Referral guidelines for suspected cancer

Understanding NICE guidance – information for people who may need a referral, their families and carers, and the public

Prepared for second consultation

The paragraphs are numbered for the purposes of consultation. The final version will not contain numbered paragraphs.
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About this information

1. This information describes the guidance that the National Institute for Clinical Excellence (called NICE for short) has issued to the NHS on what a GP or other health professional working in the community should do if a person has symptoms that could be caused by cancer (see page [5]). It is based on ‘Referral guidelines for suspected cancer’, which is a clinical guideline produced by NICE for doctors, nurses and others working in the NHS in England and Wales.

2. This clinical guideline aims to help GPs or other healthcare professionals working in the community decide when to arrange for a person to have tests or see a specialist (or both). It is called a referral guideline because when a GP or other healthcare professional does this, they are said to be ‘making a referral’.

3. The term ‘healthcare professional’ can include, for example, nurses or dentists, but in this booklet we generally use ‘GP’ because it is usually (though not always) him or her who sees the patient first.

4. **Being referred to a specialist does not necessarily mean that a person has cancer.** This guideline is aimed at helping GPs make decisions about when to refer people if they have symptoms that could be caused by cancer. It is not a guideline about treating the symptoms. It is important to remember that many other conditions or diseases can cause similar symptoms, and in most cases, cancer will not be the cause. But it’s important to see specialists in the field to rule it out, or ensure that if you do have cancer, you are treated as quickly as possible.

Clinical guidelines

5. Clinical guidelines are recommendations for good practice. The recommendations in NICE guidelines are prepared by groups of health workers, people representing the views of those who have or care for
someone with the condition, and scientists. The groups look at the
evidence available on the best way of diagnosing, treating or managing a
condition and make recommendations based on this evidence.

6. There is more about NICE and the way that the NICE guidelines are
developed on the NICE website (www.nice.org.uk). You can download the
booklet *The Guideline development process – an overview for
stakeholders, the public and the NHS* from the website, or you can order a
copy by phoning the NHS Response Line on 0870 1555 455 (quote
reference number N0472).

**What the recommendations cover**

7. NICE clinical guidelines can look at different areas of diagnosis, treatment,
care, self-help or a combination of these. The areas that a guideline covers
deck on the topic. They are laid out at the start of the process of writing
the guideline in a document called the scope.

8. The recommendations in ‘Referral guidelines for suspected cancer’, which
are also described here, cover the common symptoms that should prompt
a GP or other person working in healthcare in the community to offer to
arrange for the person to have tests or to see a specialist (or both).

9. There are many good sources of information on different types of cancer
and the diagnosis and treatments. NHS Direct is a starting point to find out
more. Phone NHS Direct on 0845 4647, or visit the website
(www.nhsdirect.nhs.uk). The website lists ‘NHS Direct Info Partners’,
which are organisations with websites that provide more detailed
information.

10. If you have questions about any of the information included in this booklet,
talk to your doctor or nurse (or another health professional, depending on
what it is you want to know).
How guidelines are used in the NHS

11. In general, health workers in the NHS are expected to follow NICE’s clinical guidelines. But there will be times when the recommendations won’t be suitable for someone because of his or her specific medical condition, general health, wishes or a combination of these. If you think that the care or treatment you receive does not match what’s described in the pages that follow, you should talk to your doctor or nurse.

If you want to read the other versions of this guideline

12. [The following information will apply once the final guideline has been issued] There are four versions of this guideline:
   - this one
   - ‘Referrals guidelines for suspected cancer’, which contains all the recommendations and is called the NICE guideline
   - the quick reference guide, which is a summary of the main recommendations in the NICE guideline, and has been sent to doctors who see patients with possible cancer [other groups from distribution list to be added]
   - the full guideline, which contains all the details of the guideline recommendations, how they were developed and information about the evidence on which they were based.

13. All versions of the guideline are available from the NICE website (www.nice.org.uk). This version and the quick reference guide are also available from the NHS Response Line – phone 0870 1555 455 and give the reference number(s) of the booklets you want (N0xxx for this version, N0xxx for this version in English and Welsh, and N0xxx for the quick reference guide).

How to use this booklet

14. This booklet has been divided into three sections. The first section (pages [5-10]) describes in general what should happen when a person
goes to their GP with a symptom that the GP thinks might be caused by cancer. The second section contains the referral advice on specific cancers, such as lung cancer and breast cancer, in adults, and starts on page [11]. The third section contains the referral advice on cancers in children, and starts on page [40].
Section 1: Seeing a GP about lumps or symptoms

Seeing a GP

15. In general, people should be able to see who they want. Sometimes a man might find it easier to see a male GP, and a woman might prefer to see a female GP. So if they’d prefer to speak to someone of their own sex, this should be possible.

16. If someone goes to see their GP because they’ve noticed a lump or they’re having a particular problem, the GP should check the lump if there is one, and ask them if they’ve noticed other symptoms or problems. The GP or other healthcare professional will usually offer to examine them.

17. In most cases the GP will not think that your symptoms are caused by cancer. She or he may offer treatment or tests for another condition. Sometimes, she or he will suggest waiting to see if the symptoms get better by themselves. But in some cases, the GP may think that cancer is a possibility, and that the person should have some tests and/or see a cancer specialist. The guideline that NICE has produced aims to help GPs make these decisions.

