

## Pan-London Suspected Cancer Referral Guide – Orbital, Retinoblastoma & Conjunctival Cancer

### MAIN TYPES OF OCULAR CANCERS

- Intraocular
  - Melanoma
  - Retinoblastoma (in children)
  - Lymphoma
- Conjunctiva
  - Squamous cell carcinoma
- Lid (these are skin cancers)\*
  - Basal cell carcinoma
  - Squamous cell carcinoma
  - Melanoma
- Structures around the eye e.g. rhabdomyosarcoma of ocular muscle

\*Use the **Pan-London Suspected Skin Cancer Referral Form** for suspected basal cell carcinomas that are **rapidly growing** on or near the **eyelid**.

### INTRAOCULAR

- Primary intraocular tumour (not a naevus)
- Intraocular metastatic tumour
- Suspected intraocular lymphoma
- CT / MRI showing an orbital tumour

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)

**DIPLOPIA, PROPTOSIS AND VISUAL CHANGES SHOULD BE REFERRED TO LOCAL OPHTHALMOLOGY SERVICES. PLEASE DO NOT REFER THE FOLLOWING ON A SUSPECTED EYE CANCER REFERRAL PATHWAY**

- Congenital hypertrophy of retinal pigment epithelium
- Simple naevi, if small and flat
- Simple naevi if minimally raised with only drusen on the surface

### RISK FACTORS for melanoma of the eye include:

- Age over 50
- More common in white people
- More common in blue/grey/green eyes than brown
- People with pigmentation of uvea (oculodermal melanocytosis) or iris (iris naevus) are at increased risk
- Inherited cancer syndromes (BAP 1)
- Sunlight and UV exposure

### RETINOBLASTOMA

Consider urgent referral (for a same-day assessment) for ophthalmological assessment for retinoblastoma in **children** with an absent red reflex.

### IRIS NODULE

Refer patients with a suspected tumour that is:

- Greater than 3.0 mm in diameter
- Markedly elevated
- Causing a secondary glaucoma or cataract
- Involving the angle of the eye.

### CONJUNCTIVAL MELANOCYTIC

Refer patients with:

- Cornea, caruncle, and/or palpebral conjunctiva involvement
- Feeder vessels are present
- Nodule is associated with diffuse pigmentation
- Diameter exceeds 3mm, especially in absence of clear cysts

### MELANOCYTIC CHOROIDAL

Refer patients with any **one** of the following:

- Thickness greater than 2.0 mm
- Collar-stud configuration
- Documented growth of a pigmented lesion at the choroid

OR any **two** of the following:

- Thickness > 1.5mm
- Orange pigment
- Serous retinal detachment
- Red eye and persistent conjunctivitis

### RESOURCES

1. NICE guidelines. Suspected cancer: recognition and referral, NG12 (2015) <http://www.nice.org.uk/guidance/ng12>
2. Moorfields Eye Hospital referral guidance: See subheading 'When to refer' <http://www.moorfields.nhs.uk/content/referrals>
3. Royal College of Ophthalmologists (2009) <https://www.rcophth.ac.uk/wp-content/uploads/2014/12/2009-SCI-011-Referral-guidelines-for-adult-ocular-tumours.pdf>

**SUSPECTED ORBITAL, RETINOBLASTOMA & CONJUNCTIVAL CANCER REFERRAL**