BREAST CANCER

Red Flag referral, patients:

- Refer as red flag for breast cancer if they are:
  - aged 30 and over and have an unexplained (*see note below*) breast lump with or without pain **or**
  - aged 50 and over with any of the following symptoms in one nipple only:
  - discharge
  - retraction
  - Other changes of concern.

- Consider a red flag referral (for an appointment within 2 weeks) for breast cancer in people:
  - with skin changes that suggest breast cancer **or**
  - Aged 30 and over with an unexplained lump in the axilla.

Consider non-urgent referral in people aged under 30 with an *unexplained breast lump with or without pain. *Note: Discussion with a specialist (e.g. by telephone or email) should be considered if there is uncertainty about the interpretation of symptoms and signs, and whether a referral is needed. This may also enable the primary healthcare professional to communicate their concerns and a sense of urgency to secondary healthcare professionals when symptoms are not classical*

***Unexplained**: Symptoms or signs that have not led to a diagnosis being made by the healthcare professional in primary care after initial assessment (including history, examination and any primary care investigations).

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.

COLORECTAL/LOWER GI CANCER

Please follow the NICaN Lower GI Suspected Cancer Pathway (Diagram in **appendix 1)**. **Short version below.**

Patients with any of the following signs and symptoms warrant further investigation as outlined below:

- **Rectal Bleeding** - New onset, persistent and unexplained.
- **Change in Bowel Habit** - Persistent change in bowel habit especially towards looser stools (more than 4 weeks).
- **Mass** - Abdominal mass; Ano-rectal mass/ulcer.
- **Anaemia without other likely cause** - Iron deficiency anaemia (IDA) OR microcytic anaemia (consider prescribing oral iron please).
- **Other** - Abdominal pain and weight loss (consider Upper GI referral if necessary; best investigations are usually CT CAP & OGD if/when available).

Essential Investigations/examination include:

- **qFIT*** (symptomatic test c/o GP) is only for patients with signs & symptoms of colorectal cancer & it should not be sent in their absence)
- **Full Blood Count**
- **Ferritin**
- **U+E**
- **Digital Rectal Examination**

Recommended investigation: Coeliac profile (if IDA, weight loss or diarrhoea).

*If patient is unable to complete qFIT, please make clear why on referral. If patient does not return qFIT when requested please reassess with safety netting.

Symptomatic high-risk features warranting Red-flag referral to your local trust via CCG:

- **qFIT ≥10 µg Hb/g faeces**
- **Ano-Rectal mass / ulcer**
- **Abdominal mass**
- **Iron deficiency anaemia OR microcytic anaemia**

Please ensure blood, qFIT test & DRExam results are attached on the INITIAL SINGLE REFERRAL to facilitate optimal triage outcome, which may result in your patient being sent direct to test.

Please consider and document fitness for investigation if referring.

GYNAECOLOGY 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 itching
- breathlessness
- bruising
- bleeding
- recurrent infections
- bone pain
- alcohol-induced pain
- abdominal pain
- lymphadenopathy
- splenomegaly

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.

HEAD AND NECK CANCER INCLUDING THYROID CANCER

Red Flag referral, patients with:

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 head 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.

HEAD AND NECK CANCER INCLUDING THYROID CANCER cont'd

For patients with persistent symptoms or signs related to the oral cavity in whom a definitive diagnosis of a benign lesion cannot be made, refer to follow up until the symptoms and signs disappear. If the symptoms and signs have not disappeared after 6 weeks, make an urgent referral.
Red Flag referral to a dentist:

- patients with unexplained tooth mobility persisting for more than 3 weeks – monitor for oral cancer patients with confirmed oral lichen planus, as part of routine dental examination. Advise all patients, including those with dentures, to have regular dental check-ups.

Red Flag referral for a Chest X-ray:

- patients with hoarseness persisting for more than 3 weeks, particularly smokers aged older than 50 years and heavy drinkers – if there is a positive finding, refer urgently to a team specialising in the management of lung cancer. If there is a negative finding, refer urgently to a team specialising in head and neck cancer.

Non-urgent referral:

- a patient with unexplained red and white patches of the oral mucosa that are not painful, swollen or bleeding (including suspected lichen planus).

Immediate referral (Thyroid Cancer):

- Patients with symptoms of tracheal compression including stridor due to thyroid swelling.

Red Flag referral (Thyroid Cancer):

- patients with a thyroid swelling associated with any of the following:

- 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

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:

- 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 X-ray indicates pleural effusion, pleural mass or any suspicious lung pathology.

Urgent chest X-ray (the report should be returned within 5 days) for patients with any of the following:

- haemoptysis
- unexplained or persistent (longer than 3 weeks):
  - chest and/or shoulder pain
  - dyspnoea
  - weight loss
  - chest signs
  - hoarseness
  - finger clubbing
  - cervical or supraclavicular lymphadenopathy
  - cough
  - features suggestive of metastasis from a lung cancer (for example, secondaries in the brain, bone, liver, skin)
- underlying chronic respiratory problems with unexplained changes in existing symptoms.