18. Although it’s the GP who makes the referral, the patient or their family or carers should be involved in the decisions and given information about the possible diagnosis as much as possible. And if a person decides they don’t want to go for tests or to see the specialist, their wishes should be respected.

19. The sections on pages [12] to [47] deal with symptoms and signs of specific types of cancer. GPs should know these and should recognise them in a patient. But sometimes it won’t be clear that a person might have cancer, or the person might have a rare cancer that a GP is not likely to be familiar with. There are two pieces of advice to GPs in the NICE guideline that cover these situations. First, if the GP judges that someone’s
symptoms aren’t being caused by cancer, but their symptoms don’t get better or go away as expected, the GP should think again about the possible causes, including cancer. Second, if the person has an unusual set of symptoms, the GP should think about whether these could be the result of a rare cancer.

**Children with symptoms**

20. Cancer in children is rare and can be difficult to spot. In general, GPs should trust the word of the parents or carers and should listen carefully to their concerns. As they should for adults, if the child’s symptoms don’t go away as expected, the GP should think again about the possible causes or should ask a colleague to see the child and their parents or carers (see page 40 for more information on children’s symptoms).

**Information and support**

21. If a GP thinks that a person may have cancer, they should tell the person (or in the case of a child, the parents or carers, and the child if appropriate) in a sensitive and supportive way. And they should arrange for the person to see a specialist cancer team for tests, and treatment if needed. The person should get their appointments through quickly though the exact timings depend on the arrangements in the area. The GP should be able to give an idea of how long it will take.

22. If it would be helpful for the person or the family or carers to have information on the areas below, the GP or someone else in the practice, such as the practice nurse, should provide information on:
   - the possible diagnosis
   - where they are being referred to and how long they will have to wait for an appointment
   - what will happen at the next appointments
   - the arrangements for these appointments
   - how to get more information or help.
23. All healthcare professionals working in the community should know how to talk about the possibility of cancer in a sensitive and helpful way, and should follow the guidelines set out in 1997 by the Royal College of Physicians. They should also be prepared to tell people what a diagnosis of cancer would mean if they want to know.

24. Finally, the person should be told that if they have more questions or concerns, they are welcome to phone or make another appointment.

**Taking a person’s circumstances into account**

25. Although most people find the possibility of having cancer upsetting, some people can find it particularly hard to cope with. Doctors should be aware of this and should be sensitive to the person’s situations and individual worries.

**Taking cultural beliefs into account**

26. Some people’s cultural beliefs may mean that they view the possibility of cancer in a different way. Healthcare professionals should be aware of this and should respect the person’s views.

**Young people and people with special needs**

27. When the possibility of cancer is being discussed, it can be difficult to take everything in. In the case of children and some young people (16 to 19 years old) or a person with special needs, it may help if another person is present during the discussions. He or she can offer support and fill in any gaps if they haven’t understood all that’s been said.

28. If a person needs or is likely to need extra help during the specialist appointments or tests, or with understanding what’s going on, then the GP should let the specialist know (after they’ve checked that this is okay with the person concerned).
Men

29. Some men may be reluctant to ask for support and help, even if they know they need it. Doctors and other healthcare professionals should be aware of this and should try to encourage men to accept any support that’s on offer, while being aware of their feelings.

Children and their parents or carers

30. If it's possible that a child has cancer, the GP should make sure they spend time talking to the child and their family or carers so that they build up a good relationship with them. If the child does have cancer, the GP and other members of the primary healthcare team will be important points of contact for advice, help and support later down the line.

Support services

31. Useful information on both local and national sources of support for people with cancer should be available from GPs or their colleagues. This information should be provided in different formats, for example, leaflets, tapes or videos, to suit different people’s needs.

If something goes wrong

32. If something goes wrong, for example, if the referral wasn’t made as quickly as it should have been, or the relationship between the patient and doctor broke down for some reason, it’s important that the person or the family or carers are given information and support to help them understand what’s happened.

Skills and training for healthcare professionals

33. GPs don’t see people with cancer very often – each GP will probably see eight or nine patients with a new cancer each year. Therefore GPs and other healthcare professionals working in the community should take steps to make sure they have the skills they need to spot possible cancers.
NICE Clinical guideline: Referral guidelines for suspected cancer

and to talk to patients, families and carers sensitively and helpfully about the possibility of cancer.
Section 2: Referral advice on specific cancers in adults

34. The next sections cover specific cancers and highlight the symptoms that might point to cancer and mean that an appointment with the specialist or a particular test should be arranged. Having one of the symptoms listed does not necessarily mean that a person has cancer, but it does mean that they should see their GP if they haven't done so already.

Specialists

35. Specialist. Usually, this is a specialist doctor who works as part of a cancer team attached to a hospital or specialist unit. The team is made up of different types of healthcare professionals with training and expertise in the diagnosis, treatment and care of people with that specific type of cancer. A person may see other members of this specialist team for tests or treatments as well as or in addition to the specialist doctor.

