# Summary of Local Fast Track Guidelines for Suspected Cancer

(Calderdale and Huddersfield NHS Foundation Trust)

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## Fast track referrals for suspected cancer

- These exist to expedite investigations in patients who have signs or symptoms which could potentially be due to a cancer.
- Patients are seen within 14 days by a specialist who will initiate appropriate investigations to confirm or exclude the possibility of cancer.
- The system is set up to ensure early diagnosis and treatment of cancer but relies on referring clinicians being familiar with the fast track referral criteria for multiple cancerous conditions.
- The following summary can aid GPs and other clinicians to recall these symptoms and signs during patient consultations in the primary care setting and thus make prompt referrals.



## List of fast track cancer referral guidelines included

- Brain & CNS cancer
- Breast cancer
- Children's cancer
- Gynaecological cancer
- Haematological cancer
- Head & Neck cancer
- Lower Gastrointestinal cancer
- Lung cancer
- Sarcoma
- Skin cancer
- Upper Gastrointestinal cancer
- Urological cancer



### **Brain & CNS cancer referral criteria**

- For whom a brain tumour is suspected due to symptoms related to the CNS, including:
  - Progressive neurological deficit
  - New onset seizures
  - New onset, unaccustomed or changing nature of headaches
  - Mental changes
  - Cranial nerve palsy
  - Unilateral sensorineural deafness
  - Other



- Headaches of recent onset accompanied by features suggestive of raised intracranial pressure, for example:
  - Vomiting
  - Drowsiness
  - Posture-related headache
  - Pulse-synchronous tinnitus
  - Focal or non-focal neurological symptoms, for example blackout, change in personality or memory
- Rapid progression of sub-acute neurological deficit
- Rapid progression of unexplained cognitive impairment, behavioural disturbance or slowness, or a combination of these



 Rapid progression of personality changes confirmed by a witness and for which there is no reasonable explanation even in the absence of the other symptoms and signs of a brain tumour

### **History:**

### Rapidly progressive focal deficit checklist:

- Weakness/heaviness/clumsiness
- Unsteadiness
- Numbness/tingling
- Deafness in one ear
- Visual disturbance



### Seizures checklist:

- Focal onset
- Post-ictal deficit
- Associated (inter-ictal) focal deficit
- De novo status epilepticus

### Raised intracranial pressure checklist:

- Headache
- Nausea/vomiting
- Double vision
- Intermittent drowsiness



### Mental state changes checklist:

- Short history cognitive decline (e.g. Memory decline)
- Short history behaviour/personality change

### **Examination findings:**

### **Higher mental functions:**

- Alert
- Orientated
- Attentive
- Forgetful
- Dysphasic



### **Cranial Nerves:**

- Papilloedema
- Extraocular muscle palsy
- Visual field loss
- Facial weakness
- Unilateral deafness

### Limbs:

- Hemiparesis
- Ataxia
- Hemisensory loss



### Breast cancer referral criteria

- Any discrete, hard breast lump with fixation, with or without skin tethering
- Any female, aged 30 years or older with a discrete breast lump that persists after their next period, or presents after menopause, or with an unexplained lump in the axilla
- Any female, aged younger than 30 years:
  - With a lump that enlarges
  - With a lump that is fixed and hard
  - In whom there are other reasons for concerns such as family history



- With previous breast cancer, who presents with a further lump or suspicious symptoms
- With unilateral eczematous skin or nipple change that DOES NOT respond to topical treatment
- With nipple distortion of recent onset
- With spontaneous unilateral bloody discharge
- Any male, aged 30 years and older with a unilateral, firm sub-areolar mass with or without nipple distortion or associated skin changes



## Children's cancer referral criteria

(under 16 year olds)

- Patient has presented several times (3 or more) with the same problem, but with no clear diagnosis (investigations should be carried out)
- Suspected Leukaemia consider an <u>immediate referral</u> (acute admission or referral occurring within a few hours or even more quickly if necessary) in children or young people with either <u>unexplained petechiae or hepatosplenomegaly</u>



- Suspected Lymphoma patient has 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 2cm in size
  - Lymph nodes progressively enlarging
  - Other features of general ill health, fever or weight loss
  - Axillary lymph node involvement
  - Supraclavicular node involvement
  - Shortness of breath and unexplained petechiae or hepatosplenomegaly (particularly if not responding to bronchodilators)

Consider <u>an immediate referral</u> (an acute admission or referral occurring within a few hours or even more quickly if necessary) in children or young people with either <u>hepatosplenomegaly or mediastinal or hilar mass on chest X-ray.</u>



- Suspected Neuroblastoma Patient has the following symptoms:
  - proptosis
  - unexplained back pain
  - leg weakness
  - unexplained urinary retention
- Suspected Wilm's tumour painless abdominal mass and/or haematuria



### Suspected Retinoblastoma – patient has the following symptoms:

- White papillary reflex (leukocoria) parent may have reported odd appearance of the eye
- A new squint or change in visual acuity if cancer is suspected
- A family history of retinoblastoma and visual problems



### Suspected Brain/CNS tumours

- Child/young person aged 2 or over with a persistent headache where you cannot carry out an adequate neurological examination in primary care
- Child aged younger than 2 years with an abnormal increase in head size
- Child aged younger than 2 years with arrest or regression of motor development
- Child aged younger than 2 years with altered behaviour
- Child aged younger than 2 years with abnormal eye movement
- Child aged younger than 2 years with lack of visual following
- Child aged younger than 2 years with poor feeding/failure to thrive
- Child aged younger than 2 years with new squint, urgency dependent on other factors



Consider an <u>immediate referral</u> (an acute admission or referral occurring within a few hours or even more quickly if necessary):

In children or young people with a reduced level of consciousness; headache and vomiting that causes early morning waking or occurs on waking as these are classical signs of raised intracranial pressure.

