

SCOTTISH CANCER REFERRAL GUIDELINES REVIEW SUMMARY OF KEY CHANGES

BACKGROUND

The Scottish Referral Guidelines for Suspected Cancer support GPs in identifying patients who are most likely to have cancer and therefore require urgent assessment by a specialist. Equally, the Guidelines help in identifying patients who are unlikely to have cancer, embedding safety netting as a diagnostic support tool.

The Guidelines, initially published in 2007, have undergone several refreshes, the most recent throughout 2018, as a result of new and emerging evidence initially identified by the Scottish Cancer Primary Care Group.

Funded by the Scottish Government's Detect Cancer Early (DCE) Programme, and lead by Dr Peter Hutchison, former Chair of the Scottish Primary Care Cancer Group, supported by Macmillan Cancer Support and Healthcare Improvement Scotland, the latest Clinical Review has focused on eight pathways:

- Lung
- Upper GI
- Lower GI
- Children, Teenagers and Young Adults
- Breast
- Head & Neck
- Brain
- Urology

Not changed: gynaecology, haematology, dermatology, malignant cord compression

KEY CHANGES

REALISTIC MEDICINE *[new]*

- 5 questions to be considered by all involved:
 - Is this action really needed?
 - What are the benefits and risks?
 - What are the possible side effects?
 - Are there alternative options?
 - And, importantly, what would happen if we did nothing?

THROMBOCYTOSIS *[new]*

- **strong** risk marker for cancer – cancer incidence of 11.6% and 6.2% in males and females respectively, well exceeding the 3% threshold
- associated cancers (**LEGO-C**) – Lung, Endometrium, Gastric, Oesophageal, Colorectal

LUNG CANCER

- **thrombocytosis** as a risk marker – CXR if no clues to other cancers *[new]*
- age range now **>40 years for haemoptysis** in smokers *[was >50]*
- **fatigue** in smokers >40 years, **appetite loss**, and persistent or recurrent **chest infection** added – urgent suspicion of cancer (USOC) referral for CXR *[new]*
- **check renal function** if not done in past 3 months (for contrast CT) *[new]*

BREAST CANCER

- age range now **>30 years for lumps** *[was 35]*
- unilateral isolated axillary **lymph node** in women persisting at **review after 2-3 weeks** *[no review previously]*
- comment about **gender reassignment** *[new]*
- comment about changes in **breast implants** – refer back to service that inserted the implant (usually plastic surgery) *[new]*

LOWER GI CANCER

- **thrombocytosis** as a risk marker *[new]*
- **abdominal pain with weight loss** *[new]*
- emerging role of **qFIT in symptomatic patients**
 - various **pilots** going on across Scotland, each with its own referral guidance
 - **use these until national system is agreed** *[new]*

UPPER GI CANCER

- investigation is usually **upper GI endoscopy initially for OG** cancer, and **CT initially for HPB** –the specialist should investigate for other cancer if first test is normal (i.e. move on to CT or endoscopy) – patients **should NOT be returned to the referrer** without this *[new]*
- **dyspepsia** (no red flags) – manage in Primary Care, use local/national guidance about investigation – **NOT** urgent suspicion of cancer referral *[not a change but is important]*
- **unexplained weight loss with other alarm features particularly >55 years** *[was any age and focus previously was on pain and others, rather than weight loss and others]*
- **new vomiting** persisting >2 weeks *[was 4 weeks]*
- **upper abdominal pain** associated with risk factors such as Barret's, family history, etc. – consider **routine, NOT urgent** referral *[was USOC]*
- new **diabetes with weight loss** (particularly >55 years) *[was routine]*
- seek advice in **new onset GI symptoms** with known **chronic liver disease** *[new]*

UROLOGICAL CANCER

- **PSA test** – may be raised within 3 days of ejaculation, or 6 weeks of proven UTI, catheterisation or other invasive procedure such as prostate biopsy (digital rectal exam effect not significant) *[new]*
- **Rough guide to normal PSA levels (ng/ml) pragmatic aid based on clinical consensus** *[new]*:
 - less than 60 years < 3
 - aged 60-69 years < 4
 - aged 70 years and over < 5
 - In older men, routine or no referral may be appropriate for levels of:
 - aged 80-85 years >10
 - aged 86 years and over >20
- age range now 45 years and over for **unexplained visible haematuria** *[no age range before]*
- **raised white cell count on blood test** associated with **bladder cancer in >60 years** *[new]*
- **testicular cancer sometimes very aggressive** – secondary care should triage referrals *[new]*

HEAD & NECK CANCER

- **dysphagia removed** – refer to upper GI – but pain on swallowing stays *[new]*
- **role of dentists** emphasised – access to urgent suspicion of cancer referral *[new]*

BRAIN & CNS CANCER

- **seizures** that **change in character** added *[new]*
- **headache** and/or vomiting **with papilloedema** now an emergency same day referral *[new]*
- **role of optometrists** in assessing vision and possible papilloedema (optometrists should have **access to urgent suspicion of cancer referral**) *[new]*

CHILDREN, TEENAGERS AND YOUNG ADULTS

- unexplained **petechiae or purpura** need **emergency** referral *[was urgent]*
- unexplained **haematuria** added *[new]*
- **failure to thrive, persistent pallor and weight loss** added *[new]*
- consider **discussion** with senior paediatrician if continuing concern *[new]*
- **consider** referral for repeat presentations (three or more times) if not resolving or following an expected pattern *[previously was “always refer”]*
- brain tumours
 - **new red flags** – loss of balance, increasing head circumference, failure of closure of fontanelles and abnormal head positions *[new]*
 - **new neurological signs** (such as weakness, loss of balance, etc.) **especially if associated with behavioural change** or deterioration in normal daily or school performance *[new]*
 - **Headsmart** campaign resources mentioned: <https://www.headsmart.org.uk/> *[new]*
- **Grace Kelly Ladybird awareness card** identifying warning symptoms and signs of childhood cancer mentioned as a resource for parents: <https://www.gracekellyladybird.co.uk/knowthesigns> *[new]*

The current guidelines are available at <http://www.cancerreferral.scot.nhs.uk/> and a desktop Quick Reference Guide has been developed by the Scottish Primary Care Cancer Group which has been used as the basis for an App for use on mobile devices



Link to Website: <http://www.cancerreferral.scot.nhs.uk>



Link to both the Apple App store: <https://itunes.apple.com/gb/app/cancer-referral-guidelines-quick-reference-guide/id1049728177?mt=8>

and to the Android App store: <https://play.google.com/store/apps/details?id=com.scet.cancercareguidelines>