Lung cancer

Symptoms that should prompt a chest X-ray

36. A person should be offered an urgent chest X-ray (with the results back within 5 days of having the X-ray) if they:

- are coughing up blood, or

- have one or more of the symptoms below and there’s no obvious explanation or the symptom has lasted for more than 3 weeks:
  - pain in the chest or shoulder
  - difficulty breathing
  - weight loss without dieting
possible signs of cancer when the chest is examined
- a hoarse voice
- swelling affecting the ends of the fingers (known as finger clubbing)
- possible signs of cancer in the lymph glands ('the glands') in the neck or above the collar bone
- coughing with any of the symptoms above

- attend more than once with an unexplained cough that has lasted a month or more
- they've had breathing problems for some time and have recently noticed changes in their breathing or symptoms.

37. A person should also be offered a chest X-ray if they have been exposed to asbestos at some time and they’ve recently noticed pain in their chest, or that they’re becoming breathless, or have other symptoms that can’t be explained by other causes (if any problems show up on the X-ray, the person should be offered an urgent appointment with a specialist).

**Symptoms that should prompt an appointment with a specialist**

38. A person may be referred to a chest specialist straightaway if they:

- have swelling affecting both the face and neck with a consistently high blood pressure in the jugular veins (which run down either side of the neck), or

- sound very harsh and noisy when they breathe in (this is called stridor and may need an emergency admission to hospital).

39. A person should see a chest specialist urgently if they:

- are coughing up blood and are smokers or ex-smokers older than 40
40. If a person has had a chest X-ray that is normal, but the symptoms continue, or it is thought that lung cancer is likely, he or she should be offered an urgent appointment with a chest specialist.

**Factors that can make a person more likely to have lung cancer**

41. Lung cancer is more likely in some people than others. A GP should be especially aware of the risk of lung cancer in any of the cases below (these are called risk factors). The person:
   - is a smoker or an ex-smoker
   - has difficulty breathing because of a condition called chronic airway obstruction (COPD for short)
   - has been exposed to asbestos at work
   - has had cancer before, especially if this was in the head or neck.

42. If a person has any of these risk factors, and any of the symptoms described earlier, the GP should offer an urgent referral for either a chest X-ray or to see a specialist, depending on the person’s condition. However, the GP may consider referring sooner for example, if the symptoms or signs have lasted for more than 3 weeks.

43. This doesn’t mean that people who aren’t in one of these groups shouldn’t be referred, but that doctors should be especially aware of the risk of cancer in people in these groups.

**Cancer in the gullet, stomach or first part of the intestine**

44. Repeated bouts of pain around the stomach, heartburn (a burning feeling in the gullet), and stomach acid being brought up into the gullet may suggest a condition called dyspepsia. These symptoms can sometimes occur with bloating, vomiting and feeling sick. Usually, medicines such as
proton pump inhibitors (PPIs) are given to help control the symptoms of dyspepsia.

**Symptoms that should prompt an appointment with a specialist**

45. If a person has symptoms that the GP thinks are caused by cancer in the gullet, stomach or upper part of the intestine (called upper gastrointestinal cancer), they should be referred to a specialist team. How quickly they are seen will depend on the arrangements in their area.

46. Patients who have pain in the top part of their abdomen and have lost weight without dieting, with or without pain in their back, should be referred urgently to see a specialist.

**People with dyspepsia**

47. An urgent appointment to see a specialist, or to have an endoscopy (see below) should be offered to a person with dyspepsia if they also have any of the symptoms below. This appointment should be within 2 weeks of referral.

- Bleeding in the intestine.
- Finding it hard to swallow (as though food is sticking on the way down, rather than having a sore throat).
- Losing weight recently without dieting.
- Vomiting for some time.
- They are anaemic (which means their level of blood haemoglobin is low – haemoglobin is the part of the blood that carries oxygen).
- They have a lump in the upper abdomen.
- They have had a test called a barium meal that shows up something that could be cancer.

**People without dyspepsia**
An urgent appointment with a specialist should be offered to a person without dyspepsia if they have lost weight without dieting and have been vomiting for some time.

A referral for further investigation should be considered for a person without dyspepsia if they:
- have lost weight without dieting, or
- have too little iron in their blood.

**Jaundice**

If a person has jaundice because there’s a blockage in the abdomen, they should be offered an appointment with a specialist. How quickly they should be seen depends on their individual condition. Jaundice happens when the levels of a pigment called bilirubin increase in the blood. This can happen if there’s a problem in the bile system, which is part of the digestive system, or in the liver. Some of the signs of jaundice are that the person starts to pass pale stools or dark urine or both, and that the person’s skin can start to look yellowy. An ultrasound scan may be given.

**Symptoms that should prompt an endoscopy**

In an endoscopy, a narrow tube with a light and tiny camera inside is put down into the body through the mouth to look at the gullet, stomach and/or the first part of the intestine. One of the reasons that this is done is to look for signs of cancer.

If someone is going to have an endoscopy, they should stop taking their prescription medicines for indigestion at least 2 weeks before the endoscopy as the effects of the medicines can hide abnormalities, making them hard to spot during the endoscopy.

People over the age of 55 with dyspepsia but who don’t have any other symptoms don’t usually need to be referred for an endoscopy. But if symptoms continue even after using medicines, or the GP thinks the risk of
cancer could be higher (for example, if a family member has also had gastric cancer), the GP may offer a referral for this test.