In children aged younger than 2 years with any of the following symptoms – new onset seizures, bulging fontanelle, extensor attacks or persistent vomiting

In children with any of the following neurological signs or symptoms – new onset seizures, non-congenital cranial nerve abnormalities, non-congenital visual disturbances, non congenital gait abnormalities, motor or sensory signs, unexplained deteriorating school performance or developmental milestones or unexplained behavioural and/or mood changes



- Suspected Soft tissue sarcoma a soft tissue mass in an unusual location giving rise to misleading local and persistent unexplained symptoms and signs, including:
  - In Head & Neck proptosis
  - In Head & Neck persistent unexplained unilateral nasal obstruction with or without discharge and/or bleeding
  - In Head & Neck aural polyps/discharge
  - In genitourinary tract urinary retention
  - In genitourinary tract scrotal swelling
  - In genitourinary tract bloodstained vaginal discharge

Patient has unexplained mass with the following features:

- a) deep to the fascia
- b) non-tender
- progressively enlarging
- d) associated with a regional lymph node that is enlarging
- e) greater than 2 cm in size



 Suspected Bone Sarcoma (Osteosarcoma or Ewing's Sarcoma) – persistent localised bone pain and/or swelling, and X-ray showing signs of cancer

### **Symptoms checklist**

- Fatigue/malaise/lethargy
- Behavioural change
- Bone pain (unexplained/persistent)
- Deterioration in school performance
- Unexplained bruising
- Headache
- Haematuria
- Persistent or recurrent upper respiratory tract infections
- Other



### **Examination checklist:**

- Lymphadenopathy
- Soft tissue mass
- Pallor/fatigue/signs of anaemia
- Unexplained fever
- Abdominal mass
- Neurological signs
- Unexplained irritability
- Hepatomegaly
- Splenomegaly
- Other findings



## Gynaecological cancer referral criteria

The patient has **one or more of the following criteria**:

### **Vulvoscopy clinic**

Has a lesion suspicious of cancer on clinical examination of the vulva

### **Colposcopy clinic**

- Has a lesion suspicious of cancer on vagina on examination
- Has a lesion suspicious of cancer on cervix on examination
- A cervical smear suspicious of invasive cancer
- Postcoital bleeding aged over 35 years that persists for more than 4 weeks



### **Hysteroscopy clinic**

- Not on HRT with postmenopausal bleeding (PMB)
- On HRT with persistent or unexplained PMB after cessation of HRT for 6 weeks
- Patient taking or taken tamoxifen with PMB

### **General/ovarian clinic**

- Has persistent intermenstrual bleeding and negative pelvic examination over 35 years age
- Has abdominal ascites or pelvic mass on examination that is not obviously uterine fibroids



## Haematological cancer referral criteria

- Blood count suggestive of leukaemia: with anaemia, abnormal white blood cell count (high or low) and low platelet count
- Suspicious lymphadenopathy
- Hepatosplenomegaly
- Bone pain associated with anaemia
- Bone x-rays reported as suggestive of myeloma
- Constellation of 3 or more of the following symptoms: fatigue, night sweats, weight loss, itching, pain on drinking alcohol, breathlessness, bruising, recurrent infections, bone pain



## Head & neck (inc thyroid) cancer referral criteria

The patient has one or more of the following criteria:

#### **General Head & Neck Clinic**

- Persistent unexplained hoarse voice for more than 3 weeks in patient 45 years age and over
- Progressive true dysphagia i.e. patient unable to swallow solids
- Localised soreness of throat lasting more than 4 weeks, especially when associated with otalgia but normal otoscopy
- Unilateral nasal obstruction in the absence of an infective history. Progressive over short duration and associated with epistaxis, cranial nerve palsy, epiphora



### Maxillofacial clinic

- Unexplained ulceration of oral mucosa or mass persisting for more than 3 weeks
- Unexplained red & white patch (s) of the oral mucosa that are painful, swollen or bleeding
- Unexplained tooth mobility not associated with periodontal disease
- Radiographic evidence of unusual osteolytic or sclerotic lesions
- Unexplained lumps of the mouth, lips or face present for longer than 3 weeks



### **Neck lump clinic**

 Unexplained palpable neck lump for more than 3 weeks and of recent onset or change

