

# SUSPECTED CANCER REFERRAL GUIDANCE—NICE GUIDELINES JUNE 2015

This is subject to local pathways. Specific advice and referral forms may apply in your area.

## 1.6 UROLOGICAL continued

### TESTICULAR CANCER

Refer men with an ultrasound result that suggests testicular cancer.

Consider referral in men if they have a non painful enlargement or change in shape or texture of the testes.

### PENILE CANCER

Consider referral in men if they have either

- A penile mass or ulcerated lesion, where a sexually transmitted infection has been excluded as a cause, **or**
- A persistent penile lesion after treatment for sexually transmitted infection has been completed.

Consider referral in men with unexplained persistent symptoms affecting the foreskin or glans.

## 1.7 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 CARCINOMA:

Consider referral for people with a skin lesion that raises suspicion of squamous cell carcinoma.

## 1.7 SKIN continued

### BASAL CELL CARCINOMA

Consider routine referral for people if they have a skin lesion that raises suspicion of basal cell carcinoma.

Only consider a suspected cancer pathway referral for people with a skin lesion that raises the suspicion of a basal cell carcinoma if there is particular concern that a delay may have a significant impact, because of factors such as lesion site or size.

## 1.8 HEAD AND NECK

### 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 (for an appointment within 2 weeks) for oral cancer 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 an urgent referral in people who have either:

- a lump on the lip or in the oral cavity consistent with oral cancer, **or**
- a red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia.

### THYROID CANCER

Consider referral in people with an unexplained thyroid lump.

## 1.9 BRAIN AND CENTRAL NERVOUS SYSTEM

There is no direct referral for brain and CNS. NICE recommends:

Consider urgent MRI scan to be performed within 2 weeks in adults with progressive sub-acute loss of central neurological function.

## 1.10 HAEMATOLOGICAL

### LEUKAEMIA

Refer urgently/admit if FBC indicates acute leukaemia.

### MYELOMA

Refer if the results of protein electrophoresis or a Bence-Jones protein urine test suggests Myeloma.

### 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 or weight loss.

## 1.11 SARCOMAS

### BONE SARCOMA

Consider referral if an X-ray suggests the possibility of bone sarcoma.

### SOFT TISSUE SARCOMA

Consider a referral if ultrasound scan findings are suggestive of soft tissue sarcoma or if ultrasound findings are uncertain and clinical concern persists.

## 1.12 CHILDHOOD CANCERS

### BRAIN AND CENTRAL NERVOUS SYSTEM CANCERS

Consider a very urgent referral (for an appointment within 48 hours) for suspected brain or central nervous system cancer in children and young people with newly abnormal cerebellar or other central neurological function.

## 1.12 CHILDHOOD CANCERS continued

### LEUKAEMIA

Refer children and young people for immediate and specialist assessment for leukaemia if they have unexplained petechiae or hepatosplenomegaly.

### LYMPHOMA

Consider a very urgent referral (for an appointment within 48 hours) for specialist assessment for Lymphoma in children and young people presenting with unexplained lymphadenopathy or splenomegaly. When considering referral, take into account any associated symptoms particularly fever, night sweats, shortness of breath, pruritus or weight loss.

### BONE SARCOMA

Consider a very urgent referral (for an appointment within 48 hours) for a specialist assessment for children and young people if any X-ray suggests for possibility of bone sarcoma.

### SOFT TISSUE SARCOMA IN CHILDREN AND YOUNG ADULTS

Consider a very urgent referral (for an appointment within 48 hours) for children and young people if they have an ultrasound scan finding that are suggestive of soft tissue sarcoma or if ultrasound findings are uncertain and clinical concern persists.

### NEUROBLASTOMA

Consider very urgent referral (for an appointment within 48 hours) for specialist assessment for neuroblastoma in children with a palpable abdominal mass or unexplained enlarged abdominal organ.

### RETINOBLASTOMA

Consider urgent referral (for an appointment within 2 weeks) for ophthalmological assessment for retinoblastoma in children with absent red reflex.

