

# CLINICAL REFERRAL GUIDELINES FOR ADULT PERSONAL DOCTORS

## HEAD AND NECK CANCER

### LARYNGEAL CANCER

Urgent referral to an ENT (within 2 weeks) in cases of

- Persistent and unexplained hoarseness
- Appearance of an unexplained mass in the neck

### ORAL CANCER

Urgent referral to an Oral Maxillofacial Surgeon or ENT (within 2 weeks) in cases of

- An unexplained ulceration which does not heal within > 3 weeks
- Appearance of an unexplained mass in the neck
- Unexplained mass on the lips and the oral cavity
- Greyish red or white lesions in the oral cavity consistent with erythroplakia and/or leukoplakia, especially if painful, swollen or bleeding.

The dentist should refer the patient urgently (within 2 weeks) if he/she detects

- Unexplained mass on the lips and in the oral cavity
- Greyish red or white lesions in the oral cavity consistent with erythroplakia and/or leukoplakia,
- Unexplained unilateral numbness of the lower lip or tongue

### OROPHARYNGEAL CANCER

Urgent referral an Oral Maxillofacial Surgeon or ENT (within 2 weeks) in cases of

- Unexplained mass or assymettrical swelling of the tonsils with or without accompanying unilateral earache
- Appearance of an unexplained mass in the neck

### THYROID CANCER

Urgent referral to an General Surgeon or Endocrinologist or ENT (within 2 weeks) in cases of

- A mass/ nodule in the thyroid gland

IMMEDIATE referral to an A & E Department or ENT in case of

- Respiratory distress and wheezing

## CANCER OF THE SALIVARY GLANDS

Urgent referral to an ENT or Oral Maxillofacial Surgeon (within 2 weeks) in cases of

- Unexplained mass or asymmetrical swelling of the parotid gland with contralateral peripheral facial nerve palsy
- Unexplained mass or asymmetrical swelling of the submandibular gland

### NASAL CAVITY CANCER

IMMEDIATE referral to an ENT in case of

- Nosebleed

Urgent referral (within 2 weeks) in cases of

- Facial asymmetry with or without pain
- Epistaxis

**NOTE 1:** It is understood that some diagnostic tests, such as chest X-rays, may be performed in primary care if and when indicated.

**NOTE 2:**

1. For patients diagnosed with cancer undergoing oncological treatment or follow-up, communication with the treating oncologist is recommended.
2. Patients undergoing oncological treatment or follow-up (at least one visit to the oncologist within 8 months) have the right to direct access to the treating oncologist.

**Bibliography:**

1. Rapid Referral Guidelines for Suspected Cancer. A NICE-endorsed summary of the guidelines for suspected cancer (NG12). MacMillan Cancer Support. <https://www.macmillan.org.uk/healthcare-professionals/cancer-pathways/prevention-anddiagnosis/rapid-referral-guidelines>
2. Referral Guidance on Oral Cancer, NHS. <https://old.dental-referrals.org/wp-content/uploads/2012/09/Cancer-Guidance.pdf>