### NAEDI Fast Track Referral Criteria For Suspected Cancer Desktop Aid

#### Breast Cancer

**Fast Track Referral**

Refer urgently patients with:
- A discrete hard lump with fixation, with or without skin tethering
- Previous breast cancer, who presents with a further lump or suspicious symptoms
- Nipple discharge of recent onset or spontaneous unilateral bloody nipple discharge
- Signs of inflammatory cancer (Redness and peau d'orange)

**Fast Track Referral**

Refer urgently patients with:
- A lump that enlarges
- A lump that is fixed and hard
- A lump and other reasons for concern, such as family history

**Fast Track Referral**

Refer urgently patients with:
- With a discrete lump that persists after their next period, or presents after menopause

**Gynaecological Cancer**

**Fast Track Referral**

Refer urgently patients:
- With lesions suggestive of cervical cancer on examination.
- Note: A smear test is not required before referral, and a positive negative result should not delay referral
- Lesions suspicious of cancer on clinical examination of the vulva such as a lump or a bleeding ulcer
- Palpable pelvic mass not obviously fibroids
- Suspicious pelvic mass on pelvic ultrasound
- *Guidance is “consider referral”*

**Fast Track Referral**

Refer urgently patients:
- Postmenopausal bleeding in women not on HRT.
- HRT: Persistent or unexplained postmenopausal bleeding persisting for more than 6 weeks after stopping HRT
- Taking Tamoxifen with postmenopausal bleeding
- *Persistent inter-menstrual bleeding and negative pelvic examination

#### Head and Neck Cancer (Including Thyroid)

**Fast Track Referral**

Refer patient urgently with:
- Hoarseness persistent for more than 3 weeks after a negative CXR
- Unexplained neck lump of recent onset, or previously undiagnosed lump that has changed over 3 to 6 weeks
- Unexplained persistent swelling in parotid or submandibular gland
- Unexplained persistent sore or painful throat
- Unilateral unexplained pain in head and neck for more than 4 weeks, associated with otalgia (ear ache) but a normal otoscopy

#### Lung Cancer

**Fast Track Referral**

Refer urgently patients with:
- *Superior vena cava obstruction (swelling of the face/neck with fixed elevation of jugular venous pressure)*
- *Bleeding
- Persistent haemoptysis (in smokers over 40 years) – *Consider emergency admission*
- A normal chest X-ray but with a high suspicion of lung cancer
- A chest X-ray suggestive/suspicious of lung cancer (including pleural effusion and slowly resolving consolidation)

**Fast Track X-Ray Referral**

Refer urgently for chest X-ray for patients with any of the following:
- Haemoptysis
- Unexplained or persistent (longer than 3 weeks)
- Chest and/or shoulder pain
- Dyspnoea
- Weight loss
- Chest signs
- Hoarseness

- Finger clubbing
- Cervical/supraclavicular lymph nodes
- Cough
- Features of secondary tumours like brain, bone, liver, or skin
- COPD with unexplained changes in existing symptoms
- A history of asbestos exposure and recent onset of chest pain, shortness of breath of unexplained systemic symptoms

#### Gastrointestinal Cancer

**Fast Track Referral**

Refer urgently patients:
- Painless macroscopic haematuria or with a persistent or recurrent UTI in someone aged 40 years or over
- Unexplained haematuria in someone over 50 years
- Palpable renal mass/mass on imaging
- Body of tests swelling
- Suspected penile cancer
- Elevated age-specific PSA levels with a life expectancy greater than 10 years

**Fast Track Referral**

Refer urgently patients:
- Painless macroscopic haematuria or with a persistent or recurrent UTI in someone aged 40 years or over
- Unexplained haematuria in someone over 50 years
- Palpable renal mass/mass on imaging
- Body of tests swelling
- Suspected penile cancer
- Elevated age-specific PSA levels with a life expectancy greater than 10 years

#### Gynaecological Cancer

**Fast Track Referral**

Refer urgently patients:
- Any age – High PSA (>20) with clinically malignant prostate

#### Skin Cancer

**Fast Track Referral**

Refer patients scoring 3 patients or more:
- Unexplained upper abdominal pain and weight loss
- Upper abdominal mass without dyspepsia
- Persistent vomiting and weight loss in the absence of dyspepsia

**Fast Track Referral**

Refer urgently patients:
- Dysphagia (Any age)
- Dyspepsia with:
  - Documented weight loss ">15kg
  - Persistent vomiting
  - Family history of Upper GI cancer – 2 or more first degree relatives
  - Barrett’s oesophagus
  - Premalignant anaemia
  - Known dysplasia, atrophic gastritis or intestinal metaplasia
  - Chronic gastrointestinal bleeding
  - Peptic ulcer surgery over 20 years ago
  - Exudative mass
  - Suspicious barium meal

#### Upper GI Cancer

**Fast Track Referral**

Refer urgently patients presenting with:
- Unexplained or persistent (longer than 1 cm with significant induration on palpation
- Excision biopsy diagnosis
- New or growing skin lesion in a post-transplant therapeutically immunosuppressed patients

