Scottish Referral Guidelines for Suspected Cancer

Head and neck (emergency referral)

• Stridor

Head and neck

- Lump > 3/52
- Oral mucosa

Lung (X-ray)¹

Haemoptysis

Dyspnoea

Appetite loss

Weight loss

Chest signs

>40y/o)

• Clubbing (new)

• Chest infection -

• >3 weeks

- Ulceration or swelling/ induration >3/52
- Red/white patches >3/52
- Hoarseness constant >3/52
- Odynophagia or throat pain >3/52

• Cough – new or

change in existing

Chest/shoulder pain

• Hoarseness (ref ENT if

no other symptom to

suggest lung cancer)

• Fatigue (in smokers

persistent or recurrent

Thyroid

- Solitary nodule, increasing size
- Swelling <16y/o, or • Swelling with >1 of:
- Unexplained hoarseness/cervical
- lymphadenopathy • FHx endocrine tumour
- Hx neck irradiation

• Lymphadenopathy persistent; cervical/

• Thrombocytosis (if CXR NAD consider other diagnosis including other

Lung

- Unexplained signs/ symptoms as per 1 above for >6/52 despite normal
- CXR suggestive of lung cancer
- Persistent haemoptysis >40y/o and smoker/ ex-smoker

supraclavicular (ref ENT if CXR NAD)

cancers)

Hepatobiliary and pancreatic

- Painless jaundice obstructive
- Weight loss >55 y/o
- + any of:
- Upper abdominal mass
- New onset diabetes
- Suspicious abnormality on imaging
- New unexplained back pain
- Ongoing GI symptoms despite normal endoscopy

Skin

- Lesions on any part of the body which have 1 or more of:
- Mole
 - Change in size, shape, colour
- ABCD (Asymmetry, Border irregularity, Colour irregularity, Diameter increasing or >6mm)
- Nodule (+/- pigment) - new
- >4/52 with ≥ 1 of:
 - Ulceration, bleeding/
- Surrounding inflammation/altered sensation
- In immunosuppressed (unexplained lesion)
- Slow-growing, nonhealing or keratinising with induration
- Nail
 - New or changing pigmented line
- Unexplained lesion
- BCC in dangerous area, eg. peri-ocular, auditory meatus, major vessel/nerve

Haematological

- Abnormal blood count/ film, suspicious of:
 - Acute leukaemia
 - Chronic myeloid leukaemia
- Lymphadenopathy + > 1 of:
- >2cm for >6/52
- Increasing size
- Generalised
- Hepatosplenomegaly without liver disease
- Bone pain with paraprotein &/or anaemia
- Bone x-ray suggestive of myeloma
- Consider:
 - Fatigue
- Night sweats
- Weight loss
- Itching
- Bruising
- Infections
- Bone pain
- Polyuria
- Polydypsia
- Check HIV status

Prostate

- Raised (age specific)
- Hard, irregular prostate on DRE

Testicular

- Non painful enlargement or change in shape/texture
- (Epididymo-)orchitis treatment-resistant
- Abnormal imaging

Penile

- Non-healing lesion
- Painful phimosis

Sarcoma

- Soft tissue mass + ≥ 1 of:
- Size > 5cm or increasing
- Deep to fascia
- Fixed
- Immobile
- Regional lymph node enlargement
- Recurrence after excision

Sarcoma (X-ray)

- Bone pain $+ \ge 1$ of:
- Persistent
- Worsening
- Non-mechanical
- Nocturnal or at rest

Oesophagogastric

 Dysphagia or odvnophagia

CNS (same-day

or vomiting with

neurological deficit

• Seizure - new, or

papilloedema

• Progressive

changing

• Headache &/

referral)

CNS

- Unexplained vomiting >2/52
- New unexplained weight loss (esp. >55y/o) + any of:
 - New or worsening upper abdominal pain or discomfort Unexplained iron
- deficiency anaemia

• Abdo exam, Ca125 &

urgent pelvic USS in

distension/bloating

· Early satiety

Ascites

• Pelvic mass

Endometrial

• PV bleed

Loss of appetite

• Pelvic or abdo pain

urgency or frequency

• Abnormal USS or CA125

(ultrasound-confirmed)

Post-menopausal

Unscheduled,

on tamoxifen

Intermenstrual,

• Pelvic mass (order USS

• Clinically suspicious on

but refer anyway if

persistent

suspicious)

examination

examination

• Unexplained lump

• Bleeding ulceration

• Clinically suspicious on

Cervical

Vulval

Vaginal

(if on HRT, then after

cessation for >4/52)

• Change in bowel habit

Increased urinary

women especially >50

with unexplained abdo

- Reflux symptoms Dyspepsia resistant to treatment
- Vomiting

Ovarian

Breast

- New discrete lump ->30y/o or recurrent at site of previously aspirated cyst
- Asymmetrical nodularity − >35y/o & persists after 2-3/52
- Axillary lymph node(s) - unilateral & persisting 2-3/52
- Nipple
- Discharge visible bloodstained
- Retraction new unilateral
- Eczema persistent despite potent topical steroid for 2/52
- Skin
 - Tethering
 - Fixation
 - Ulceration

antibiotics)

• Peau d'orange • Mastitis/inflammation (persists/recurs despite x1 course of

Colorectal

Please refer to local qFIT guidance where appropriate

- Rectal bleeding repeated (without obvious anal cause) or mixed with stool
- Bowel habit change (especially looser stools not simple constipation) - >4/52
- Abdominal pain and weight loss
- Unexplained irondeficiency anaemia
- Unexplained abdominal/ ano-rectal mass

Bladder and renal

- Unexplained visible haematuria >45y/o (without infection or persists after treatment for infection)
- Non-visible haematuria >60y/o + dysuria or raised white cell count on a blood test
- Abdominal mass consistent with urinary tract origin