### WILMS' TUMOUR

Consider very urgent referral (for an appointment within 48 hours) for specialist assessment for Wilms' tumour in children with any of the following:

- A palpable abdominal mass
- An unexplained enlarged abdominal organ
- Unexplained visible haematuria.

### Symptoms of concern in children and young people

Take into account the insight and knowledge of parents and carers when considering making a referral for suspected cancer in a child or young person. Consider referral for children if their parent or carer has persistent concern or anxiety about the child's symptoms, even if the symptoms are most likely to have a benign cause.





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## 1.1 LUNG

Chest X-ray findings that suggest lung cancer.

Chest X-ray findings that suggest mesothelioma.

Aged 40 and over with unexplained haemoptysis.

## 1.2a UPPER GI (OESOPHAGEAL & STOMACH)

Offer urgent direct access upper gastrointestinal endoscopy (to be performed within 2 weeks) in people

- with dysphagia
- aged 55 and over with weight loss and any of the following:
  - Upper abdominal pain
  - Reflux
  - Dyspepsia

Consider direct access upper gastrointestinal endoscopy (to be performed within 2 weeks) in people with haematemesis.

Consider direct access upper gastrointestinal endoscopy (to be performed within 2 weeks) in people aged 55 or over with

- Treatment-resistant dyspepsia
- Upper abdominal pain with low haemoglobin levels
- Raised platelet count with any of the following
  - Nausea      ◦ Vomiting
  - Weight loss      ◦ Reflux
  - Dyspepsia      ◦ Upper abdominal pain
- Nausea or vomiting with any of the following
  - Weight loss      ◦ Reflux
  - Dyspepsia

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with an upper abdominal mass consistent with stomach cancer.

## 1.2b UPPER GI (HPB)

### PANCREATIC

Refer people using a suspected cancer pathway referral for an appointment within 2 weeks if they are aged 40 or over and have jaundice.

### GALL BLADDER

Refer people using a suspected cancer pathway whose ultrasound scan suggests gall bladder cancer.

### LIVER

Refer people using a suspected cancer pathway whose ultrasound scan suggests liver cancer.

## 1.3 LOWER GI

### AGE 40+

With unexplained weight loss and abdominal pain.

### AGE 50+

With unexplained rectal bleeding.

### AGE 60+

Iron deficiency anaemia - *define levels*  
Unexplained change in bowel habit.

### ALL AGES

Tests show occult blood in their faeces.

Consider referral in people with rectal or abdominal mass.

Consider referral if under 50 with rectal bleeding and any of the following symptoms or findings:

- Abdominal pain
- Change in bowel habit
- Weight loss
- Iron deficiency anaemia

Consider referral for anal cancer for people with unexplained anal mass or unexplained anal ulceration.

## 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 unexplained lump in the axilla.

Consider non-urgent referral in people aged under 30 with an unexplained breast lump with or without pain.

Consider local arrangements for breast symptomatic referrals.

## 1.5 GYNAECOLOGICAL

### OVARIAN CANCER

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.

### ENDOMETRIAL CANCER

Refer women aged 55 and over with postmenopausal bleeding (unexplained vaginal bleeding more than 12 months after the menstruation has stopped because of the menopause).

Consider referral in women under 55 with post-menopausal bleeding.

### CERVICAL CANCER

Consider referral if on examination the appearance of the cervix is consistent with cervical cancer.

## 1.5 GYNAECOLOGICAL continued

### 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 UROLOGICAL

### PROSTATE CANCER

Refer men if their prostate feels malignant on digital rectal examination.

Refer men if their PSA levels are above the age specific reference range.

### BLADDER CANCER

Refer people aged 45 and over and have:

- Unexplained visible haematuria without urinary tract infection or
- visible haematuria that persists or occurs after successful treatment of urinary tract infection.

Refer people aged 60 and over and have unexplained none visible haematuria and either dysuria or a raised white cell count on a blood test.

Consider referral in people aged 60 and over with recurrent or persistent unexplained urinary tract infection.

### RENAL CANCER

Refer people aged 45 and over and have:

- Unexplained visible haematuria without urinary tract infection or
- Visible haematuria that persists or recurs after successful treatment of urinary tract infection.

