

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

**CRITERIA FOR VERY URGENT CHEST X-RAY**

Age ≥ 40 years with the following UNEXPLAINED symptoms

- Persistent or recurrent chest infection
- Finger clubbing
- Lymphadenopathy: cervical or supraclavicular
- Chest signs consistent with lung cancer
- Thrombocytosis

For patients age ≥ 40 years: if the patient is a smoker/ex-smoker/asbestos exposure

**ONE** of the following symptoms is needed. If the patient has never smoked/no asbestos exposure **TWO** of the following symptoms are needed.

- Cough
- Fatigue
- Wheeze / dyspnoea
- Weight loss / anorexia
- Chest / shoulder pain
- Hoarseness



Offer **VERY URGENT CHEST X-RAY** to be performed within 48 hours for patients presenting with symptoms which raise suspicion of lung cancer or mesothelioma. 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.

**PLEASE NOTE:** A study has shown that 23% of lung cancer patients who had a chest x-ray in the year prior to diagnosis (BJGP, 2006) had the x-ray reported normal and so where a patient has a normal chest x-ray but a high suspicion, offer a referral to a suspected lung cancer service.

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.

**CRITERIA FOR SUSPECTED CANCER REFERRAL**

- Age ≥ 40 years with UNEXPLAINED haemoptysis
- Abnormal chest x-ray suggestive of lung cancer or mesothelioma (such as a slowly resolving consolidation or pleural effusion)
- Abnormal CT scan suggestive of lung cancer or mesothelioma
- Features suggestive of lung cancer metastasis including bone pain, paraneoplastic signs or history of cancer
- Normal chest x-ray but high suspicion of lung cancer

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)



**STRAIGHT TO TEST PATHWAY**

All patients must have **up to date (within 3 months) eGFR / renal function** as they may be sent for a 'straight to test' CT scan prior to first outpatient appointment.

The WHO performance score should be entered on the referral form so the imaging department can decide if the patient is suitable for the 'straight to test' pathway.

**SUSPECTED LUNG CANCER / MESOTHELIOMA REFERRAL**

**RESOURCES:**

1. Suspected cancer: recognition and referral, NG12 (2015) <http://www.nice.org.uk/guidance/ng12>
2. Stapley et al., 2006. BMJ. Negative chest X-rays in primary care patients with lung cancer <http://bjgp.org/content/56/529/570>