### Scottish Referral Guidelines for Suspected Cancer

**January 2019**

- Symptoms should be new and otherwise unexplained
- Referral is urgent suspicion of cancer pathway unless otherwise stated
- Adults only
- Scotland only
- Version: 2019 refresh of 2014 guidelines

#### Head and neck (emergency referral)
- Stridor
- Lump >3/52
- Oral mucosa
- Ulceration or swelling/induration >3/52
- Red/white patches >3/52
- Hoarseness – constant >3/52
- Odynophagia or throat pain >3/52

#### Lung (X-ray)
- Haemoptysis
- >3 weeks
- Cough – new or change in existing
- Dyspnoea
- Chest/shoulder pain
- Appetite loss
- Weight loss
- Chest signs
- Hoarseness (ref ENT if no other symptom to suggest lung cancer)
- Fatigue (in smokers >40y/o)
- Clubbing (new)
- Chest infection – persistent or recurrent

#### Head and neck
- Lump >3/52
- Oral mucosa
- Lump >3/52
- Head and neck
- Stridor (emergency referral)

#### Thyroid
- Solitary nodule, increasing size
- Swelling <16y/o, or
- Swelling with ≥1 of:
  - Unexplained hoarseness/cervical lymphadenopathy
  - FNH endocrine tumour
  - Hx neck irradiation

#### Lymphadenopathy
- Persistent; cervical/ supraclavicular (ref ENT if CXR NAD)
- Thrombocytosis (if CXR NAD consider other diagnosis including other cancers)

#### Lung
- Unexplained signs/symptoms as per 1 above for >6/52 despite normal CXR
- CXR suggestive of lung cancer
- Persistent haemoptysis >40y/o and smoker/ex-smoker

#### Hepatobiliary and pancreatic
- New unexplained back pain
- Ongoing GI symptoms despite normal endoscopy

#### Haematological
- Abnormal blood count/film, suspicious of:
  - Acute leukaemia
  - Chronic myeloid leukaemia
  - Lymphadenopathy ≥1 of:
    - >2cm for >6/52
    - Increasing size
    - Generalised
  - Hepatosplenomegaly – without liver disease
  - Bone pain – with paraprotein or anaemia
  - Bone x-ray suggestive of myeloma
  - Consider:
    - Fatigue
    - Night sweats
    - Weight loss
    - Itching
    - Bruising
    - Infections
    - Bone pain
    - Polyuria
    - Polyps/pigment
    - Check HIV status

#### Haematopoietic
- Raised (age specific) PSA
- Hard, irregular prostate on DRE

#### Testicular
- Non painful enlargement or change in shape/texture
- (Epididymo-)orchitis – new or changing
- Non painful testicular

#### Endometrial
- PV bleed
- Post-menopausal (if on HRT, then after cessation for >4/52)
- Unscheduled, on tamoxifen
- Intermenstrual, persistent
- Pelvic mass (order USS for infection)
- Change in bowel habit
- Abnormal USS or CA125
- Ascites
- Peritoneal

#### Ovarian
- Abdo exam, Ca125 & urgent pelvic USS in women especially >50 with unexplained abdo distension/bloating
- Early satiety
- Loss of appetite
- Pelvic or abdo pain
- Increased urinary urgency or frequency
- Change in bowel habit
- Abnormal USS or CA125
- Ascites
- Pelvic mass (ultrasound-confirmed)

#### Endometrial
- PV bleed
- Post-menopausal (if on HRT, then after cessation for >4/52)
- Unscheduled, on tamoxifen
- Intermenstrual, persistent
- Pelvic mass (order USS but refer anyway if suspicious)

#### Cervical
- Clinically suspicious on examination

#### Vulval
- Unexplained lump
- Bleeding ulceration

#### Vaginal
- Clinically suspicious on examination

#### Breast
- New discrete lump – >30y/o or recurrent at site of previously aspirated cyst
- Asymmetrical nodularity – >35y/o or persists after 2-3/52
- Axillary lymph node(s) – unilateral & persisting 2-3/52
- Nipple
  - Discharge – visible bloodstained
  - Retraction – new unilateral
  - Eczema – persistent desquamation of breast/steroid for 2/52
- Skin
  - Tethering
  - Fixation
  - Ulceration
  - Peau d’orange
  - Mastitis/inflammation (persists/recurs despite x1 course of antibiotics)

#### Colorectal
- Please refer to local qFIT guidance where appropriate
- Rectal bleeding – repeated (without obvious anal cause)
- or mixed with stool
- Bowel habit change (especially looser stools not simple constipation)
  - >4/52
- Abdominal pain and weight loss
- Unexplained iron-deficiency anaemia
- Unexplained abdominal/ano-rectal mass

#### Prostate
- Non-healing lesion
- Painful phimosis

#### Bladder and renal
- Unexplained visible haematuria >45y/o (without infection or persists after treatment for infection)
- Non-visible haematuria >60y/o + dysuria or raised white cell count on a blood test
- Abdominal mass consistent with urinary tract origin

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