Contact Information for Suspected Cancer Referral
Two Week Wait Office
Outpatients
Newham General Hospital
Glen Road
Opening hours: 9am - 5pm Monday to Friday
Facsimile Line: 020 7363 8818
Telephone (direct line): 020 7363 8817
Has voicemail facility - please leave a message and your query will be dealt with.

Homerton Cancer Referrals
Cancer Referrals Office
Homerton Hospital NHS Trust
Homerton Row
Facsimile Line: 020 8510 7832
Telephone: 020 8510 7054
Voicemail out of hours

Urgent referral fax no.s for suspected cancer (2 week wait)
NB These lines are also used for all urgent referrals to the named Department

Tumour Type Fax Telephone
Brain/CNS 020 7377 7008 020 7377 7214
Breast 020 7601 7034 020 7601 7846
Colorectal 020 7377 7283 020 7377 7098
Dermatology 020 7377 7383 020 7377 7000 x 2490
ENT 020 7601 8385 020 7601 7172
Gastrointestinal 020 7601 8518 020 7601 8516/7
Gynaecological 020 7601 7182 020 7601 7852
Haematological 020 7377 7016 020 7377 7180
Leukaemia 020 7796 3979 020 7726 2674
Lung 020 8983 2279 020 8983 2325
OMFS 020 7377 7095 020 7377 7299
Ophthalmology 020 7601 7863 020 7601 7158
Paediatric 020 7377 7796 020 7377 7796
Urological 020 7601 7844 020 7377 8394

Clinical Lead
Professor Andrew Lister Tel: 020 7601 7462
General Manager
Ellen Ryabov Tel: 020 7601 8111
Calman Hine Implementation Manager
Janet Smith Tel: 020 7601 7362
Appointments Bureau Manager
Lisa Fagg Tel: 020 7601 7641

Urgent referral fax nos for suspected cancer (2 week wait)

September 2001
East London Summary Guidelines

Upper G.I. Cancer
Urgent referral

- Definitive peptic ulcer disease
- Definitive dysphagia
- Definitive weight loss
- Definitive anaemia
- Definitive vomiting

Lower G.I. Cancer
Urgent referral

- Rectal bleeding
- Rectal pain
- Rectal discharge
- Rectal obstruction
- Rectal discharge

Urological Cancer
Urgent referral

- Macroscopic haematuria
- Microscopic haematuria
- Swelling in the body of the testis
- Gynaecomastia
- Palpable renal masses
- Solid renal masses found on imaging
- Elevated age specific PSA in men with a 10 year life expectancy
- A high PSA (FFU) in men
- Any suspected penile cancer
- PSA testing of asymptomatic men or screening for prostate cancer is not national policy. It is recommended that a PSA test, except in men clinically suspicious of prostate cancer, should only be performed after full counselling and provision of written information.

Head and Neck Cancer
Urgent Referral

- Hoarseness persisting for >3 wks
- Dysphagia persisting for >3 wks
- Oral swellings persisting for >3 wks
- All red or red and white patches of the oral mucosa
- Ulceration of oral mucosa persisting for >3 wks
- Dysphagia persisting for >3 wks
- Swelling in the body of the testis
- Gynaecomastia in men with a 10 year life expectancy
- A high PSA (FFU) in men
- Any suspected penile cancer
- PSA testing of asymptomatic men or screening for prostate cancer is not national policy. It is recommended that a PSA test, except in men clinically suspicious of prostate cancer, should only be performed after full counselling and provision of written information.

Newham Healthcare NHS Trust
Homerton Hospital
Two Week Wait Office
September 2001

East London Summary Guidelines

Upper G.I. Cancer
Urgent referral

- Definitive peptic ulcer disease
- Definitive dysphagia
- Definitive weight loss
- Definitive anaemia
- Definitive vomiting

Lower G.I. Cancer
Urgent referral

- Rectal bleeding
- Rectal pain
- Rectal discharge
- Rectal obstruction
- Rectal discharge

Urological Cancer
Urgent referral

- Macroscopic haematuria
- Microscopic haematuria
- Swelling in the body of the testis
- Gynaecomastia
- Palpable renal masses
- Solid renal masses found on imaging
- Elevated age specific PSA in men with a 10 year life expectancy
- A high PSA (FFU) in men
- Any suspected penile cancer
- PSA testing of asymptomatic men or screening for prostate cancer is not national policy. It is recommended that a PSA test, except in men clinically suspicious of prostate cancer, should only be performed after full counselling and provision of written information.

