

NAEDI Fast Track Referral Criteria For Suspected Cancer Desktop Aid

Head and Neck Cancer (Including Thyroid)	
Fast Track Referral	
<p>Refer patient urgently with:</p> <ul style="list-style-type: none"> 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 area for more than 4 weeks, associated with otalgia (ear ache) but a normal otoscopy <p>Refer urgently patients with a thyroid swelling associated with any of the following:</p> <ul style="list-style-type: none"> A solitary nodule increasing in size A history of neck irradiation A family history of an endocrine tumour Unexplained hoarseness or voice changes Cervical lymphadenopathy Very young (pre-pubertal) patient Patient aged 65 years and older 	ENT
<p>Refer patient urgently with:</p> <ul style="list-style-type: none"> 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 Unexplained tooth mobility persisting for more than 3 weeks 	MAX/FAX
<p>Other clinical information:</p> <ul style="list-style-type: none"> Family history Heavy smoker/Tobacco use Heavy alcohol consumption 	

Lung Cancer	
Fast Track Referral	
<p>Refer urgently patients with:</p> <ul style="list-style-type: none"> *Superior vena caval obstruction (swelling of the face/neck with fixed elevation of jugular venous pressure) *Stridor Persistent haemoptysis (in smokers or ex-smokers over 40 years) <p>*Consider emergency admission</p>	<ul style="list-style-type: none"> 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	
<p>Refer urgently for chest X-ray for patients with any of the following:</p> <ul style="list-style-type: none"> Haemoptysis Unexplained or persistent (longer than 3 weeks): <ul style="list-style-type: none"> Chest and/or shoulder pain Dyspnoea Weight loss Chest signs Hoarseness 	<ul style="list-style-type: none"> Finger clubbing Cervical/supraclavicular lymph nodes Cough Features of secondaries in the 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 or unexplained systemic symptoms

Breast Cancer	
Fast Track Referral	
<p>Refer urgently patients with:</p> <ul style="list-style-type: none"> A discrete hard lump with fixation, with or without skin tethering Previous breast cancer, who presents 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 or spontaneous unilateral bloody nipple discharge Signs of inflammatory cancer (Redness and peau d'orange) 	Any Age
<p>Refer urgently patients with:</p> <ul style="list-style-type: none"> A lump that enlarges A lump that is fixed and hard A lump and other reasons for concern, such as family history 	Aged 30 or below
<p>Refer urgently patients:</p> <ul style="list-style-type: none"> With a discrete lump that persists after their next period, or presents after menopause 	Aged 30 or over
<p>Refer urgently patients:</p> <ul style="list-style-type: none"> Unilateral, firm subareolar mass with or without nipple distortion or associated skin changes 	Male aged 50 or over

Gynaecological Cancer	
Fast Track Referral	
<p>Refer urgently patients:</p> <ul style="list-style-type: none"> With lesions suggestive of cervical cancer on examination. Note: A smear test is not required before referral, and a previous 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 (Consider urgent ultrasound scan) Suspicious pelvic mass on pelvic ultrasound 	<ul style="list-style-type: none"> 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 <p>*Guidance is "consider referral"</p>

Urological Cancer	
Fast Track Referral	
<p>Refer urgently patients with:</p> <ul style="list-style-type: none"> 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 testis swelling Suspected penile cancer Elevated age-specific PSA levels with a life expectancy greater than 10 years <p>Age: 50-59 >= 3.0 60-69 >= 4.0 70 and over >= 5.0</p> <p>Note: For men over 80 years only do a PSA test if they are likely to need palliative treatment</p> <ul style="list-style-type: none"> Any age – High PSA (>20) with clinically malignant prostate 	

Skin Cancer	
Fast Track Referral	
<p>Refer patients scoring 3 patients or more:</p> <ul style="list-style-type: none"> Growing in size (2 points) Irregular shape (2 points) Irregular colour (2 points) Largest diameter 7mm or more (1 point) Inflammation (1 point) Oozing (1 point) Change in sensation (1 point) 	Melanoma
<p>Refer urgently patients:</p> <ul style="list-style-type: none"> With slowly growing, non-healing keratinizing or crusted tumours larger than 1 cm with significant induration on palpation Excision biopsy diagnosis New or growing skin lesion in a post-transplant therapeutically immunosuppressed patients 	Squamous Cell Carcinoma

Upper GI Cancer	
Fast Track Referral	
<p>Refer urgently patients presenting with:</p> <ul style="list-style-type: none"> Dysphagia (Any age) Dyspepsia with: <ul style="list-style-type: none"> Documented weight loss >3kg Persistent vomiting Family history of Upper GI cancer – 2 or more first degree relatives Barrett's oesophagus Pernicious anaemia Known dysplasia, atrophic gastritis or intestinal metaplasia Chronic gastrointestinal bleeding Peptic ulcer surgery over 20 years ago Epigastric mass Suspicious barium meal 	<ul style="list-style-type: none"> Unexplained upper abdominal pain and weight loss Upper abdominal mass without dyspepsia Painless obstructive jaundice (Urgent ultrasound if available) Persistent vomiting and weight loss in the absence of dyspepsia Iron deficiency anaemia without obvious cause Aged 55+ with unexplained and persistent recent onset of dyspepsia alone

