



SSCA Suspected Head and Neck Cancer Referral Guidance

23% of all head and neck cancers affect the pharynx and 16% the larynx (NCIN, 2009). The SSCA High Priority Pathway Group (HPPG) recommend including symptoms affecting the pharynx (base of tongue, oropharynx, nasopharynx, pyriform sinus, hypopharynx, tonsil and a proportion of floor of mouth and palate) **Pharyngeal cancer affects younger people (40-60 years) so the HPPG recommend lowering the age threshold to 40 years of age for suspected pharyngeal cancers.**

STRIDOR IS AN EMERGENCY AND REQUIRES SAME DAY REFERRAL

Risk Factors for Head and Neck Cancer include:

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> Smoking Ex-smoker Other tobacco use Betel nut HPV | <ul style="list-style-type: none"> Previous irradiation to head and neck (e.g. previous treatment for lymphoma) Alcohol Consumption HPV Other risk factors | <p>Very urgent concurrent CHEST X-RAY to be performed for patients presenting with HOARSENESS and UNEXPLAINED NECK LUMP to exclude lung/haematological cancer/infectious diseases</p> <p>The X-ray request form should state that this is a very urgent request (to be performed within 48 hours). The possibility of cancer diagnosis should be discussed with the patient and safety-netting / follow-up arrangements should be made.</p> |
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Reasons for Suspected Cancer Referral

Laryngeal/Pharyngeal Cancer

- [Unexplained](#) lump in the neck / throat
- ≥45 years without risk factors (or ≥40 years if risk factors, e.g. History of drug use or smoker) OR
- [Persistent unexplained](#) hoarseness of voice

Consider referral if ≥40 years old with

- [persistent](#) dysphagia
- [persistent](#) odynophagia
- [persistent](#) otalgia



Oral/Lip Cancer

- ≥3 weeks [unexplained](#) ulceration in the oral cavity
- [Persistent](#) and [unexplained](#) lump on the lip or in the oral cavity
- [Persistent](#) and [unexplained](#) lump in the neck

A red or white patch in the oral cavity suggestive of [erythroleukoplakia and erythroplakia](#) Exclude [geographic tongue](#)



Thyroid Cancer

- [Unexplained](#) thyroid lump with or without dysphonia
- Ultrasound suggestive of thyroid cancer



2WW Frimley-Suspected Head and Neck Cancer (incl thyroid)-Referral Form



Based on SSCA Head and Neck Pathway Group Recommendations:**Tonsil Cancer**

- ≥18 years with the following:
 - UNILATERAL [persistent](#) sore throat WITH
 - with tonsillar asymmetry AND/OR
 - with referred otalgia

Exclude [tonsil mucus retention cysts](#)**Salivary Cancer**

- ≥40 years old with [unexplained](#) or [persistent](#) parotid or submandibular swelling
- Firm sub-mucosal swelling in the oral cavity

**Ear/Nose/Sinus Cancer**

- [Persistent](#) unilateral otalgia but normal otoscopy
- Serosanguinous nasal discharge which persists for more than three weeks
- Unilateral nasal obstruction associated with a purulent discharge
- Facial palsy / cranial neuropathies
- Orbital masses (proptosis)



2WW Frimley-Suspected Head and Neck Cancer (incl thyroid)-Referral Form

**RESOURCES**

1. Oral health foundation website <https://www.dentalhealth.org/geographic-tongue>
2. NICE guidelines. Suspected cancer: recognition and referral, NG12 (2015) <https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-organised-by-site-of-cancer#head-and-neck-cancers>
3. NICE guidelines. Improving outcomes in head and neck cancers, CSG6 (2004) <https://www.nice.org.uk/guidance/csg6>

Developed in collaboration with NHS Surrey and Sussex Cancer Alliance

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