**H. pylori infection**

54. Sometimes dyspepsia is linked to infection with bacteria called *Helicobacter pylori* (H. *pylori* for short). A standard step in the treatment of troublesome dyspepsia is to test whether the person has this infection and to give antibiotics for it if they have. But if a person’s symptoms continue after treatment for H. *pylori* or taking other medicines for dyspepsia, the GP may offer an urgent referral for an endoscopy.

**Other tests**

55. If a person is going to see a specialist, they may also be offered a blood test called a full blood count. This is done to check on the health of the blood. A full blood count may also be offered to someone aged 45 years or older who has just started to get indigestion to check whether they’re anaemic through a lack of iron.

**Factors that can make a person more likely to have cancer in their digestive system**

56. Cancer affecting the upper digestive system (the gullet or oesophagus, stomach, or the first part of the duodenum) is more likely in some people than others. The GP should think about offering the person an urgent appointment with a specialist if the person has changes in their dyspepsia symptoms and:

- they also have a condition called Barrett’s oesophagus, in which the lining of the gullet (or oesophagus) has become abnormal, or
- they are known to have changes in the tissues lining the gullet, stomach or intestine, or
- they had an operation for a peptic ulcer more than 20 years ago (a peptic ulcer usually develops in the stomach or the first part of the intestine).
57. This doesn’t mean that people who aren’t in one of these groups shouldn’t be referred, but that doctors should be especially aware of the risk of cancer in people with these combinations of symptoms.

**Colorectal cancer**

58. Colorectal cancer is cancer affecting the lower part of the digestive system, the colon or the rectum or both. If a person is having problems in these areas that can’t be explained by other causes, the GP should carry out a digital rectal examination, or DRE for short. This involves gently placing a finger in the person’s back passage to feel for any lumps or abnormalities, and should be carried out only if it is acceptable to the person.

**Symptoms that should prompt an appointment with a specialist**

59. An urgent appointment with a specialist in colorectal cancer should be offered to a person if one of the following applies:

- the person is 40 or older, and has noticed that for 6 weeks or more, they’ve been passing blood from their bottom and their stools have been looser than usual and/or they’ve been opening their bowels more often
- the person is over 60, and has noticed that for 6 weeks or more, they’ve been passing blood from their bottom
- the person is over 60 and has noticed that for 6 weeks or more their stools have been looser than usual and/or they’ve been opening their bowels more often
- the person has a lump in the lower part of their abdomen which could be explained by a cancer affecting the bowel
- the person has a lump inside the rectum that can be felt during the DRE (see above).

60. An urgent appointment with a gastroenterologist (a specialist doctor who diagnoses and treats problems in the digestive system) should be offered
to a person who is anaemic and low in iron, and a reason can’t be found for this.

- For a man, an urgent appointment should be offered if his haemoglobin level is below a certain level.
- For a woman who is not having periods, an urgent appointment should be offered if her haemoglobin level is below a certain level and she’s not having her period at the time.

Tests

61. Some of the symptoms of colorectal cancer are similar to those of other less serious conditions, so it can be hard to spot this type of cancer. A blood test called a full blood count (FBC for short) may be helpful, as it can show whether a person is anaemic (see above). Sometimes a person who is going to see the specialist will be offered an FBC because the results may be helpful to the specialist.

62. No other tests should be organised by the GP if the person is going to see a specialist.

Waiting to see what happens

63. If a less serious condition could be causing a person’s symptoms, and the person is not too worried about the possibility of cancer, the GP may offer to treat the person as if they had the less serious condition and see if this helps the symptoms. This is a reasonable step for the GP to take in these circumstances.

If someone has or has had ulcerative colitis

64. Ulcerative colitis is a medical condition where the intestine becomes inflamed and ulcerated (part of the lining becomes destroyed). If someone has or has had ulcerative colitis, they should be offered a plan for check ups because people with ulcerative colitis have a slightly higher chance of developing colorectal cancer. How often they have these checks will depend on the condition and local arrangements.
Colorectal cancer in the family

65. It’s not clear whether colorectal cancer is more likely to develop in someone if a close member of their family has had it. So GPs shouldn’t use this as a deciding factor for referral at the moment.

Breast cancer

66. If a woman has gone to the GP because she’s found a lump or other symptom in her breast, the GP should always talk to her about her medical history and examine the breast. It’s particularly important for the GP to find out when the woman first noticed the lump and whether it’s only noticeable at certain times of her monthly menstrual cycle (because many women get harmless lumps in their breast during periods). The woman’s age is also important because breast cancer isn’t common in women under 30 and the risk of developing breast cancer increases with age.

67. In general, women should be encouraged to examine their breasts regularly for changes, and to see their GP if they notice anything unusual.

Symptoms that should prompt an appointment with a specialist

68. An urgent appointment to see a specialist should be offered to a woman if one of the following applies:

- she has a hard lump in her breast (at any age) that can’t be moved around under the skin (the skin might move over the top of it or it might stay attached to the lump, or the skin may develop ulcers)
- she is 30 or over and has a lump that’s still there after her next period
- she has gone through the menopause and has a new lump
- she has already had breast cancer or carcinoma-in-situ and has another lump or other symptoms that could point to breast cancer (carcinoma-in-situ is where there are changes in the cells in the breast – depending on the specific type of carcinoma-in-
situ, the changes in the cells mean either that there’s very early breast cancer in the breast or that the person is slightly more at risk of having breast cancer in the future)

- she has a patch of red or weeping skin on one of her nipples or has noticed that one of her nipples has changed shape recently and is permanently distorted or inverted (pointing inwards)
- she has a bloodstained discharge from a nipple.

