LUNG & MESOTHELIOMA

2ww referral:
- chest X-ray findings that suggest lung cancer or mesothelioma
- >40yrs with unexplained haemoptysis

Offer an urgent chest X-ray (to be performed within 2 weeks):
- >40yrs with 2 or more of the following unexplained symptoms OR
- >40yrs if they have ever smoked with 1 or more of the following unexplained symptoms OR
- >40yrs and have been exposed to asbestos with 1 or more of the following:
  - cough
  - chest pain
  - dyspnoea

Consider an urgent chest X-ray (to be performed within 2 weeks):
- >40yrs with any of the following:
  - persistent or recurrent chest infection
  - finger clubbing
  - supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
  - chest signs consistent with lung cancer or pleural disease
  - thrombocytosis

COLORECTAL

Colorectal cancer

Refer 2ww:
- ≥40yrs with unexplained weight loss and abdominal pain
- ≥50yrs with unexplained rectal bleeding
- ≥60yrs with:
  - iron-deficiency anaemia OR changes in their bowel habit
  - tests show occult blood in their faeces*

Consider 2ww referral:
- rectal or abdominal mass
- <50yrs with rectal bleeding AND any of the following unexplained symptoms:
  - abdominal pain
  - weight loss
  - change in bowel habit
  - iron-deficiency anaemia

*Offer FOB or FIT test if no rectal bleeding:
- ≥50yrs with unexplained abdominal pain OR weight loss
- <60yrs with changes in their bowel habit OR iron-deficiency anaemia
- ≥60yrs with anaemia even in the absence of iron deficiency

Consider a direct access CT scan (if CT is not available:
- 50yrs with unexplained abdominal pain OR weight loss
- 50yrs)

Anal cancer

Consider 2ww referral for anal cancer in people with an unexplained anal mass or unexplained anal ulceration

UPPER GI

Stomach & Oesophageal cancer

Consider 2ww referral:
- abdominal mass consistent with stomach cancer

Offer urgent direct access upper gastrointestinal endoscopy (to be performed within 2 weeks):
- dysphagia at any age
- ≥55yrs with weight loss AND any of the following:
  - upper abdominal pain
  - reflux
  - dyspepsia

Consider non-urgent direct access upper gastrointestinal endoscopy:
- haematemesis at any age
- ≥55yrs with any of the following:
  - treatment-resistant dyspepsia OR
  - upper abdominal pain with low haemoglobin levels OR
  - raised platelet count with any of the following:
    - nausea
    - reflux
    - vomiting
    - dyspepsia
    - weight loss
    - upper abdominal pain
    - nausea or vomiting with any of the following:
      - weight loss
      - reflux
      - dyspepsia
      - upper abdominal pain

Gall bladder cancer

Consider an urgent direct access ultrasound scan (to be performed within 2 weeks):
- upper abdominal mass consistent with an enlarged gall bladder

Liver cancer

Consider an urgent direct access ultrasound scan (to be performed within 2 weeks):
- an upper abdominal mass consistent with an enlarged liver

Pancreatic cancer

Refer 2ww:
- ≥40yrs with jaundice

Consider an urgent direct access CT scan (to be performed within 2 weeks), or an urgent ultrasound scan if CT is not available:
- ≥60yrs with weight loss AND any of the following:
  - diarrhoea
  - nausea
  - back pain
  - abdominal pain
  - constipation
  - new onset diabetes

BREAST

Refer 2ww (male or female):
- ≥30yrs and have an unexplained breast lump with or without pain
- ≥50yrs with any of the following symptoms in one nipple only:
  - discharge
  - retraction
  - other changes of concern

Consider 2ww referral:
- skin changes that suggest breast cancer
- ≥30yrs with an unexplained lump in the axilla

Consider non-urgent referral <30yrs with an unexplained breast lump with or without pain

GYNAECOLOGY

Ovarian cancer (>18yrs), from CG122, 2011

Refer 2ww: if physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids)

Carry out tests in primary care:
- any woman ≥50yrs with IBS type symptoms in last 12 months (because IBS rarely presents for the first time in women of this age)
- if a woman especially ≥50yrs reports having any of the following symptoms on a persistent or frequent basis – particularly more than 12 times per month:
  - persistent abdominal distension (bloating)
  - feeling full (early satiety) and/or loss of appetite
  - pelvic or abdominal pain
  - increased urinary urgency and/or frequency

Consider carrying out tests in primary care if a woman reports unexplained weight loss, fatigue or changes in bowel habit (consider colorectal cancer)

Advise any woman who is not suspected of having ovarian cancer to return to her GP if her symptoms become more frequent and/or persistent