SKIN CANCER

Red Flag referral (Melanoma), patients with:

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

Red Flag referral (Squamous cell carcinomas), patients:

- 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 develop new or 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):

- 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.

UPPER GI

Red Flag referral for endoscopy/referral to specialist, patients of any age with dyspepsia and any of the following:

- chronic gastrointestinal bleeding
- dysphagia
- progressive unintentional weight loss
- persistent vomiting
- iron deficiency anaemia
- epigastric mass
- suspicious barium meal results

Red Flag referral for patients presenting with:

- dysphagia
- unexplained upper abdominal pain and weight loss, with or without back pain
- upper abdominal mass without dyspepsia
- obstructive jaundice (depending on clinical state) – consider urgent ultrasound if available

Consider red flag referral for patients presenting with:

- persistent vomiting and weight loss in the absence of dyspepsia
- unexplained weight loss or iron deficiency anaemia in the absence of dyspepsia
- unexplained worsening of dyspepsia and:
  - Barrett's oesophagus
  - Known dysplasia, atrophic gastritis or intestinal metaplasia
  - Peptic ulcer surgery over 20 years ago

Urgent endoscopy:
Patients aged 55 years and older with unexplained and persistent recent-onset dyspepsia alone.

UROLOGY

Consider a prostate specific antigen (PSA) test and digital rectal examination to assess for prostate cancer in men with;

- Any lower urinary tract symptoms such as nocturia, urinary frequency, hesitancy, urgency, or retention OR
- Erectile dysfunction OR
- Visible haematuria

Do NOT do a PSA in men with a suspected or confirmed urinary tract infection(UTI)

Red Flag referral (Prostate), patients:

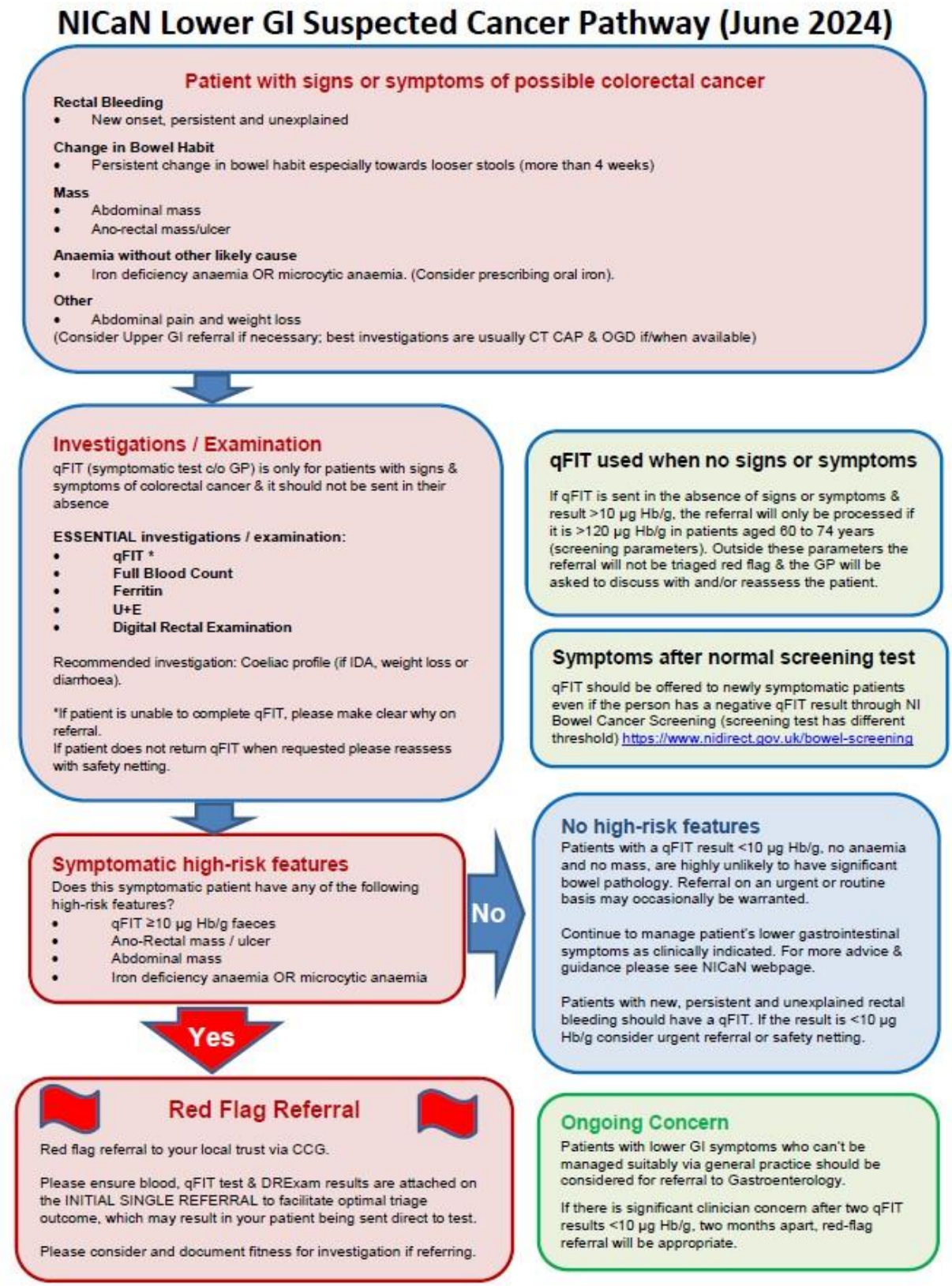
- Refer as suspect cancer if the prostate feels malignant on digital rectal examination.
- Refer as suspect cancer on the basis of a single PSA result if the level is >20 µg /L
- Refer as a suspected cancer (for an appointment within 2 weeks) if PSA levels are above the referral range (as detailed below), at both initial testing and when repeated again at between 2-4 weeks later.