Thyroid

**Parotid** 

Other



## Lower gastrointestinal cancer referral criteria

- Aged 40 and over with unexplained weight loss and abdominal pain
- Aged 50 and over with unexplained rectal bleeding
- Aged 60 and over with iron deficiency anaemia or changes in their bowel habit
- Test shows occult blood in faeces in adults without rectal bleeding who are:
  - Aged 50 and over with unexplained abdominal pain or weight loss
  - Aged under 60 with changes in bowel habit or iron deficiency anaemia
  - Aged 60 and over and have anaemia in the absence of iron deficiency



- Aged 50 and under with rectal bleeding and any of the following:
  - Abdominal pain
  - Change in bowel habit
  - Weight loss
  - Iron deficiency anaemia
- Of any age with a rectal or abdominal mass
- Of any age with an unexplained anal mass or unexplained anal ulceration



## Lung cancer referral criteria

- Persistent haemoptysis (in smokers or ex-smokers aged 40 years and older)
- A chest x-ray suggestive of lung cancer (including pleural effusion and slowly resolving consolidation)
- A normal chest x-ray where there is a high suspicion of lung cancer
- A history of asbestos exposure and recent onset of chest pain, shortness of breath or unexplained systemic symptoms where a chest-xray indicates pleural effusion, pleural mass or any suspicious lung pathology



### **Symptoms checklist:**

- Haemoptysis (once)
- Haemoptysis (more than once)

### Unexplained or persistent (greater than 3 weeks)

- Cough
- Chest/shoulder pain
- Breathlessness
- Weight loss
- Wheeze
- Hoarseness



### **Examination checklist:**

- Chest signs
- Stridor
- Signs of SVCO (superior vena cava obstruction)
- Signs of metastases
- Cervical lymph nodes
- Finger clubbing

All patients should have an up to date CXR or within the 4 weeks preceding the referral



### Sarcoma cancer referral criteria

The patient has **one or more of the following criteria**:

Patient has a palpable lump that is:

- Greater than about 5cm in diameter
- Deep to fascia, fixed or immobile
- Increasing in size
- Painful
- A recurrence after a previous excision



### Skin cancer referral criteria

The patient has **one or more of the following criteria**:

Suspected melanoma (7 point weighted checklist for assessment of pigmented lesions).

Refer patients with scores of 3 points or more;

### Major features score 2 points;

- Largest diameter 7mm or greater
- Increase in size
- Irregular shape
- Irregular colour

### Minor features score 1 point;

- Inflammation
- Oozing
- Change in sensation



- Refer for a pigmented/non-pigmented skin lesion that suggests nodular melanoma
- Suspected Squamous Cell Carcinoma
  - Non-healing keratinizing lesion greater than 1cm in diameter with significant induration on palpation
  - Documented expansion over 8 weeks
  - Immunosuppression/organ transplant with new or growing cutaneous lesion

### Risk factors for skin cancer:

Family history

Multiple naevi

Fair skin/tanning

Excessive/prolonged UV exposure

**Immunosuppression** 



## Upper gastrointestinal cancer referral criteria

- Unintentional weight loss with any of the following upper abdominal pain, reflux or dyspepsia
- Progressive dysphagia
- Over 40 years with jaundice
- Upper abdominal mass
- Abdominal pain & weight loss, with or without back pain
- Persistent unexplained vomiting



- Refer for patients aged 60 or above with weight loss and any of the following:
  - Diarrhoea
  - Back pain
  - Abdominal pain
  - Nausea/vomiting
  - Constipation
  - New onset diabetes



## Urological cancer referral criteria

The patient has **one or more of the following criteria**:

#### **Haematuria Clinic**

- Aged 45 years and over with unexplained visible haematuria without urinary tract infection
- Visible haematuria that persists or recurs after successful treatment of urinary tract infection
- Aged 60 years and over with unexplained non-visible haematuria & either dysuria or a raised white cell count on a blood test



#### **Prostate Assessment Clinic**

- Normal prostate but rising/raised age-specific PSA, with or without lower urinary tract symptoms
- Have symptoms and high PSA levels
- Has a hard, irregular prostate typical of prostate carcinoma. Note: PSA should be measured and the result should accompany the referral

### **General Urology Clinic**

- Swelling or mass in the body of the testis
- Abdominal mass identified clinically or on imaging that is thought to arise from the urinary tract
- Suspected penile cancer including progressive ulceration or a mass in the glans or prepuce particularly, but can involve the penile shaft. (Lumps within the corpora cavernosa can indicate Peyronie's disease which does not require urgent referral)



### **Symptoms checklist:**

- Macroscopic haematuria
- Loin pain
- Lower urinary tract symptoms
- Testicular swelling
- Bone pain
- Other

### **Examination checklist:**

- Renal mass
- Pyrexia
- Swelling in body of testis
- Malignant feeling prostate on rectal examination
- Other



## Take home messages...

- Cancer can present in a variety of ways/forms and initial symptoms may be quite vague.
- Fast track referral guidelines such as those outlined in this presentation help clinicians to identify symptoms which could be indicative of cancer and provide a pathway to urgent investigations.
- It is extremely important for GPs and health professionals to be familiar with fast track referral criteria for suspected cancer, in order to avoid delayed referrals and diagnoses.

