

CLINICAL REFERRAL GUIDELINES FOR ADULT PERSONAL DOCTORS

LUNG CANCER

Urgent referral to a Pulmonologist or thoracic surgeon (within 2 weeks) in cases where

- a chest X-ray raises suspicion of lung cancer or mesothelioma
- Age >40 years with unexplained haemoptysis

Urgent investigation with chest X-ray (within 2 weeks) for lung cancer or mesothelioma in individuals >40 years of age with

- persistent or recurrent pneumonia
- Finger clubbing
- supraclavicular lymphadenopathy disease or persistent cervical lymphadenopathy
- Symptoms in the lungs consistent with cancer or mesothelioma
- Thrombocytosis

Additional individuals

- Aged > 40 years, non-smokers presenting two or more of the following symptoms
- Aged > 40 years smokers with one of or more of the following symptoms
- Of any age with exposure to asbestos with one or more of the following symptoms
 - Cough
 - Fatigue
 - Dyspnoea
 - Chest pain
 - Weight loss
 - Anorexia.

CAUTION: A normal chest X-ray does not exclude the possibility of lung cancer. This was highlighted by a large study published in 2006 in the British Journal of General Practice. Specifically, it showed that 23% of chest X-rays performed in primary care due to suspected lung cancer were normal in cases diagnosed with lung cancer within the following year.

NOTE: In cases of strong clinical suspicion and despite normal X-rays, referral to a pulmonologist is recommended.

Very urgent investigation (within 24 hours) in individuals of any age with the following symptoms to rule out Superior Vena Cava Syndrome.

- Swelling of the face/neck
- Dilation of the neck vessels
- Cough
- Dyspnoea
- Oedema of the upper limbs
- Dilation of chest vein collaterals

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- Conjunctival suffusion

Very urgent investigation (within 24 hours) in individuals of any age with the following symptoms to rule out Superior Vena Cava Syndrome.

NOTE:

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-and-diagnosis/rapid-referral-guidelines>
2. Sally Stapley, Deborah Sharp and William Hamilton. Negative chest X-rays in primary care patients with lung cancer. British Journal of General Practice 2006; 56 (529): 570-573
<http://bjgp.org/content/56/529/570>
3. Marc T. Seligson; Scott M. Surowiec. Superior Vena Cava Syndrome. National Library of Medicine. Last Update: +September 26, 2022.
<https://www.ncbi.nlm.nih.gov/books/NBK441981/#:~:text=The%20most%20common%20presenting%20symptoms,vein%20collaterals%2C%20and%20conjunctival%20suffusion>