Head and Neck Cancer
Urgent Referral

- Hoarseness persisting for >3 wks
- Dysphagia persisting for >3 wks
- Oral swellings persisting for >3 wks
- All red or red and white patches of the oral mucosa
- Ulceration of oral mucosa persisting for >3 wks
- Dysphagia persisting for >3 wks
- Swelling in the body of the testis
- Gynaecomastia in men with a 10 year life expectancy
- A high PSA (FFU) in men
- Any suspected penile cancer
- PSA testing of asymptomatic men or screening for prostate cancer is not national policy. It is recommended that a PSA test, except in men clinically suspicious of prostate cancer, should only be performed after full counselling and provision of written information.
Breast Cancer

Urgent referral

- Patients with a discrete lump age >30 yrs
- Signs highly suggestive of cancer, e.g.:
  - ulceration
  - skin nodule
  - skin distortion
  - nipple eczema
  - recent nipple retraction or distortion (<1mths)
- Blood stained discharge age >50 yrs

Early referral - not necessarily urgent

- Discrete lump in women age <30yrs
- Asymmetrical nodularity that persists at examination
- Abscess
- Persistently refilling or recurrent cyst
- Pain
- Intractable pain not responding to reassurance, simple measures such as wearing a well supporting bra and common drugs
- Nipple discharge
- Bilateral discharge sufficient to stain clothes
- Bloodstained discharge
- Age >50 with any nipple discharge

Patients who have the following symptoms should be referred for an urgent chest x-ray before referral to the chest physician

- Haemoptysis
- Unexplained or persistent (>3wks):
  - cough
  - chest/shoulder pain
  - dyspnoea
  - weight loss
  - chest signs
  - hoarseness
  - finger clubbing
  - features suggestive of metastasis from lung cancer (e.g. brain, bone, liver or skin)
- Persistent haemoptysis
- Signs of superior vena caval obstruction (swelling of face/neck with fixed elevation of jugular venous pressure - consider emergency referral)
- Stridor (consider emergency referral)

Gynaecological Cancer

Urgent referral

- Lesions suspicious of cancer on cervix or vagina on speculum examination
- Lesions suspicious of cancer on clinical examination of the vulva
- Palpable pelvic mass not obviously fibroids
- Suspicous pelvic mass on ultrasound
- More than one or a single heavy episode of postmenopausal bleeding (PMB) in women aged >55 yrs who are not on HRT
- Postcoital bleeding (PCB) age >35yrs that persists for more than 4 weeks
- HRT: unexpected or prolonged bleeding persisting for more than 4 weeks after stopping HRT

Early referral

Indications for ‘early’ referral (i.e. within 4-6 weeks) but not ‘urgent’ referral.

- Persistently refilling or recurrent cyst
- Pain
- Intractable pain not responding to reassurance, simple measures such as wearing a well supporting bra and common drugs
- Nipple discharge
- Bilateral discharge sufficient to stain clothes
- Bloodstained discharge
- Age >50 with any nipple discharge

Urgent direct referral to chest physician

Any of the following:

- Chest X-ray suggestive/suspicious of lung cancer, including pleural effusion and consolidation
- Persistent haemoptysis
- Signs of superior vena caval obstruction (swelling of face/neck with fixed elevation of jugular venous pressure - consider emergency referral)
- Stridor (consider emergency referral)

Haematological Cancers

Urgent referral

- Blood count/refill reported as suggestive of acute leukaemia or chronic myeloid leukaemia
- Lymphadenopathy (>1cm) persisting for 6 wks
- Hepatosplenomegaly
- Bone pain associated with anaemia and a raised ESR (or plasma viscosity)
- Bone X-rays reported as being suggestive of myeloma
- constellation of 3 or more of the following symptoms:
  - fatigue
  - night sweats
  - weight loss
  - itching
  - breathlessness
  - bruising
  - recurrent infections
  - bone pain

Skin Cancers

Urgent Referral

Melanoma

- Pigmented lesions on any part of the body which have one or more of the following features:
  - growing in size
  - changing shape
  - irregular outline
  - changing colour
  - mixed colour
  - ulceration
  - inflammation

NB Melanomas are usually 5mm or greater at the time of diagnosis, but a small number of patients with very early melanoma may have lesions of a smaller diameter.

Squamous Cell Carcinoma

- Slowly growing non-healing lesions with a significant induration on palpation (commonly on face, scalp, back of hand) - with documented expansion over a period of 1-2 months
- Patients in whom squamous cell carcinoma has been diagnosed from a biopsy undertaken in general practice
- Patients who are therapeutically immunosuppressed after an organ transplant have a high incidence of skin cancers mainly squamous cell carcinoma. These tumours can be unusually aggressive and metastasize. It is therefore strongly recommended that transplant patients who develop new or growing cutaneous lesions be referred under the two week standard

Central Nervous System Tumours

Urgent referral

- Subacute progressive neurological deficit developing over days to weeks (e.g. weakness, sensory loss, dysphasia, ataxia)
- New onset seizures characterised by one or more of the following:
  - focal seizures
  - prolonged post-ictal focal deficit (longer than one hour)
  - status epilepticus
  - associated inter-ictal focal deficit
- Patients with headache, vomiting and papilloedema
- Cranial nerve palsy (e.g. diplopia, visual failure including optician defined visual field loss, unilateral sensorineural deafness)

Consider urgent referral

- Patients with non-migrainous headaches of recent onset, present for at least one month, when accompanied by features suggestive of raised intra cranial pressure (e.g. woken by headache; vomiting; drowsiness)

NB This last guideline is intended to provide the primary care physician with the discretion to decline urgent referral if there are other known features (e.g. depression, somatisation disorder) making a diagnosis of brain tumour very unlikely

