

Endorsed by Northern Ireland Cancer Network (NICaN) Board, May 2007; Review Date: May 2008

For consideration of an urgent appointment for patients with symptoms outwith these guidelines, please discuss with the Consultant

BREAST CANCER

Urgent referral: females

- any age - discrete, hard lump with fixation, +/- skin tethering
- 30 years and above - discrete lump that persists after next period, or presents after menopause
- younger than 30 years:
  - with a lump that enlarges
  - with a lump that is fixed and hard
  - in whom there are other reasons for concern such as family history
- previous breast cancer, who present with a further lump or suspicious symptoms
- unilateral eczematous skin or nipple change that does not respond to topical treatment
- nipple distortion of recent onset
- spontaneous unilateral bloody nipple discharge

Urgent referral: males

- 50 years and above with unilateral, firm subareolar mass +/- nipple distortion/ skin changes

The following may require non-urgent referral:

- women younger than 30 years with a lump
- patients with breast pain and no palpable abnormality, when initial treatment fails and/or with unexplained persistent symptoms. (Use of mammography in these patients is not recommended.)

HEAD AND NECK CANCERS

Urgent referral:

- Unexplained lump in neck of recent onset
- Change in previously undiagnosed lump
- Persistent swelling of parotid or submandibular glands
- Hoarseness > 3 weeks with normal CXR
- Unexplained persistent sore or painful throat
- Unexplained unilateral head / neck pain for > 4 weeks associated with otalgia and normal otoscopy

Suspected Thyroid Cancer

Emergency admission:

- Symptoms of tracheal compression, including stridor, due to thyroid swelling.

Urgent referral:

- Thyroid swelling associated with any of:
  - Solitary Nodule increasing in size
  - History of neck irradiation
  - Hoarseness / voice changes
  - Cervical lymphadenopathy
  - Pre-pubertal child or aged 65 yrs or older
  - Family history of endocrine tumour

COLORECTAL CANCER

Urgent referral:

- any age - palpable rectal mass (intraluminal and not pelvic; a pelvic mass outside the bowel would warrant an urgent referral to a urologist or gynaecologist)
- 40 years and above - rectal bleeding with change of bowel habit towards looser stools +/- increased stool frequency persisting 6 weeks or more
- 60 years and above - rectal bleeding persisting for 6 weeks or more without a change in bowel habit and without anal symptoms
- 60 years and above - change in bowel habit to looser stools and/or more frequent stools persisting for 6 weeks or more without rectal bleeding
- any age – with right lower abdominal mass consistent with involvement of the large bowel
- men of any age with unexplained iron deficiency anaemia and a Hb of 11 g/100 ml or below
- non-menstruating women with unexplained iron deficiency anaemia and Hb of 10 g/100 ml or below

UPPER GI CANCER

Urgent referral: patients of **any age** with the following:

- Dysphagia (food sticking on swallowing)
- Dyspepsia with one or more of the following alarm symptoms:
  - Chronic gastrointestinal bleeding
  - Progressive unintentional weight loss
  - Persistent vomiting
  - Iron deficiency anaemia
  - Epigastric mass
  - Suspicious barium meal result
  - Family history of Upper GI cancer in more than 2 first degree relatives

Worsening dyspepsia in the setting of

- Barrett's oesophagus
- Pernicious anaemia
- Peptic ulcer surgery > 20 years ago

- Patients > 55 years with unexplained and persistent recent onset dyspepsia alone.

Endoscopic investigation of dyspepsia is not necessary in patients < 55yrs in the absence of alarm symptoms.

Dyspepsia: discomfort or pain in the upper abdomen, which may happen after eating. Covers a number of symptoms such as feeling bloated, burping, nausea, vomiting and reflux.

SKIN CANCER

Urgent referral:

- Melanoma: change in a lesion is a key element in diagnosing malignant melanoma. Do not excise in primary care. Lesions scoring 3 points or more (as below) are suspicious.