Breast cancer is rare in women under 30, but it does happen. If a woman has a lump that gets bigger, or the GP has other reasons to be concerned, for example, if she has a family history of breast cancer, an urgent referral may be made.

**Men**

69. Although breast cancer is rare in men, it does happen. An urgent referral for specialist diagnosis should be offered to a man who is over 50 and has a firm lump under the nipple that can’t be explained by something else (some medicines can cause non-cancerous lumps behind the nipple)

**Seeing the specialist straight away**

70. Depending on the other symptoms, if a person has had a lump for several months, the GP may refer them for a specialist assessment straight away.

**Tests**

71. The GP shouldn’t normally organise tests to try to diagnose breast cancer. If they suspect breast cancer, they should refer the person for specialist diagnosis.

72. If a woman has pain in her breast but there are no other symptoms, a mammography isn’t usually warranted and the GP shouldn’t normally arrange one. (A mammography is an X-ray of the breast that can pick up cancer.)
Cancer affecting a woman’s reproductive system

73. A woman's reproductive system includes the womb (also known as the uterus), the fallopian tubes, the cervix (the neck of the womb), the vagina, and the vulva (a woman's visible sex organs, including the clitoris, vaginal lips and the opening of the vagina). Cancer can develop in any of these places. Many ‘female’ cancers are very rare in younger women, so a woman's age can be important when the GP is deciding whether a referral is needed.

If a woman has unexpected bleeding or changes in her monthly cycle

74. If a woman sees her GP and one of the following applies, the GP should offer her an internal examination to check the cervix and to check for lumps in the pelvic area:

- she’s noticed changes in her monthly menstrual cycle
- she’s had bleeding between periods
- she’s had bleeding after sex
- she’s been through the menopause but has still had some bleeding
- she’s had unusual discharge from her vagina.

The doctor should also use an instrument called a speculum to gently hold open the vagina while he or she examines the woman. The examination could be carried out by one of the GP’s colleagues if the woman prefers or it’s more convenient.

Symptoms that should prompt an appointment with a specialist

75. If the examination shows up changes in the cervix that could be linked with cancer, the woman should be offered an urgent appointment with a specialist. She shouldn’t be offered a smear test, and should be offered an urgent referral even if she’s had a smear test before that has shown a normal result.
76. If the woman has been through the menopause and has had some bleeding and one of the following applies to her, she should be offered an urgent appointment with a specialist:
   - she is not taking HRT
   - she stopped taking HRT six weeks ago but the bleeding has been happening for a while or the reason for it isn’t obvious
   - she is taking tamoxifen.

77. If there’s a lump in the abdomen or pelvic area and it’s not obviously a fibroid or something in the intestine or the urine system, the woman should be offered an ultrasound scan and then an urgent appointment with a gynaecological oncologist (a specialist who is expert in the treatment of cancer affecting the female reproductive system). If an ultrasound scan is not available, the woman should be offered a direct referral to the specialist gynaecologist. (Ultrasound uses high-energy sound waves to show tissue inside the body. Fibroids are non-cancerous lumps that can develop in the womb.)

**Changing or stopping HRT**

78. A type of HRT (hormone-replacement therapy) called ‘oestrogen-only HRT’ can increase the risk of endometrial cancer (cancer in the lining of the womb). Usually, because of this, only women who have had a hysterectomy (an operation to remove the womb) will take this type of HRT. If a woman is taking an oestrogen-only type of HRT and still has her womb, the GP should advise her to change to another type of HRT or to stop the HRT altogether.

**If a woman has abdominal pain or other abdominal or urine symptoms**

79. If a woman sees their GP because of abdominal pain or other symptoms involving the abdomen or urine system, the GP should offer to examine the woman’s abdomen and feel for lumps and abnormalities. If the GP thinks it
is necessary, they may then offer the woman an internal examination to check for lumps in the pelvic area.

80. If a woman’s symptoms could be being caused by a less serious condition, and they’re not going to get too worried about the possibility of cancer, the GP may offer to treat them as if they had the less serious condition and see if this helps the symptoms. This is a reasonable step for the GP to take as long as the woman is also offered regular appointments with the GP while the symptoms are continuing (or until the cause of the symptoms becomes clearer).

**If a woman has a symptom affecting the vulva**

81. If a woman with a lump in the area of her vulva sees her GP, the GP should examine the vulva. If there’s no obvious cause, she should be offered an urgent appointment with the specialist.

82. If a woman has bleeding from the area of her vulva, or an open sore that doesn’t heal (an ulcer), she should be offered an urgent appointment with a gynaecological oncologist.

83. If a woman has itching or pain in the area of her vulva, then the GP may offer to treat the symptoms and see if this helps. This is a reasonable step for the GP to take as long as the woman is also offered regular appointments with the GP while the symptoms are continuing (or until the cause of the symptoms becomes clearer). If the symptoms carry on, the woman should be offered an appointment with a specialist.

