## BREAST CANCER

**Red Flag referral, patients:**
- of any age with a discrete, hard lump with fixation, with or without skin tethering
- of any age, with previous breast cancer, who present with an enlarging 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 nipple discharge

**Non-urgent referral:**
- women 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 concern such as family history

**Red Flag referral: males**
- aged 50 years and older with a unilateral, firm subareolar mass with or without nipple distortion or associated skin changes

**COLORECTAL CANCER**

**Red Flag referral:**
- aged 40 years and older, reporting rectal bleeding with a change of bowel habit towards looser stools and/or increased stool frequency persisting 6 weeks or more
- aged 60 years and older, with rectal bleeding persisting for 6 weeks or more without a change in bowel habit and without anal symptoms
- aged 60 years and older, with a change in bowel habit to looser stools and/or more frequent stools persisting for 6 weeks or more without rectal bleeding
- of any age with a right lower abdominal mass consistent with involvement of the large bowel
- of any age with a palpable rectal mass (intraluminal and not pelvic; a pelvic mass outside the bowel would warrant an urgent referral to a urologist or gynaecologist)
- men of any age with unexplained iron deficiency anaemia and a haemoglobin of 11g/100ml or below
- who are non-menstruating women with unexplained iron deficiency anaemia and a haemoglobin of 10g/100ml or below.

**LUNG CANCER**

**Immediate referral, patients with:**
- signs of superior vena caval obstruction (swelling of the face/neck with fixed elevation of jugular venous pressure)
- stridor

**Red Flag referral, patients with:**
- 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 X-ray indicates pleural effusion, pleural mass or any suspicious lung pathology.

**Urgent chest X-ray**

**SKIN CANCER**

**Red Flag referral**
- a lesion suspected to be melanoma. (Excision in primary care should be avoided.)

**Red Flag referral**
- with non-healing keratinizing or crusted tumours larger than 1 cm 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 developing or new growing cutaneous lesions as squamous cell carcinoma is common with immunosuppression but may be atypical and aggressive
- with histological diagnosis of a squamous cell carcinoma

**Non-urgent referral**
- Basal cell carcinomas are slow growing, usually without significant expansion over 2 months, and usually occur on the face. If basal cell carcinoma is suspected, refer non-urgently.
### UROLOGY CANCER

Red Flag referral (Prostate), patients:
- with a hard, irregular prostate typical of a prostate carcinoma.
- Prostate-specific antigen (PSA) should be measured and the result should accompany the referral. (An urgent referral is not needed if the prostate is simply enlarged and the PSA is in the age-specific reference range.)
- with a normal prostate, but rising/raised age-specific PSA, with or without lower urinary tract symptoms. (In patients compromised by other comorbidities, a discussion with the patient or carers and/or a specialist may be more appropriate.)
- with symptoms and high PSA levels.

Red Flag referral (Bladder and Renal), patients:
- of any age with painless macroscopic haematuria
- aged 40 years and older who present with recurrent or persistent urinary tract infection associated with haematuria
- aged 50 years and older who are found to have unexplained macroscopic haematuria
- with an abdominal mass identified clinically or on imaging that is thought to arise from the urinary tract.

Red Flag referral (Testicular), patients:
- with a swelling or mass in the body of the testis.

Red Flag referral (Penile), patients:
- with symptoms or signs of penile cancer. These include progressive ulceration or a mass in the glans or prepuce particularly, but can involve the skin of the penile shaft. (Lumps within the corpora cavernosa can indicate Peyronie’s disease, which does not require urgent referral.)

Non-urgent referrals:
- patients under 50 years of age with microscopic haematuria. Patients with proteinuria or raised serum creatinine should be referred to a renal physician. If there is no proteinuria and serum creatinine is normal, a non-urgent referral to a urologist should be made.

### GYNECOLOGY CANCER

Red Flag referral, patients:
- with clinical features suggestive of cervical cancer on examination. A smear test is not required before referral, and a previous negative result should not delay referral
- not on hormone replacement therapy with postmenopausal bleeding
- on hormone replacement therapy with persistent or unexplained postmenopausal bleeding after cessation of hormone replacement therapy for 6 weeks
- taking tamoxifen with postmenopausal bleeding
- with an unexplained vulval lump
- with vulval bleeding due to ulceration.

Consider red flag referral for patients with persistent intermenstrual bleeding and negative pelvic examination

Red Flag referral for an ultrasound scan, patients:
- with a palpable abdominal or pelvic mass on examination that is not obviously uterine fibroids or not of gastrointestinal or urological origin. If the scan is suggestive of cancer, an urgent referral should be made. If urgent ultrasound is not available, an urgent referral should be made.

Ovarian Cancer
- Following clinical history and pelvic examination if ovarian cancer is suspected measure CA125. If ≥35 IU/ml arrange an ultrasound of pelvis and abdomen / refer as red flag.

[Please note: CA125 should not be ordered without a pelvic examination]

### HAEMATOLOGY CANCER

Combinations of the following symptoms and signs warrant full examination, further investigation (including a blood count and film) and possible referral:
- fatigue
- drenching night sweats
- fever
- weight loss
- generalised itch
- change in personality

The urgency of referral depends on the symptom severity and findings or investigations. [Please note lymphadenopathy as a single symptom does not normally need to be referred to haematology.]

Immediate referral, patients with:
- a blood count/film reported as acute leukaemia
- spinal cord compression or renal failure suspected of being caused by myeloma.

Red Flag referral:
- patients with persistent unexplained splenomegaly.