Major features of lesions	Minor features
▪ change in size (2)	▪ diameter > 7mm (1)
▪ irregular shape (2)	▪ inflammation/oozing (1)
▪ irregular colour (2)	▪ change in sensation (1)

- Squamous cell carcinomas: non-healing keratinizing or crusted tumours >1cm in diameter with induration on palpation. Commonly on face, scalp or back of hand; with documented expansion over 8 weeks
- New or growing cutaneous lesions after organ transplant – squamous cell carcinoma common with immunosuppression
- Histological diagnosis of squamous cell carcinoma
- Basal cell carcinomas can be referred non-urgently

LUNG CANCER

Emergency admission to the respiratory service:

- Stridor
- Signs of superior vena cava (SVC) obstruction

Urgent referral to a specialist chest physician (with copy of chest X-ray report):

- Any chest x-ray suggestive or suspicious of lung cancer
- Normal chest x-ray but persistent and unexplained symptoms (including haemoptysis) potentially attributable to lung cancer.

Urgent referral for chest X-ray:

- Haemoptysis
- Unexplained or persistent (i.e.> 3 weeks):
  - Cough
  - Chest or Shoulder Pain
  - Dyspnoea
  - Features suggestive of metastases from lung cancer e.g. brain, bone, liver or skin.
  - Weight loss
  - Hoarseness
  - Finger clubbing
  - Persistent cervical/supraclavicular lymphadenopathy.
- Any patient with COPD who develops new symptoms that may be attributable to lung cancer.

Northern Ireland Referral Guidance for Suspected Cancer

Endorsed by Northern Ireland Cancer Network (NICaN) Board, May 2007; Review Date: May 2008

For consideration of an urgent appointment for patients with symptoms outwith these guidelines, please discuss with the Consultant

UROLOGY CANCER

Urgent referral:

Renal and bladder

- Painless macroscopic haematuria **(any age)**
- Recurrent or persistent UTI associated with haematuria > 40yrs
- Unexplained microscopic haematuria >50 yrs
- Abdominal mass (clinically detected or on imaging) thought to arise from urinary tract

Prostate

- Hard irregular prostate - include PSA in referral
- Normal prostate but raised PSA for age +/- lower urinary tract symptoms
- With symptoms and high PSA

Testis

- Swelling or mass arising in body of testis

Penis

- Progressive ulceration or mass in glans or prepuce or skin of penile shaft
  (Peyronie's disease does not require urgent referral)

GYNAECOLOGY CANCER

Urgent referral:

- Lesions suspicious of cervical or vaginal cancer on speculum examination (smear not needed)
- Unexplained vulval lump
- Vulval bleeding due to ulceration
- Postmenopausal bleeding with no HRT
- Postmenopausal bleeding on tamoxifen
- Postmenopausal bleeding persisting for 6 weeks after stopping HRT
- Persistent intermenstrual bleeding with normal pelvic examination

Ovarian cancer is difficult to diagnose.
With vague unexplained abdominal symptoms carry out:

- abdominal palpation
- consider pelvic examination and CA 125 blood test
- refer for urgent USS with palpable abdominal or pelvic mass (not obvious fibroid uterus) where direct access USS is available otherwise make urgent referral

BONE AND SARCOMA CANCERS

Urgent referral:

- A palpable lump that is:
  - > 5 cm in diameter
  - Deep to fascia, fixed or immobile
  - Increasing in size
  - Painful
  - A recurrence after previous excision
- If a patient has HIV, consider Kaposi's sarcoma and refer urgently.

Urgently investigate increasing, unexplained or persistent bone pain, especially if not in a joint, and particularly pain at rest.

In older people consider metastases as well as primary malignancy.