Age	PSA Referral Range
Below 40yrs	Use clinical judgement
40 – 49	More than 2.5µg/L
50 - 59	More than 3.5 µg/L
60-69	More than 4.5 µg/L
70 - 79	More than 6.5µg/L
Above 79 years	: use clinical judgement

UROLOGY CONTINUED	UROLOGY CONTINUED	CANCER IN CHILDREN AND YOUNG PEOPLE
Please note, a PSA may be raised in the presence of urinary infection, prostatitis or benign prostatic hypertrophy. It may also be raised following vigorous exercise, ejaculation or prostate stimulation (e.g. prostate biopsy, digital rectal examination, anal intercourse). Please wait six weeks to do a PSA test if a patient has had an active urinary infection, prostate biopsy, TURP, or prostatitis. PSA testing should only be carried out after full advice and provision of information. **Red Flag referral (Bladder):** ▪ aged 45 and over and have: - unexplained visible haematuria without urinary tract infection or - visible haematuria that persists or recurs after successful treatment of urinary tract infection, or ▪ aged 60 and over and have unexplained non-visible haematuria and either dysuria or a raised white cell count on a blood test. **Red Flag referral (Renal):** If they are aged 45 and over and have: ▪ unexplained visible haematuria without urinary tract infection or ▪ visible haematuria that persists or recurs after successful treatment of urinary tract infection. Of any age with abdominal mass identified on imaging that is thought to arise from the urinary tract.	**Non-Red Flag (Bladder and Renal)** Consider non-urgent referral for • Patients aged 60 and over with recurrent or persistent unexplained urinary tract infection. ▪ Patients under 60 years of age with persistent microscopic haematuria. ▪ Patients with proteinuria 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 an urologist should be made. **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.)	▪ Consider referral when a child or young person presents with persistent back pain (an examination is needed and a full blood count and blood film). Persistent parental anxiety is sufficient reason for referral, even where a benign cause is considered most likely. Take into account parental insight and knowledge when considering urgent referral. ▪ Refer urgently when a child or young person presents several times (for example, three or more times) with the same problem, but with no clear diagnosis (investigations should also be carried out). There are associations between Down's syndrome and leukaemia, between neurofibromatosis and CNS tumours, and between other rare syndromes and some cancers. Be alert to the potential significance of unexplained symptoms in children with such syndromes. **<u>Leukaemia (children of all ages)</u>** **Immediate referral, children or young people with either:** ▪ Unexplained petechiae, or ▪ Hepatosplenomegaly **<u>Lymphomas</u>** **Immediate referral, children or young people with either:** ▪ Hepatosplenomegaly, or ▪ Mediastinal or hilar mass on chest X-ray **Red flag referral**, children or young people: 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).