**Tests**

84. If a woman over 50 has abdominal pain or another general symptom involving her abdomen, but the GP can’t feel any lumps during the examination, the woman may be offered an ultrasound scan of her abdomen to help find the cause. (Ultrasound uses high-energy sound waves to show tissues inside the body.)
A blood test for a protein called CA 125 may be done but a GP should not rely on the results of this test alone when deciding whether a woman should see a specialist. (CA stands for cancer antigen.)

**Cancer affecting a man’s reproductive system**

Cancers that affect the male reproductive system (such as the testicles or the prostate gland), belong to a group of cancers called urological cancers.

**Prostate problems**

The prostate is a small gland just under a man’s bladder. Sometimes the first sign of a problem with the prostate is that a man notices changes in the way he passes urine. This is because if the prostate gets bigger, it squeezes the urethra (the tube that carries the urine from the bladder to the tip of the penis), and this can cause problems passing urine, or can cause a feeling of needing to pass urine urgently or more often.

**Digital rectal examination (DRE)**

If a man has been finding it difficult to urinate or has been passing urine more often than usual, but without emptying his bladder completely, the GP should carry out a digital rectal examination (or DRE for short), providing this is acceptable to the man. A DRE involves gently placing a finger in the man’s back passage to feel the prostate.

If the man’s prostate feels hard or abnormal when then GP is doing the DRE, the GP should offer the man an appointment with a specialist straight away.

**PSA test**

If the man is 45 or over and he has had problems passing urine, or has felt the need to pass urine urgently or more often, or his prostate feels larger than normal when the GP is doing the DRE, the GP should:
• rule out a urine infection (this involves sending a urine test away to the laboratory so that it can be checked for signs of infection), then

• talk to the man about a test called a PSA test and what it can show, then

• offer the PSA test.

91. PSA stands for prostate-specific antigen, which is a protein made in the prostate. Normally, small amounts leak from the prostate into the blood. But if the prostate becomes damaged through cancer, for example, more PSA can leak out and the level in the blood goes up. If a man needs to take a PSA test, it should be one week after he has had a DRE. But if he has an infection in his urinary tract, the infection should be treated before he takes the PSA test.

92. High PSA:

• If the PSA result is higher than it should be for a man of his age, and the man has problems passing urine or his prostate feels bigger than normal when the GP is doing the DRE and may be caused by cancer, the man should be offered an urgent referral to a urologist (a specialist doctor who diagnoses and treats problems affecting a man’s reproductive system).

• If the PSA result is higher than it should be for a man of this age, and the man has problems passing urine but does not have any signs or symptoms of cancer, the GP should discuss with the man whether to treat his problems passing urine, and:
  - If he wants to be treated, he should be referred for an urgent appointment with a urologist, or
  - if he doesn’t want to be treated, he should be referred for a non-urgent appointment with a urologist.

93. Sometimes prostate cancer grows very slowly, and causes hardly any problems. So for some men, particularly elderly men, the risks and side effects of treatments are greater than the possible benefits. If the GP thinks the man could have an early, slow-growing prostate cancer, they
should talk to the man about it and offer to refer him for either an urgent or non-urgent appointment with a urologist, depending on the patient’s views.

94. **Normal PSA:** if a man is 45 or older, has a prostate that is bigger than normal but that does not suggest cancer, and has a normal PSA (this can happen because the prostate often grows bigger as men get older), he should carry on having appointments with the GP or he should be offered a non-urgent appointment with a urologist.

**Cancer that has spread from other parts of the body**

95. Sometimes, cancers can spread from where they have started to other parts of the body to form one or more ‘secondary tumours’. When this happens, it is called ‘metastasis’, and the secondary tumours are called ‘metastases’. A metastases in a man’s bone may be caused by prostate cancer, so if a man with a tumour in his bone sees his GP, the GP should discuss with him a referral appointment to a specialist who will assess him for treatment designed to relieve and ease pain and discomfort caused by the cancer.

**Lumps or other symptoms involving the penis or testicles**

96. If a man has any signs of cancer of the penis (such as a sore that gets worse, or a lump), he should be offered an urgent appointment with a urologist. Similarly, if a man has a lump or swelling in the firm part of one of his testicles, he should be offered an appointment with a specialist. In this last situation, if the man is 55 or younger and the GP finds it difficult to feel whether there’s a lump, the man should be offered an urgent ultrasound scan to see what’s going on. (Ultrasound uses high-energy sound waves to show tissues inside the body.) He should also be offered some blood tests to check for substances called ‘tumour markers’ that can show the presence of cancer.
Cancer affecting the urine system

97. Cancers that affect the urine system (which includes the kidneys and the bladder) belong to a group of cancers called urological cancers. A doctor who specialises in diagnosing and treating problems in the urine system is called a urologist.

Blood in the urine

98. If a person has blood in their urine but they don’t have any pain, they should be offered an urgent appointment with a urologist.

99. If a person has blood in their urine, and the GP thinks they may have a urine infection, tests should be offered to check. If these don’t help to explain the symptoms, the person should be offered an appointment with a urologist.