Children’s Cancers

Urgent referral

- Abnormal blood count: if reported as requiring urgent further investigation
- Petechiae/purpura: these findings are always an indication for urgent investigation
- Fatigue: in a previously healthy child when combined with either of the following:
  - generalised lymphadenopathy
  - hepatosplenomegaly
- Bone pain: without recent history of significant trauma and if it is:
  - diffuse or involves the back
  - persistently localised at any site
  - requiring analgesia
  - limiting activity
- Lymphadenopathy: is more frequently benign in younger children but referral is advised if one or more of the following characteristics are present, particularly if there is no evidence of previous local infection:
  - persistent or progressive enlargement
  - enlargement of a group of nodes associated with other signs of general ill health, fever and/or weight loss
  - involves axillary nodes (in the absence of any local infection or dermatis) or supraclavicular nodes
  - seen as a mediastinal or hilar mass on chest x-ray
- Headache: of recent origin with one or more of the following features:
  - increasing in severity or frequency

Children’s Cancers continued

- noted to be worse in the mornings or causing early waking
- associated with vomiting, neurological signs (e.g. ataxia, squint of recent onset, “white reflex” in photographs), behavioural change or deterioration in school performance
- Soft tissue mass: any mass which occurs in an unusual location should be considered suspicious

Sarcoma

Urgent referral

- A soft tissue mass with one or more of the following characteristics:
  - size >5cms
  - painful
  - increasing in size
  - deep to fascia
  - recurrence after previous excision
- Patients with radiological suspicion of a primary bone tumour based on evidence of bone destruction, new bone formation, soft tissue swelling and periosteal elevation

Children’s Cancers continued

- Tumours
- Pigmented lesions on any part of the body which have one or more of the following features:
  - growing in size
  - changing shape
  - irregular outline
  - changing colour
  - mixed colour
  - ulceration
  - inflammation

NB Melanomas are usually 5mm or greater at the time of diagnosis, but a small number of patients with very early melanoma may have lesions of a smaller diameter.

Squamous Cell Carcinoma

- Slowly growing non-healing lesions with a significant induration on palpation (commonly on face, scalp, back of hand) - with documented expansion over a period of 1-2 months
- Patients in whom squamous cell carcinoma has been diagnosed from a biopsy undertaken in general practice
- Patients who are therapeutically immunosuppressed after an organ transplant have a high incidence of skin cancers mainly squamous cell carcinoma. These tumours can be unusually aggressive and metastasize. It is therefore strongly recommended that transplant patients who develop new or growing cutaneous lesions be referred under the two week standard

Central Nervous System Tumours

Urgent referral

- Subacute progressive neurological deficit developing over days to weeks (e.g. weakness, sensory loss, dysphasia, ataxia)
- New onset seizures characterised by one or more of the following:
  - focal seizures
  - prolonged post-ictal focal deficit (longer than one hour)
  - status epilepticus
  - associated inter-ictal focal deficit
- Patients with headache, vomiting and papilloedema
- Cranial nerve palsy (e.g. diplopia, visual failure including optician defined visual field loss, unilateral sensorineural deafness)

Consider urgent referral

- Patients with non-migrainous headaches of recent onset, present for at least one month, when accompanied by features suggestive of raised intra cranial pressure (e.g. woken by headache; vomiting; drowsiness)

NB This last guideline is intended to provide the primary care physician with the discretion to decline urgent referral if there are other known features (e.g. depression, somatisation disorder) making a diagnosis of brain tumour very unlikely

Children’s Cancers

Urgent referral

- Abnormal blood count: if reported as requiring urgent further investigation
- Petechiae/purpura: these findings are always an indication for urgent investigation
- Fatigue: in a previously healthy child when combined with either of the following:
  - generalised lymphadenopathy
  - hepatosplenomegaly
- Bone pain: without recent history of significant trauma and if it is:
  - diffuse or involves the back
  - persistently localised at any site
  - requiring analgesia
  - limiting activity
- Lymphadenopathy: is more frequently benign in younger children but referral is advised if one or more of the following characteristics are present, particularly if there is no evidence of previous local infection:
  - persistent or progressive enlargement
  - enlargement of a group of nodes associated with other signs of general ill health, fever and/or weight loss
  - involves axillary nodes (in the absence of any local infection or dermatis) or supraclavicular nodes
  - seen as a mediastinal or hilar mass on chest x-ray
- Headache: of recent origin with one or more of the following features:
  - increasing in severity or frequency

Children’s Cancers continued

- noted to be worse in the mornings or causing early waking
- associated with vomiting, neurological signs (e.g. ataxia, squint of recent onset, “white reflex” in photographs), behavioural change or deterioration in school performance
- Soft tissue mass: any mass which occurs in an unusual location should be considered suspicious

Sarcoma

Urgent referral

- A soft tissue mass with one or more of the following characteristics:
  - size >5cms
  - painful
  - increasing in size
  - deep to fascia
  - recurrence after previous excision
- Patients with radiological suspicion of a primary bone tumour based on evidence of bone destruction, new bone formation, soft tissue swelling and periosteal elevation