#### Colorectal Cancer

**Fast Track Referral**

Refer urgently patients with:
- Rectal bleeding with a change of bowel habit to loose stools and/or increased frequency of defecation, persistent for 6 weeks
- Change in bowel habit to looser stools and/or increased frequency of defecation without rectal bleeding and persistent for 6 weeks

**Fast Track Referral**

Refer urgently patients with:
- A right lower abdominal mass consistent with involvement of the large bowel
- A palpable rectal mass on per rectum exam
- Unexplained iron deficiency anaemia (Male Hb < 11g/dl; Post-menopausal Female Hb < 10g/dl)

#### Urological Cancer

**Fast Track Referral**

Refer urgently patients with:
- Any age – High PSA (>20) with clinically malignant prostate
### Children's Cancer
#### Leukaemia (All ages)

**Acute Admission**
Refer immediately children or young people with either:
- Unexplained pancytopenia
- Hepatosplenomegaly

*Investigate with FBC and blood film a child with any of the following:*
- Pallor
- Fatigue
- Unexplained irritability
- Unexplained fever

**Lymphomas**
Refer immediately children or young people with either:
- Hepatosplenomegaly
- Mediastinal or hilar mass on chest X-ray

#### Fast Track Referral
Refer urgently children or young people with:
- With one or more of the following (particularly if there is no evidence of local infection):
  - Non-tender, firm or hard lymph nodes
  - Lymph nodes greater than 2 cm in size
  - Lymph nodes progressively enlarging
  - Other features of general ill-health, fever or weight loss
  - Axillary node involvement (in the absence of local infection or dermatitis)
  - Supraclavicular node involvement
  - With features of breast and unexplained pancytopenia or hepatosplenomegaly (particularly if not responding to antibiotics)

#### Brain and CNS Tumours
**Acute Admission**
- Reduced level of consciousness
- Headache and vomiting that cause early morning waking or occur upon waking
- New onset seizures
- Cranial nerve abnormalities
- Visual disturbance
- Gait abnormality
- Motor or sensory signs
- Unexplained deteriorating school performance or developmental milestones
- Unexplained behavioural and/or mood changes

**For children under 2 years old**
- New onset seizures
- Bulging fontanelle
- Excoriation attacks
- Persistent vomiting

**Fast Track Referral**
Refer urgently children with:
- Blood count/Film reported as acute leukaemia
- No previous signs of malignancy
- Persistent bone pain
- Deterioration in performance or developmental milestones
- Unexplained bruising
- Headache of recent onset
- Pulse, Posture and Respiratory rate suspicious of a primary bone tumour
- Recurrence after previous excision
- Painful

#### Haematological Cancers
**Fast Track Referral**
Refer patient urgently with:
- Unexplained splenomegaly
- Lymph nodes:
  - Persistent for 6 weeks or more
  - Greater than 2 cm in size
  - Widespread nature
  - Associated with splenomegaly, night sweats or weight loss

#### Sarcoma Cancer
**Fast Track Referral**
Refer urgently if patients have:
- An X-ray suspicious of a primary bone tumour
- HIV, consider Kaposi's sarcoma and refer urgently if suspected

### Neuroblastoma (All ages)

**Fast Track Referral**
Refer urgently children with:
- Proptosis
- Leg weakness

**Wilm's Tumour**
**Fast Track Referral**
Refer urgently a child or young person presenting with haematuria

#### Soft Tissue Sarcoma (All ages)
**Fast Track Referral**
Refer urgently a child or young person presenting with an unexplained mass at almost any site that has one or more of the following features:
- Deep to the fascia
- Non-tender

## Retinoblastoma (Mostly children under 2 years)
**Fast Track Referral**
Refer urgently children with:
- White pupillary reflex
- New squint or change in visual acuity
- Family history of retinoblastoma and visual problems

### Brain and CNS Cancer
**Fast Track Referral to Neurology**
(Especially patients previously diagnosed with cancer)
Refer patient urgently with:
- Progressive neurological deficit
- New-onset seizures
- Headaches
- Mental changes
- Cranial nerve palsy
- Unilateral sensorineural deafness

Refer patient urgently with:
- Vomiting
- Drowsiness
- Posture-related headache
- Pulse-synchronous tinnitus
- Or by other focal or non-focal neurological symptoms, for example, blackouts or a change in personality or memory

- A new, qualitatively different, unexplained headache that becomes progressively severe

#### Brain and CNS Tumours
**Fast Track Referral**
Consider urgent referral in patients with rapid progression of:
- Sub-acute focal neurological deficit
- Unexplained cognitive impairment, behavioural disturbance or slowness, or a combination of these
- Personality changes confirmed by a witness and for which there is no reasonable explanation

#### Haematological Cancers
**Fast Track Referral**
Refer patient urgently with:
- Unexplained splenomegaly
- Lymph nodes and:
  - Persistent for 6 weeks or more
  - Greater than 2 cm in size
  - Widespread nature
  - Associated with splenomegaly, night sweats or weight loss

#### Sarcoma Cancer
**Fast Track Referral**
- A soft tissue mass with any of the following:
  - A size greater than 5 cm
  - Increasing in size
  - Deep to fascia, fixed or immobile
  - Recurrence after previous excision
  - Painful

Urgently investigate increasing, unexplained or persistent bone pain or tenderness