ENDOMETRIAL CANCER

Refer 2ww:
- ≥55yrs with post-menopausal bleeding (unexplained vaginal bleeding >12 months after menstruation has stopped because of menopause)

Consider 2ww referral:
- <55yrs with post-menopausal bleeding

Consider a direct access ultrasound scan if ≥55yrs with:
- unexplained symptoms of vaginal discharge AND:
  - are presenting with these symptoms for the first time OR have thr Abbreviation
  - visible haematuria AND:
    - low haemoglobin levels OR thrombocytosis OR high blood glucose levels (diabetes)

Cervical cancer

Consider 2ww referral if, on examination, the appearance of their cervix is consistent with cervical cancer

Vulval cancer

Consider 2ww referral in women with an unexplained vulval lump, ulceration or bleeding

Vaginal cancer

Consider 2ww referral in women with an unexplained palpable mass in or at the entrance to the vagina
### UROLOGY

**Prostate cancer**
- Consider 2ww referral:
  - Prostate feels malignant on digital rectal examination
  - PSA levels are above the age-specific reference range
  - Any lower urinary tract symptoms, such as nocturia, urgency or retention
  - Erectile dysfunction
  - Visible haematuria

**Bladder & Renal cancer**
- Consider 2ww referral:
  - >50yrs unexplained visible haematuria without urinary tract infection OR visible haematuria that persists or recurs after successful treatment of urinary tract infection
  - >60yrs and have unexplained non-visible haematuria AND either:
    - Dysuria OR a raised white cell count on a blood test
    - A persistent and unexplained lump in the neck

**Squamous cell carcinoma**
- Consider 2ww referral:
  - Unexplained or persistent symptoms affecting the foreskin or glans

### HAEMATOLOGY

**Leukaemia**
- Consider very urgent protein electrophoresis
  - Any persistent and unexplained lump in the neck

**Myeloma**
- Offer blood tests for full blood count, calcium and ESR:
  - >60yrs with persistent bone pain, particularly back pain, OR unexplained fracture

**Non-Hodgkin's lymphoma**
- Consider 2ww referral:
  - An X-ray suggests the possibility of bone sarcoma
  - Soft tissue sarcoma
  - Bone sarcoma

### DERMATOLOGY

**Melanoma**
- Refer 2ww:
  - Dermoscopy suggests melanoma of the skin
  - Suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more

<table>
<thead>
<tr>
<th>Major features of the lesions (2 points each):</th>
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<tbody>
<tr>
<td>Change in size</td>
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<tr>
<td>Irregular shape</td>
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<tr>
<td>Irregular colour</td>
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<table>
<thead>
<tr>
<th>Minor features of the lesions (1 point each):</th>
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<tbody>
<tr>
<td>Largest diameter &gt;7 mm</td>
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<tr>
<td>Inflammation</td>
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<tr>
<td>Oozing</td>
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<tr>
<td>Change in sensation</td>
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**Squamous cell carcinoma**
- Consider 2ww referral if skin lesion that raises the suspicion of squamous cell carcinoma

**Basal cell carcinoma**
- Consider routine referral if skin lesion that raises the suspicion of a basal cell carcinoma

### CANCER OF UNKNOWN PRIMARY

**Cancer of unknown primary**
- Carry out an assessment for additional symptoms, signs or findings that may help to clarify which cancer is most likely AND offer urgent investigation or a suspected cancer pathway referral:
  - Unexplained weight loss (symptom of several cancers including colorectal, gastro-oesophageal, lung, prostate, pancreatic and urological cancer)
  - Unexplained appetite loss, (symptom of several cancers including lung, oesophageal, stomach, colorectal, pancreatic, bladder and renal cancer)
  - Deep vein thrombosis (associated with several cancers including urogenital, breast, colorectal and lung cancer)

### HEAD AND NECK

**Laryngeal cancer**
- Consider 2ww referral 2-4yrs:
  - Persistent unexplained hoarseness OR an unexplained lump in the neck

**Oral cancer**
- Consider 2ww referral:
  - Unexplained ulceration in the oral cavity lasting for more than 3 weeks OR a persistent and unexplained lump in the neck

**Dental surgeon to refer 2ww** if concluded to be consistent with oral cancer; a lump on the lip or in the oral cavity consistent with erythroplakia or erythroleukoplaikia

**Thyroid cancer**
- Consider 2ww referral people with an unexplained thyroid lump
  - Progression, sub-acute loss of central neurological function (or CT scan if MRI is contraindicated)

### BRAIN AND CNS

**Consider an urgent direct access MRI scan of the brain (within 2 weeks):**
- Progressive, sub-acute loss of central neurological function (or CT scan if MRI is contraindicated)