CANCER IN CHILDREN AND YOUNG PEOPLE CONT'D	CANCER IN CHILDREN AND YOUNG PEOPLE CONT'D	
Brain and CNS tumours **Immediate referral**, children or young people with: ▪ a reduced level of consciousness ▪ headache and vomiting that cause early morning waking or occur on waking as these are classical signs of raised intracranial pressure. **Immediate referral**, children aged younger than 2 years with any of the following symptoms: ▪ new-onset seizures ▪ bulging fontanelle ▪ extensor attacks ▪ persistent vomiting **Red flag or immediate referral**, children with any of the following neurological symptoms and signs: ▪ new-onset seizures ▪ cranial nerve abnormalities ▪ visual disturbances ▪ gait abnormalities ▪ motor or sensory signs ▪ unexplained deteriorating school performance or developmental milestones ▪ unexplained behavioural and/or mood changes. **Red flag referral**, children aged 2 years and older, and young people, with: Persistent headache where you cannot carry out an adequate neurological examination in primary care. **Red flag referral**, children aged younger than 2 years with any of the following symptoms suggestive of CNS cancer: ▪ abnormal increase in head size ▪ arrest or regression of motor development ▪ altered behaviour ▪ abnormal eye movements ▪ lack of visual following ▪ poor feeding/failure to thrive ▪ squint, urgency dependent on other factors.	**Neuroblastoma** (all ages) **Red flag referral**, children with: ▪ proptosis ▪ unexplained back pain ▪ leg weakness ▪ unexplained urinary retention **Wilms' tumour** (all ages) **Red flag referral:** ▪ a child or young person presenting with haematuria **Soft tissue sarcoma** (all ages) **Red flag referral, a child or young person**: ▪ presenting with an unexplained mass at almost any site that has one or more of the following features. The mass is: - deep to the fascia - non-tender - progressively enlarging - associated with a regional lymph node that is enlarging - greater than 2 cm in diameter in size **Bone sarcomas** (all ages) **Referral, children or young people with**: ▪ rest pain, back pain or unexplained limp (a discussion with a paediatrician or X-ray should be considered before or as well as referral) ▪ persistent localised bone pain and/or swelling, and X-ray showing signs of cancer. In this case refer urgently. **Retinoblastoma** (mostly children less than 2 years) **Red flag referral, children with:** ▪ a white pupillary reflex (leukocoria). Pay attention to parents reporting an odd appearance in their child's eye ▪ a new squint or change in visual acuity if cancer is suspected. (Refer non-urgently if cancer is not suspected.) a family history of retinoblastoma and visual problems. (Screening should be offered soon after birth.)	

Appendix 1


NICaN Lower GI Suspected Cancer Pathway (June 2024)
Patient with signs or symptoms of possible colorectal cancer
Rectal Bleeding
• New onset, persistent and unexplained
Change in Bowel Habit
• Persistent change in bowel habit especially towards looser stools (more than 4 weeks)
Mass
• Abdominal mass
• Ano-rectal mass/ulcer
Anaemia without other likely cause
• Iron deficiency anaemia OR microcytic anaemia. (Consider prescribing oral iron).
Other
• Abdominal pain and weight loss
(Consider Upper GI referral if necessary; best investigations are usually CT CAP & OGD if/when available)
Investigations / Examination
qFIT (symptomatic test c/o GP) is only for patients with signs & symptoms of colorectal cancer & it should not be sent in their absence
ESSENTIAL investigations / examination:
• qFIT *
• Full Blood Count
• Ferritin
• U+E
• Digital Rectal Examination
Recommended investigation: Coeliac profile (if IDA, weight loss or diarrhoea).
*If patient is unable to complete qFIT, please make clear why on referral.
If patient does not return qFIT when requested please reassess with safety netting.
qFIT used when no signs or symptoms
If qFIT is sent in the absence of signs or symptoms & result >10 µg Hb/g, the referral will only be processed if it is >120 µg Hb/g in patients aged 60 to 74 years (screening parameters). Outside these parameters the referral will not be triaged red flag & the GP will be asked to discuss with and/or reassess the patient.
Symptoms after normal screening test
qFIT should be offered to newly symptomatic patients even if the person has a negative qFIT result through NI Bowel Cancer Screening (screening test has different threshold) https://www.nidirect.gov.uk/bowel-screening
Symptomatic high-risk features
Does this symptomatic patient have any of the following high-risk features?
• qFIT ≥10 µg Hb/g faeces
• Ano-Rectal mass / ulcer
• Abdominal mass
• Iron deficiency anaemia OR microcytic anaemia
No
No high-risk features
Patients with a qFIT result <10 µg Hb/g, no anaemia and no mass, are highly unlikely to have significant bowel pathology. Referral on an urgent or routine basis may occasionally be warranted.
Continue to manage patient's lower gastrointestinal symptoms as clinically indicated. For more advice & guidance please see NICaN webpage.
Patients with new, persistent and unexplained rectal bleeding should have a qFIT. If the result is <10 µg Hb/g consider urgent referral or safety netting.
Yes
Red Flag Referral
Red flag referral to your local trust via CCG.
Please ensure blood, qFIT test & DRExam results are attached on the INITIAL SINGLE REFERRAL to facilitate optimal triage outcome, which may result in your patient being sent direct to test.
Please consider and document fitness for investigation if referring.
Ongoing Concern
Patients with lower GI symptoms who can't be managed suitably via general practice should be considered for referral to Gastroenterology.
If there is significant clinician concern after two qFIT results <10 µg Hb/g, two months apart, red-flag referral will be appropriate.