

Pan-London Suspected Cancer Referral Guide - Head & Neck

23% of all head and neck cancers affect the pharynx and 16% for the larynx (NCIN, 2009). The Pan-London Clinical Reference Group (CRG) 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 CRG recommend lowering the age threshold to 40 years of age for suspected pharyngeal cancers.

RISK FACTORS for head and neck cancer include:

- Smoking
- Oral tobacco use
- Alcohol consumption
- HPV
- HIV
- Previous irradiation to head and neck
- Family history of thyroid cancer

STRIDOR IS AN EMERGENCY AND REQUIRES SAME DAY REFERRAL

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

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.

LARYNGEAL/PHARYNGEAL CANCER

- Unexplained lump or mass in the neck / throat
- ≥ 40 years old with persistent unexplained hoarseness (≥ 3 weeks)
- ≥ 4 weeks of persistent, particularly unilateral, discomfort in the throat or throat pain
- ≥ 40 years old with
 - ≥ 3 weeks of dysphagia
 - ≥ 3 weeks of odynophagia
 - ≥ 3 weeks of otalgia

SALIVARY CANCER

- ≥ 40 years old with unexplained or persistent parotid or submandibular swelling
- Firm sub-mucosal swelling in the oral cavity

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

EAR/NOSE/SINUS CANCER

- Persistent unilateral otalgia
- Serosanguinous nasal discharge which persists for more than three weeks
- Unilateral nasal obstruction associated with a purulent discharge
- Facial palsy / cranial neuropathies
- Orbital masses
- Severe facial pain

THYROID CANCER

- Unexplained solitary thyroid lump
- Ultrasound suggestive of thyroid cancer

ORAL/LIP CANCER

- ≥ 3 weeks unexplained ulceration in the oral cavity
- Suspicious lump/mass on the lip or in the oral cavity
- A red or red and white patch in the oral cavity suggestive of leukoplakia or erythroleukoplakia
- Tooth mobility not associated with periodontal disease
- Poor healing ≥ 3 weeks post tooth extraction

SUSPECTED HEAD & NECK CANCER REFERRAL

Pan-London Suspected Cancer Referral Guide - Head & Neck

RESOURCES

1. CRUK & BDA Oral Cancer Recognition Toolkit http://www.doctors.net.uk/eClientopen/CRUK/oral_cancer_toolkit_2015_open/home.html
2. NICE guidelines. 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 guidelines. Improving outcomes in head and neck cancers, CSG6 (2004) <http://www.nice.org.uk/guidance/csg6>