BRAIN AND CNS

Urgent referral:

- symptoms related to the CNS, including:
  - progressive neurological deficit
  - new-onset seizures
  - headaches
  - mental changes
  - cranial nerve palsy
  - unilateral sensorineural deafness

  in whom a brain tumour is suspected
- headaches of recent onset accompanied by features suggestive of raised intracranial pressure, eg:
  - vomiting
  - drowsiness
  - posture-related headache
  - pulse-synchronous tinnitus

  or by other focal or non-focal neurological symptoms, eg blackout, change in personality or memory
- a new, qualitatively different, unexplained headache that becomes progressively severe
- suspected recent-onset seizures (refer to neurologist)

Consider urgent referral (to an appropriate specialist) in patients with rapid progression of:

- subacute focal neurological deficit
- unexplained cognitive impairment, behavioural disturbance or slowness, or combination of these
- personality changes confirmed by a witness and for which there is no reasonable explanation even in the absence of the other symptoms/signs of a tumour.

HAEMATOLOGY CANCER

Urgent referral:

- Blood count / film reported as suggestive of acute leukaemia or chronic myeloid leukaemia
- Unexplained hepatosplenomegaly
- Lymphadenopathy (>1cm) persisting for six weeks
- Bone pain associated with anaemia and a raised ESR or plasma viscosity
- Clinical or laboratory features suggestive of mylemona (see Paraproteinaemias management below)
- 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.

Paraproteinaemias: preliminary steps to management

- All cases of paraproteinaemia should be assessed for the possibility of myeloma, plasmacytoma, lymphoma & amyloidosis. Myeloma is suggested by bone pain, renal dysfunction, unexplained anaemia or pancytopenia, recurrent respiratory infections or hypercalcaemia. Send FBC with blood film, coagulation screen, U&E, LFTs, bone profile, repeat immunoglobulins / paraprotein and a urine sample for Bence Jones protein.
- Many patients with a paraprotein band have a monoclonal gammopathy of undetermined significance (MGUS). Upon completion of the above investigations, referral will be required to exclude myeloma or a lymphoproliferative disorder.
- Patients with hypergammaglobulinaemia without paraprotein do not need to be referred to haematology.

ORAL CANCER

Urgent referral to dental services/oral & maxillo-facial surgeon

- Unexplained ulceration of oral mucosa lasting > 3 weeks
- Unexplained tooth mobility lasting > 3 weeks
- Oral swellings persisting > 3 weeks
- Unexplained red and white patches of oral mucosa that are painful or swollen or bleeding
  (refer same non-urgently if not painful or swollen or bleeding)
- Monitor confirmed oral lichen planus for oral cancer

Northern Ireland Referral Guidance for Suspected Cancer

Endorsed by Northern Ireland Cancer Network (NICaN) Board, May 2007; Review Date: May 2008

For consideration of an urgent appointment for patients with symptoms outwith these guidelines, please discuss with the Consultant

CHILDREN AND YOUNG PEOPLE CANCER

- There are approximately 50 cases of malignant disease in children and young people in Northern Ireland each year.
- There are associations between Down's syndrome and leukaemia, between neurofibromatosis and CNS tumours, and between other rare syndromes and some cancers. Be alert to the potential significance of unexplained symptoms in children with such syndromes.
- Persistent parental anxiety may be sufficient reason for referral, even where a benign cause is considered. Screening for Retinoblastoma can be conducted if there is a positive family history.
- Refer urgently when a child or young person presents several times (eg, three or more times) with the same problem, but with no clear diagnosis (investigations should also be carried out).

Leukaemia – children of all ages

- Refer immediately if unexplained petechiae or hepatosplenomegaly

Perform full blood count and blood film for one of more of the following symptoms:

- pallor / fatigue / unexplained irritability / unexplained fever / persistent or recurrent upper RTI / generalised lymphadenopathy / persistent or unexplained bone pain / unexplained bruising. Refer urgently if the investigations suggest leukaemia.

