



## Surrey and Sussex Suspected Cancer Referral Guide – Lung Cancer

**FOR PATIENTS WITH SUPERIOR VENA CAVAL OBSTRUCTION OR STRIDOR PLEASE ARRANGE IMMEDIATE REFERRAL FOR AN EMERGENCY SPECIALIST ASSESSMENT**

### SPECIFIC INFORMATION TESTS AND RISK FACTORS

#### Criteria for an appointment with a specialist within two weeks:

- Abnormal chest X-ray (CXR) findings that suggest lung cancer / mesothelioma
- Age  $\geq 40$  years with unexplained haemoptysis
- Normal CXR but high suspicion of lung cancer
- Abnormal CT scan suggestive of lung cancer

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

**NB: please include imaging reports if undertaken at an alternative site including imaging through private providers. Please indicate why the CXR was requested and include supportive clinical information.**

#### Criteria for a direct access urgent chest X-ray with 2 weeks:

**$\geq 40$  years and either one symptom** if the patient is a smoker / ever smoked / asbestos exposure or **two symptoms** for never smoked:

- Cough
- Chest pain (non cardiac)
- Shortness of Breath SOB
- Fatigue
- Weight loss
- Appetite loss
- Shoulder pain (no obvious cause)

**$\geq 40$  years and any of the following**

- Persistent or recurrent chest infection
- Finger nail clubbing
- Supraclavicular lymphadenopathy
- Persistent cervical lymphadenopathy
- Thrombocytosis
- Persistent hoarseness of voice
- Chest signs consistent with lung cancer or pleural disease

#### Macmillan Rapid referral toolkit accompanying notes:

In symptomatic patients, the majority of chest X-rays will be abnormal, but a normal chest X-ray does not exclude diagnosis of lung cancer. This was shown in the 2006 BJGP study of normal and abnormal chest X-rays in lung cancer patients, 23% of lung cancer patients had a negative X-ray within a year prior to diagnosis.

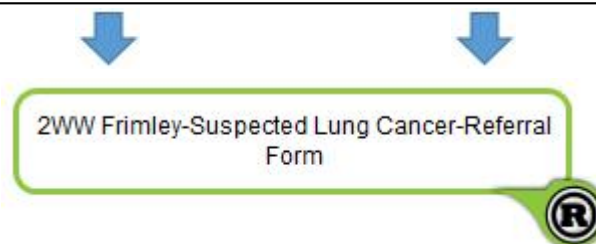
**THEREFORE Please refer if there is a Normal CXR but high suspicion of lung cancer**

#### RISK FACTORS:

- Age is a risk factor especially over the age of 40 years.
- Smoking (both current and historical) is an important risk factor and should be recorded, as well as pack years' smoked.

Refer people using a suspected cancer pathway referral (**for an appointment as soon as possible**) for lung cancer if they:

- Abnormal chest X-ray (CXR) findings that suggest lung cancer/ mesothelioma
- Age  $\geq 40$  years with unexplained haemoptysis
- Normal CXR but high suspicion of lung cancer
- Abnormal CT scan suggestive of lung cancer



### Information required with the referral

The following information is required to assess whether the patient is suitable for telephone triage and the 'straight to test' pathway. Recent eGFR / renal function (within 3 months) is required before MRI/CT scan as contrast may be used.

All imaging and reports from direct access chest X-ray should be included in the referral form, as well as smoking status/ history. We recommend that you remain up to date with local COVID guidance to determine if COVID status is required with referral.

When GP direct access investigations are performed the GP has clinical responsibility for ensuring appropriate follow up and onward referral is arranged. In many cases positive results may be forwarded directly to the cancer team but the GP must ensure a referral has been made and that appropriate safety-netting arrangements are in place.

The following patients may not be suitable for telephone triage / 'straight to test' pathway or may require additional considerations:

- With dementia
- With learning disability
- With a physical impairment that prevents a patient being ambulant from a wheelchair
- On anticoagulant or antiplatelet agents (Aspirin excluded)
- Hearing impairment (Hearing Loop)
- Language barriers (Translator)

### RESOURCES

1. Suspected cancer: recognition and referral, [NG12](#) (updated 2021)
2. Lung cancer: conditions and diseases, [NG122](#)
3. Suspected lung cancer: when you should refer: putting NICE guidelines into practice <https://learning.bmj.com/learning/search-result.html?moduleId=5003314&searchTerm>
4. Tobacco-attributable cancer burden in the UK (2010) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3252064/>
5. Understanding Lung Cancer; Macmillan Cancer Support <https://be.macmillan.org.uk/be/p-25578-understanding-lung-cancer.aspx>
6. Recognition and referral of suspected lung cancer in the UK during the COVID-10 pandemic; Cancer Research UK (2021) [https://www.cancerresearchuk.org/sites/default/files/cruk\\_lung\\_cancer\\_and\\_covid\\_february\\_2021\\_v2.pdf](https://www.cancerresearchuk.org/sites/default/files/cruk_lung_cancer_and_covid_february_2021_v2.pdf)

Developed in collaboration with NHS Surrey and Sussex Cancer Alliance

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(Note, patient information is not to be sent to this address)

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