### BRAIN AND CNS CANCER

Red Flag referral, patients with:
- symptoms related to the CNS, including:
  - progressive neurological deficit
  - new-onset seizures
  - headaches
  - mental changes
  - cranial nerve palsy
  - unilateral sensorineural deafness in whom a brain tumour is suspected
- headaches of recent onset accompanied by features suggestive of raised intracranial pressure, for example:
  - vomiting
  - drowsiness
  - posture-related headache
  - pulse-synchronous tinnitus
  - or by other focal or non-focal neurological symptoms, for example blackout, change in personality or memory
- a new, qualitatively different, unexplained headache that becomes progressively severe
- suspected recent-onset seizures (refer to neurologist).

Consider red flag referral (to an appropriate specialist) in patients with rapid progression of:
- subacute 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 even in the absence of the other symptoms and signs of a brain tumour.

Non-urgent referral or discussion with specialist for:
- unexplained headaches or recent onset:
  - present for at least 1 month
  - not accompanied by features suggestive of raised intracranial pressure.

### BONE AND SARCOMA CANCERS

Immediate X-ray (Bone tumour), patients:
- a patient with a suspected spontaneous fracture.
- If the X-ray:
  - indicates possible bone cancer, refer urgently
  - is normal but symptoms persist, follow up and/or request repeat X-ray, bone function tests or referral.

Red Flag referral (Soft tissue sarcoma), if a patient:
- presents with a 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
If a patient has HIV, consider Kaposi’s sarcoma and make an urgent referral if suspected.

Urgently investigate:
- increasing, unexplained or persistent bone pain or tenderness, particularly pain at rest (especially if not in the joint), or an unexplained limp. In older people metastases, myeloma or lymphoma, as well as sarcoma, should be considered.
**CANCER IN CHILDREN AND YOUNG PEOPLE**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Red flag referral, children aged younger than 2 years with:</th>
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<tbody>
<tr>
<td>Leukaemia (children of all ages)</td>
<td>- Unexplained petechiae, or</td>
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<td></td>
<td>- Hepatosplenomegaly</td>
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<td>Lymphomas</td>
<td>Immediate referral, children or young people with either:</td>
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<td>- Hepatosplenomegaly, or</td>
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<td>- Mediastinal or hilar mass on chest X-ray</td>
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<td>Red flag referral, children or young people:</td>
<td>With one or more of the following (particularly if there is no evidence of local infection):</td>
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<tr>
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<td>- non-tender, firm or hard lymph nodes</td>
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<td>- lymph nodes greater than 2 cm in size</td>
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<td></td>
<td>- other features of general ill-health, fever or weight loss</td>
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<td>- axillary node involvement (in the absence of local infection or dermatitis)</td>
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<td>- supraclavicular node involvement</td>
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<td></td>
<td>- with shortness of breath and unexplained petechiae or hepatosplenomegaly (particularly if not responding to bronchodilators).</td>
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<td>Brain and CNS tumours</td>
<td>Immediate referral, children or young people with:</td>
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<td>- a reduced level of consciousness</td>
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<td>- headache and vomiting that cause early morning waking or occur on waking as these are classical signs of raised intracranial pressure.</td>
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<tr>
<td>Immediate referral, children aged younger than 2 years with any of the following symptoms:</td>
<td>new-onset seizures</td>
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<td>- bulging fontanelle</td>
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<td>- extensor attacks</td>
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<td>- persistent vomiting</td>
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<tr>
<td>Red flag or immediate referral, children with any of the following neurological symptoms and signs:</td>
<td>new-onset seizures</td>
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<td>- cranial nerve abnormalities</td>
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<td>- visual disturbances</td>
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<td>- gait abnormalities</td>
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<td>- motor or sensory signs</td>
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<td>- unexplained deteriorating school performance or developmental milestones</td>
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<tr>
<td>Red flag referral, children aged 2 years and older, and young people, with:</td>
<td>a persistent headache where you cannot carry out an adequate neurological examination in primary care.</td>
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<tr>
<td>Red flag referral, children aged younger than 2 years with:</td>
<td>- any of the following symptoms suggestive of CNS cancer:</td>
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<tr>
<td></td>
<td>- abnormal increase in head size</td>
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<td>- arrest or regression of motor development</td>
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<td>- altered behaviour</td>
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<td>- abnormal eye movements</td>
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<td>- lack of visual following</td>
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<td>- poor feeding/failure to thrive</td>
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<td>- squint, urgency dependent on other factors.</td>
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<td>Neuroblastoma (all ages)</td>
<td>Red flag referral, children with:</td>
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<td></td>
<td>- proptosis</td>
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<td>- unexplained back pain</td>
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<td>- leg weakness</td>
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<td>- unexplained urinary retention</td>
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<td>Wilms’ tumour (all ages)</td>
<td>Red flag referral:</td>
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<td>- a child or young person presenting with haematuria</td>
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<td>Soft tissue sarcoma (all ages)</td>
<td>Referral:</td>
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<td>rest pain, back pain and unexplained limp (a discussion with a paediatrician or X-ray should be considered before or as well as referral)</td>
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<td>persistent localised bone pain and/or swelling, and X-ray showing signs of cancer.</td>
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<td>referred urgently.</td>
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<td>Retinoblastoma (mostly children less than 2 years)</td>
<td>Referral:</td>
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<td>- a white pupillary reflex (leukocoria). Pay attention to parents reporting an odd appearance in their child’s eye.</td>
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<td>- a new squint or change in visual acuity if cancer is suspected. (Refer non-urgently if cancer is not suspected.)</td>
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<td>- a family history of retinoblastoma and visual problems. (Screening should be offered soon after birth.)</td>
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