Lymphoma – children or young people

- Refer immediately if hepatosplenomegaly; or mediastinal or hilar mass on CXR
- Refer urgently with following symptoms (particularly in the absence of local infection):
  - lymph nodes with the following features: non-tender, firm or hard / > 2 cm / progressively enlarging / axillary (particularly in absence of local infection/dermatitis) / supraclavicular node involvement / other features general ill-health, fever/weight loss
  - if shortness of breath and unexplained petechiae or hepatosplenomegaly (particularly if not responding to bronchodilators).

Brain and CNS Tumours

- Refer immediately children or young people with
  - reduced level of consciousness / headache + vomiting causing or occurring on waking
- Refer immediately children < 2yrs with any of the following symptoms:
  - new-onset seizures / bulging fontanelle / extensor attacks / persistent vomiting
- Refer urgently or immediately children with any of the following neurological symptoms:
  - new-onset seizures / cranial nerve abnormalities / visual disturbances / gait abnormalities / motor or sensory signs / unexplained deteriorating school performance (development milestones) / unexplained behaviour ± mood changes
- Refer urgently children
  - 2 years and older and young people with: persistent headache where an adequate neurological examination is not possible in primary care
  - less than 2 years with any of the following symptoms suggestive of CNS cancer: abnormal increase in head size / arrest (regression of motor development) / altered behaviour / abnormal eye movements / lack of visual following / poor feeding (failure to thrive) / squint, urgency dependent on other factors.

Wilms' tumour (all ages)

Most commonly presents with a painless abdominal mass. Persistent /progressive abdominal distension should prompt abdominal examination. If mass, refer immediately. Request urgent USS if examination difficult.

- Refer urgently a child or young person presenting with haematuria.

Neuroblastoma (all ages)

Symptoms may be those of metastatic disease (malaise, pallor, bone pain, fever or respiratory symptoms) or may mimic acute leukaemia.

- investigate with full blood count any following symptons/signs:
  - persistent or unexplained bone pain (X-ray also needed) / pallor / fatigue / unexplained irritability / unexplained fever / persistent or recurrent upper respiratory tract infections / generalised lymphadenopathy / unexplained bruising
- if suspected neuroblastoma, do abdominal examination (± arrange USS) and CXR + full blood count. If mass found, refer urgently.
- infants < 1yr may have localised abdominal or thoracic masses, and in infants < 6 mths there may also be rapidly progressive intra-abdominal disease. Some may present with skin nodules. If any such mass is identified, refer immediately.
- Refer urgently children with
  - Proptosis / unexplained back pain / leg weakness / unexplained urinary retention.

Soft tissue sarcoma (all ages)

A soft tissue mass in an unusual location may give rise to misleading signs / symptoms. Consider sarcoma if:

- head & neck area: proptosis / persistent unexplained unilateral nasal obstruction with or without discharge ± bleeding / aural polyps or discharge
- genitourinary tract: urinary retention / scrotal swelling / bloodstained vaginal discharge.

- Refer urgently a child or young person with
  - an unexplained mass at almost any site with one or more of following features: deep to the fascia / non-tender / progressively enlarging / associated with an enlarging regional lymph node / mass > 2 cm in diameter in size.

Bone sarcoma (all ages)

History of an injury does not exclude a bone sarcoma.

- Refer urgently children or young people with
  - rest pain; back pain and unexplained limp (discuss with paediatrician ± x-ray and refer)
  - persistent localised bone pain ± swelling and abnormal X-ray.

Retinoblastoma (mostly children < 2yrs)

- Refer urgently with
  - white pupillary reflex (attend to parental observations) / new squint or change in visual acuity (and cancer considered) / family history of retinoblastoma and visual problems (screening after birth recommended).

Perform full blood count for any of the following symptoms/signs: persistent or unexplained bone pain (consider X-ray) / pallor / fatigue / irritability / unexplained fever / persistent or recurrent upper RTI / generalised lymphadenopathy / unexplained bruising.