100. If a person is found to have traces of blood in their urine and they’re 50 or over, they should be offered an urgent appointment with a urologist. Traces of blood can be picked up in a dipstick test or if the sample is sent away to the laboratory for analysis.

101. If a woman is 40 or over and keeps getting urine infections that are accompanied by blood in the urine, she should be offered an urgent appointment with a urologist. If there are symptoms but no blood in the urine or the woman is under 40, she may be offered a non-urgent appointment.

Lumps affecting the urine system

102. If a GP feels a lump, or imaging shows a lump, that could be in the urinary tract, they should offer the person an urgent appointment with a urologist.
Cancer in the blood

103. Cancers in the blood can cause different symptoms, some of which are quite general and could be explained by many other conditions (see the box below). GPs should watch out for groups of symptoms and if they suspect that blood cancer could be a possibility, they should offer to examine the person thoroughly. The person may also be offered blood and urine tests. Depending on their symptoms and test results, the person may be offered an appointment with a haematologist (a specialist doctor who diagnoses and treats blood disorders). How quickly the person should see the haematologist will depend on their symptoms.

Symptoms that could be linked to cancer in the blood

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104. If the person has an enlarged spleen (an organ in the upper abdomen that filters blood and plays a part in resisting infection), they should be offered an appointment with a haematologist.

105. If someone has signs of acute leukaemia (high numbers of white blood cells as well as other symptoms), they should be offered an appointment with a haematologist straightaway.
NICE Clinical guideline: Referral guidelines for suspected cancer

Tests

107. Two common blood tests carried out to check on a person’s blood are:
   - a full blood count (FBC for short)
   - an erythrocyte sedimentation rate (ESR).

108. These laboratory tests check on the numbers and health of the cells in the blood.

For a person with extreme tiredness

109. If a person has extreme tiredness that doesn’t go away and the GP can’t find another reason for it, the tests they’re offered should include an FBC and an ESR.

For a person with swollen glands

110. If a person has had swollen glands for some time and there’s no other obvious reason for this, they should be offered the FBC and ESR blood tests. If any of the following applies, the GP should take note and arrange tests, or keep a check on the person, or arrange for them to see a haematologist (the course of action will depend on the person’s individual symptoms):
   - the glands have been swollen for 6 weeks or more
   - a gland has been gradually getting bigger
   - a gland is bigger than 2 cm
   - glands across the body appear swollen
   - the person’s spleen is bigger than normal
   - the person has lost weight without dieting, or sweats a lot in the night.

For a person with unexplained bruising or bleeding

111. If someone has bruising that can’t be explained by a bump or an injury, or they’ve bled from an area for no obvious reason, and have abnormal bleeding into the skin or there are signs of anaemia, the person should be
offered some blood tests. (Anaemia is when the blood is low in haemoglobin, the part of red blood cells that carries oxygen.)

If a myeloma is suspected

112. Myeloma is cancer of a certain type of blood cell called plasma cells. The cancer cells involved make large quantities of a specific antibody called a paraprotein. In high amounts, paraproteins can be detected in blood and urine.

- If the person has had bone pain that isn’t easily explained, myeloma may be a possibility, and the GP should arrange some tests of the blood and urine to measure the levels of paraproteins and an X-ray of the bone.
- If the person has kidney failure or problems with their spine that the GP thinks may be caused by myeloma, the GP should make an appointment with a specialist straight away.

For a person with pain in a bone

113. If a person has pain in a bone and it doesn’t go and there’s no obvious reason for it, they should have tests that include an FBC, an ESR, an X-ray of the area and blood tests to check the health of the liver and bones. If it is a man who is seeing his GP about pain in a bone, he should also be asked to take a PSA test.

Skin cancer

Changes in moles

114. There are seven changes in a mole that can signal melanoma skin cancer (a melanoma is a cancer affecting the part of the skin responsible for producing the brown colour). Some are better indicators than others (sometimes the sign is that a new mole develops). A GP or nurse practitioner should check these things if a person is concerned about a mole. The first three in the list are the most important:

- has the mole got bigger?
• is it a funny (irregular) shape?
• does it have different shades of colour in it?
• at its largest is it 7 mm or more across?
• does it look inflamed (is there red in it or around the edges)?
• is it oozing?
• does it hurt or is it itchy?

115. If there’s a strong suspicion that the mole is melanoma based on the
seven questions listed above, the GP should offer the person an urgent
appointment with a dermatologist. If the GP isn’t sure whether it’s a
melanoma, they should check whether there are any changes in the mole
in the next few weeks (up to 8 weeks). This may involve taking
photographs of the mole, measuring it, or both.

If someone has a mole removed in a GP surgery or clinic

116. Moles should only be removed by staff who’ve had training to do it.
 Normally, a small area of surrounding tissue should be removed with the
mole, and the area of skin that’s removed should be sent to the laboratory
to be checked. If the lab finds signs of melanoma in the mole that was
removed, the GP should offer to arrange for the person to see a specialist
and send the specialist a copy of the lab’s report.

Other changes in skin

117. Melanomas aren’t the only type of skin cancer. Other skin cancers
(called squamous cell carcinoma or basal cell carcinoma) can start off in
the normal-looking skin. These cancers grow extremely slowly. The first
sign can be when an area of the skin has become thickened or crusty.
Then that area may start to develop an open sore. If this area looks
suspicious and is getting bigger, the GP should offer the person an urgent
appointment with a specialist.

