

Improving cancer diagnosis

Gynaecology cancer

- Suspicion of cervical cancer
- Suspicion of Vulval cancer
- Postmenopausal bleeding in women with a uterus
- Suspicious bleeding on HRT
- Suspicious mass on pelvic ultrasound (multilocular or solid mass with or without ascites)
- Any woman aged 50 yrs or over with persistent bloatedness/pelvic pain/IBS in last 12 months-Please send blood to biochemistry for CA125
- IMB in women age after 45

Bone cancer or Sarcoma

- Patient with X-ray indicating bone cancer
- Patient with palpable lump that is:

greater than about 5cm in diameter

deep to fascia, fixed or immobile

increasing in size

painful

a recurrence after previous excision

Patient with HIV suspected Kaposi's sarcoma

Neurology cancer

Signs of progressive (over days or weeks):

Limb weakness	Ataxia
Visual impairment	Dysphasia

Focal seizures: with post-ictal deficit

with progressive neurological signs

Progressive recent headache: with vomiting/papilloedema

(Consider admission as an alternative if clinically indicated)

History of: cancer in the past 10 years: Melanoma / Breast/ Renal/ Lung

With new onset of: non-migraine headache/ epilepsy

Breast cancer

- Any age with a discrete, hard lump with fixation with or without skin tethering
- Discrete lump – Patient > 30 year persisting after next period or after menopause
- Breast skin distortion / ulceration / nodule
- New nipple retraction / distortion / eczema
- Spontaneous unilateral & / or Bloodstained nipple discharge
- Asymmetrical nodularity persisting after period in Patient > 30 years old
- Axillary lymphadenopathy
- Suspicion of recurrent breast cancer

Colorectal cancer

- Bleeding with change of bowel habit*(looser or frequent stools) of 6 weeks duration (age 40 and over)
- Rectal bleeding without change in bowel habit with no obvious cause 6 weeks duration (age 60 and over)
- Change of bowel habit* persisting for 6 weeks or more without bleeding (age 60 years and over)
- Right Lower Abdominal mass consistent with involvement of large bowel (any age)
- Palpable rectal (not pelvic) mass (any age)
- Males of any age with Hb less than 11g/100ml;
- Non menstruating female with Hb less than 10g/100ml;

Haematology cancer

Immediate referral via A&E

- Blood count/film reported as acute leukaemia
- Spinal cord compression or renal failure suspected cause myeloma

Urgent referral

- Persistent unexplained splenomegaly

Head and neck cancer

Urgent referral

- an unexplained lump in the neck, of recent onset, or a previously undiagnosed lump
- that has changed over a period of 3 to 6 weeks
- an unexplained persistent swelling in the parotid or submandibular gland
- an unexplained persistent sore or painful throat
- unilateral unexplained pain in the neck and neck area for more than 4 weeks,
- associated with otalgia (ear ache) but a normal otoscopy
- unexplained ulceration of the oral mucosa or mass persisting for more than 3 weeks

- unexplained red and white patches (including suspected lichen planus) of the oral mucosa that are painful or swollen or bleeding
- Refer for an urgent chest xray patients with hoarseness persisting for more than 3 weeks, particularly smokers aged over 50 years and heavy drinkers. If there is a positive finding refer via 2 WR to Lung, If there is a negative finding refer via 2WR to Head and Neck

Lung cancer

- Smokers or ex-smokers with persistent haemoptysis > 40 years
- Chest X-ray suggestive of lung cancer -All ages
- A normal chest X-ray where there is a high suspicion of lung cancer -All ages

NB: **Pancoast Tumour**-shoulder/chest pain more than 3 weeks in a smoker-send for CXR(From my own experience !!!!)

Neuroblastoma

Child with

- Proptosis
- Unexplained back pain
- Leg weakness
- Unexplained urinary retention

Wilm's tumour (all ages)

Immediate referral

- Abdominal mass with persistent/progressive abdominal distention

Urgent Referral

- Haematuria
- Suspicious symptoms unable to undertake abdominal examination

Skin cancer

Refer urgently

- Lesion suspected to be melanoma (excision in primary care should be avoided)
 - Change in size/irregular margins/Change in color/Oozing/bleeding/diameter>7mm

- With non-healing keratinizing or crusted tumours larger than 1cm with significant induration on palpation. They are commonly found on the face, scalp or back of the hand with a documented expansion over 8 weeks
- Who have had an organ transplant and develop new or growing cutaneous lesions as squamous cell carcinoma is common with immunosuppression but may be atypical and aggressive
- With histological diagnosis of squamous cell carcinoma

Thyroid cancer

Immediate referral via A&E or to Head and Neck on-call

- Symptoms of tracheal compression or stridor due to thyroid swelling

Urgent referral

Thyroid swelling TOGETHER with any of the following:

- Solitary nodule, typically hard, increasing in size
- Unexplained hoarseness/voice change
- Enlarged cervical nodes
- Family history of endocrine tumour
- History of neck radiation
- Aged 65+
- Prepubertal patients

Upper GI cancers

- Any patient with dysphagia
- Patient over 45 with unintentional weight loss with dyspepsia
- Patient over 45 with persistent vomiting/anorexia/ early satiety
- Patient over 45 with iron deficiency anaemia and dyspeptic symptoms
- Patient over 45 with painless obstructive jaundice
- Patient over 45 with persistent new onset dyspepsia (despite 1/12 therapy)

NB: Chronic UGI Bleed, Epigastric mass , suspicious Barium meal result.

Urology cancer

Prostate

- Hard, irregular prostate
- Rising/raised age-specific PSA* with normal prostate
- Symptomatic with high PSA

Bladder and renal

- Painless macroscopic haematuria without UTI All ages

- Persistent/recurrent urinary tract infection associated with macroscopic haematuria over 40 years
- Clinical/imaged urinary tract mass
- Unexplained microscopic Haematuria on urine microscopy without infection Over 50 years

Testicular

- Swelling/mass in body of testis

Penile

- Symptoms/signs of penile cancer

*The age-specific cut-off PSA measurements recommended by the Prostate Cancer Risk Management Programme are as Follows: aged 50-59 \geq 3.0 ng/ml; aged 60-69 \geq 4.0 ng/ml; aged 70 and over \geq 5.0 ng/ml. (Note that there are no age specific age references ranges for men over 80 years. Nearly all men of this age group have at least a focus of cancer in the prostate. Prostate cancer in this age group only needs to be diagnosed if it is likely to need palliative treatment)

Don't forget Cancer Risk Assesment Tool (RAT)

Useful resources:

<http://pro.mountvernoncancernetwork.nhs.uk/primary-care/practical-tools/risk-assessment-tool-rat/>

<http://www.nice.org.uk/nicemedia/pdf/CG027quickrefguide.pdf>

www.gpnotebook.co.uk

When in doubt always seek advice.

Early diagnosis means

Better survival!

Better outcomes!

No litigation!

Dr H Singh

Audley Health Centre 17th December 2013