

Frimley Health NHS Foundation Trust Suspected Cancer Referral Guide – Haematology ADULTS ONLY

THE FOLLOWING SHOULD BE REFERRED AS AN EMERGENCY FOR IMMEDIATE ASSESSMENT:

All Ages

- Abnormal blood count/film suggesting acute leukaemia
- Spinal cord compression from a possible malignancy (please review Thames Valley Cancer Alliance MSCC referral pathway)
- Renal failure suspicious of myeloma

≤25yr only

- unexplained petechiae (leukaemia)
- Hepatosplenomegaly (leukaemia)
- Unexplained lymphadenopathy or splenomegaly (lymphoma)
- consider associated symptoms e.g. fever, night sweats, shortness of breath, pruitus*

Back pain with red flag symptoms may feature the following:

- Previous history malignancy
- Age >40 with new onset back pain
- Weight loss
- Previous longstanding steroid use
- Recent serious illness
- Recent significant infection
- Saddle anaesthesia
- Reduced anal tone
- Hip or knee weakness
- Generalised neurological deficit
- Progressive spinal deformity
- Non-mechanical pain (worse at rest)
- Thoracic pain
- Fever/ rigors
- General malaise
- Urinary retention
- Leg weakness
- Limb numbness
- Ataxia
- Bilateral leg pain
- Perianal sensory loss
- Erectile dysfunction

MYELOMA

People aged 60 and over with any of the following:

- Persistent bone pain
- Particularly back pain associated with red flags symptoms (see box to left)
- UNEXPLAINED fracture.

Defines bone pain as an UNEXPLAINED extreme tenderness or aching in one or more bones that persists beyond six weeks.

An UNEXPLAINED or pathological fracture usually occurs with normal routine activities and is unexplained by osteoporosis or trauma

LEUKAEMIA

Adults with any of the following:

- Pallor
- Persistent fatigue
- UNEXPLAINED fever
- UNEXPLAINED persistent or recurrent infection
- Generalised lymphadenopathy
- UNEXPLAINED bruising
- UNEXPLAINED bleeding
- UNEXPLAINED petechiae
- Hepatosplenomegaly

For people aged 60 and over:

- Offer an **urgent** (within 2 weeks) full blood count, calcium and plasma viscosity or erythrocyte sedimentation rate to assess for myeloma with
 - Persistent bone pain (particularly back pain) OR
 - Unexplained fracture
- Offer **very urgent** protein electrophoresis **and** a Bence-Jones protein urine test (within 48 hours) to assess for myeloma in people with
 - hypercalcaemia OR leukopenia AND
 - a presentation that is consistent with possible myeloma
- Consider a **very urgent** protein electrophoresis and Bence-Jones protein urine test if: raised plasma viscosity OR erythrocyte sedimentation rate AND presentation consistent with possible myeloma.

Consider a **very urgent** full blood count (to be performed within 48 hours)

LYMPHOMA

Adults presenting with UNEXPLAINED lymphadenopathy or splenomegaly. Lymphadenopathy which persists for more than 6 weeks or where lymph nodes are larger than 1cm or are increasing in size. Associated symptoms include:

- Fever
- Night sweats
- Shortness of breath
- Pruritus
- Weight loss
- Alcohol-induced lymph node pain.

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MYELOMA:

- Protein electrophoresis suggestive of myeloma
- Urine Bence-Jones protein suggestive of myeloma
- UNEXPLAINED fracture
- ≥ 6 weeks of bone pain
- Back pain with 'red flag' symptoms

LEUKAEMIA

- Abnormal FULL BLOOD COUNT / BLOOD FILM suggestive of leukaemia
- UNEXPLAINED persistent or recurrent infections
- UNEXPLAINED bruising, bleeding or petechiae

LYMPHOMA:

- UNEXPLAINED lymphadenopathy
- Persistent lymphadenopathy ≥ 6 weeks; lymph nodes ≥ 2 cm or increasing in size
- UNEXPLAINED splenomegaly
- Associated symptoms (fever, night sweats, shortness of breath, pruritus or weight loss)

Referral is due to **CLINICAL CONCERNS** that do not meet referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at the time of referral)



SUSPECTED HAEMATOLOGICAL CANCER REFERRAL

RESOURCES

1. CRUK & BDA Oral Cancer Recognition Toolkit http://www.doctors.net.uk/eClientopen/CRUK/oral_cancer_toolkit_2015_open/home.html
2. NICE Guideline: Suspected cancer: recognition and referral, NG12 (2015) <http://www.nice.org.uk/guidance/ng12>
3. Referral Guidelines for Suspected Cancer, CG27 (2005) <http://webarchive.nationalarchives.gov.uk/20060715141954/http://nice.org.uk/nicemedia/pdf/cg027niceguideline.pdf>
4. NICE Guideline: Improving outcomes in head and neck cancers, CSG6 (2004) <http://www.nice.org.uk/guidance/csg6>
5. NICE Guideline: Myeloma: Diagnosis and management NG35 (2016) <http://www.nice.org.uk/guidance/ng35/chapter/Recommendations#laboratory-investigations>