Colorectal Cancer	
Fast Track Referral	
<p>Refer urgently patients with:</p> <ul style="list-style-type: none"> Rectal bleeding with a change of bowel habit to looser stools and/or increased frequency of defecation, persistent for 6 weeks 	Aged 40 years or over
<p>Refer urgently patients with:</p> <ul style="list-style-type: none"> Rectal bleeding persisting for 6 weeks or more without anal symptoms Change in bowel habit to looser stools and/or increased frequency of defecation without rectal bleeding and persistent for 6 weeks 	Aged 60 years or over
<p>Refer urgently patients with:</p> <ul style="list-style-type: none"> 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) 	Any age



Children's Cancer	
Leukaemia (All ages)	
Acute Admission	
Refer immediately children or young people with either:	
<ul style="list-style-type: none"> ◆ Unexplained petechiae ◆ Hepatosplenomegaly 	
Investigate with FBC and blood film a child with any of the following:	
<ul style="list-style-type: none"> ◆ Pallor ◆ Fatigue ◆ Unexplained irritability ◆ Unexplained fever 	<ul style="list-style-type: none"> ◆ Persistent or recurrent UTI ◆ Generalised lymphadenopathy ◆ Persistent or unexplained bone pain ◆ Unexplained bruising
Lymphomas	
Acute Admission	
Refer immediately children or young people with either:	
<ul style="list-style-type: none"> ◆ Hepatosplenomegaly ◆ Mediastinal or hilar mass on chest X-ray 	
Fast Track Referral	
Refer urgently children or young people:	
<ul style="list-style-type: none"> ◆ 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 shortness of breath and unexplained petechiae or hepatosplenomegaly (particularly if not responding to bronchodilators) 	
Brain and CNS Tumours	
Acute Admission	
<ul style="list-style-type: none"> ◆ 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 :
	<ul style="list-style-type: none"> ◆ New onset seizures ◆ Bulging fontanelle ◆ Extensor attacks ◆ Persistent vomiting
Fast Track Referral	
For children aged 2 years and older :	<ul style="list-style-type: none"> ◆ Altered behaviour ◆ Abnormal eye movements ◆ Lack of visual following ◆ Poor feeding/failure to thrive ◆ Squint, urgency dependent on other factors
For children aged younger than 2 years with:	
<ul style="list-style-type: none"> ◆ Abnormal increase in head size ◆ Arrest or regression of motor development 	

Children's Cancer cont.	
Neuroblastoma (All ages)	
Fast Track Referral	
Refer urgently children with:	
<ul style="list-style-type: none"> ◆ Proptosis ◆ Leg weakness 	<ul style="list-style-type: none"> ◆ Unexplained back pain ◆ Unexplained urinary retention
Wilms 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:	
<ul style="list-style-type: none"> ◆ Deep to the fascia ◆ Non-tender 	<ul style="list-style-type: none"> ◆ Progressively enlarging ◆ Associated with a regional lymph node that is enlarging ◆ Greater than 2 cm in diameter in size
Bone Sarcomas (All ages)	
Fast Track Referral	
Refer children or young people with:	
<ul style="list-style-type: none"> ◆ Rest pain, back pain and unexplained limp (Consider an urgent X-ray before, or as well as a referral) 	<ul style="list-style-type: none"> ◆ Persistent localised bone pain and/ or swelling, and X-ray showing signs of cancer
Retinoblastoma (Mostly children under 2 years)	
Fast Track Referral	
Refer urgently children with a:	
<ul style="list-style-type: none"> ◆ White pupillary reflex ◆ New squint or change in visual acuity ◆ Family history of retinoblastoma and visual problems 	

Haematological Cancers	
Fast Track Referral	
<ul style="list-style-type: none"> ◆ *Blood count/Film reported as acute leukaemia ◆ *Spinal cord compression or renal failure suspected of being caused by myeloma 	Refer patient urgently with:
	<ul style="list-style-type: none"> ◆ Unexplained splenomegaly ◆ Lymph nodes and: * Persistent for 6 weeks or more * Increasing in size * Greater than 2cm in size * Widespread nature * Associated with splenomegaly, night sweats or weight loss
*Discuss immediately by telephone with duty haematology consultant or SpR re: need for admission	

Brain and CNS Cancer	
Fast Track Referral to Neurology (Especially patients previously diagnosed with cancer)	
Refer patient urgently with:	Symptoms related to the CNS
<ul style="list-style-type: none"> ◆ Progressive neurological deficit ◆ New-onset seizures ◆ Headaches ◆ Mental changes ◆ Cranial nerve palsy ◆ Unilateral sensorineural deafness 	
Refer patient urgently with:	Headaches of recent onset accompanied by features suggestive of raised intracranial pressure
<ul style="list-style-type: none"> ◆ 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 	
<ul style="list-style-type: none"> ◆ A new, qualitatively different, unexplained headache that becomes progressively severe 	
Fast Track Referral	
Consider urgent referral in patients with rapid progression of:	
<ul style="list-style-type: none"> ◆ 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 	
Sarcoma Cancer	
Fast Track Referral	
<ul style="list-style-type: none"> ◆ A size greater than 5cm ◆ Increasing in size ◆ Deep to fascia, fixed or immobile ◆ Recurrence after previous excision ◆ Painful 	A soft tissue mass with any of the following:
Refer urgently if patients have:	
<ul style="list-style-type: none"> ◆ An X-ray suspicious of a primary bone tumour ◆ HIV, consider Kaposi's sarcoma and refer urgently if suspected 	
Urgently investigate increasing, unexplained or persistent bone pain or tenderness	