118. If the area is bigger than 1 cm, doesn’t show signs of healing, has got
bigger over 8 weeks, and the tissue feels quite hard underneath when the
GP feels it, the person should be offered a non-urgent appointment with a specialist.

119. If there are signs of squamous cell carcinoma in a skin sample, the person should be offered an urgent appointment with a dermatologist (a doctor specialising in the diagnosis and treatment of skin problems). Squamous cell carcinoma is a cancer in skin cells known as squamous cells.

Skin changes in a person who’s had an organ transplant

120. If someone who’s had an organ transplant develops a patch or patches where the skin looks different, or notices that a mole or sore is growing, they should be offered an urgent appointment with a specialist.

If someone has a skin problem that doesn’t get better with treatment

121. If someone has a skin problem that doesn’t get better with treatment, the GP should offer the person an appointment with a dermatologist (a doctor specialising in the diagnosis and treatment of skin problems).

Head and neck cancers

Symptoms in the mouth

122. Everyone should have regular checkups at the dentist, even if they have dentures

123. If someone has a problem in their mouth that could be linked to cancer, and it doesn’t go away and there’s no obvious reason for it, the GP may recommend an appointment with a specialist in mouth problems (in this case, a doctor rather than a dentist) or more appointments with the GP, depending on the person’s individual symptoms.

124. Oral lichen planus is a condition that shows as red or white patches on the lining of the mouth. People with oral lichen planus may be more likely
to develop cancer of the lining of the mouth. If a dentists thinks a person has oral lichen planus, they should be referred, non-urgently, to see a specialist. If a person has this condition, their dentist should check for signs of cancer as part of their regular dental check up.

125. If someone has an ulcer or a sore in their mouth and it lasts for more than 3 weeks and there’s not an obvious reason for it, the person should be offered an urgent appointment with a specialist.

126. If an adult has a tooth that is wobbly, and it stays wobbly for more than 3 weeks, the GP should offer to arrange an urgent appointment with a dentist.

**Symptoms affecting the throat or neck**

127. If a person’s voice stays hoarse for more than 6 weeks, they should be offered an urgent chest X-ray, particularly if they are a smoker over 50 or a heavy drinker or both. If there are signs of cancer on the X-ray, the person should be offered an appointment with a chest specialist.

128. If there aren’t any signs of cancer on the X-ray, the person should be offered an appointment with a health team specialising in head and neck problems.

129. If someone has just found a lump in their neck, or has a lump that has changed over the past 4–6 weeks, they should be offered an urgent appointment with a specialist.

130. If someone is having difficulty swallowing, they should be offered an urgent appointment with a specialist.

**Specific symptoms linked with thyroid cancer**

131. The thyroid gland is at the bottom of the neck across the windpipe. An enlarged thyroid is commonly called a goitre. If a person with a goitre makes a harsh noise when they breathe in (called stridor) or has a hoarse voice for no obvious reason, they may be offered an urgent appointment.
with a thyroid specialist. Sometimes, this appointment may be straight away.

132. If the person with a goitre also has any of the following symptoms or signs, the GP should offer them an urgent appointment with a specialist:
   - the goitre is getting bigger
   - the person has had radiation treatment on their neck (for example to treat another type of cancer)
   - the person’s voice is unusually hoarse or doesn’t sound the way it usually does
   - the person also has swollen glands in the neck or collar bone area.
   - the person is over 65 and the goitre is enlarged and hard

**Symptoms affecting the nose**

133. If someone has a lump, sore or blockage in one side of their nose, particularly if there is discharge of pus or blood as well, and it doesn’t go away and there’s no obvious reason for it, they should be offered an urgent appointment with a specialist.

**Tests**

134. Normally GPs shouldn’t do tests to try to see if a person has a head or neck cancer. If they think it’s a possibility, they should offer the person an appointment with a specialist (as described in the sections above). The exception is if there are thyroid problems (see below).

**Tests if thyroid cancer is a possibility**

135. If a person has a lump in their thyroid that could be there because the thyroid isn’t working properly, the GP should offer blood tests to check what’s happening (sometimes a thyroid gland can be underactive or overactive and this can make it get bigger – the blood tests can show if the thyroid is underactive or overactive). If the tests are normal, the person should be offered an appointment with a thyroid specialist (a surgeon). If
the tests show that the thyroid isn’t working properly, the person should be offered an appointment with an endocrinologist (a doctor who specialises in diagnosing and treating problems involving hormones and hormone-producers such as the thyroid).

136. No other tests should be arranged before the person sees the specialist.

**Cancer in the brain or nervous system**

**Headaches**

137. If a person has been having headaches and they don’t normally suffer from them and there’s no obvious reason for them, their GP should offer them a full check of their nervous system. Depending on the results and the person’s symptoms, the GP may offer to arrange an appointment with a specialist or ask the person to come back to see them again so that they can keep a check on what’s happening.

138. If the person has started having headaches that aren’t migraines but which are accompanied by other symptoms such as vomiting, feeling drowsy or pain that wakes them up from sleep, the GP should offer the person an urgent appointment with a specialist. If a person has been getting headaches for at least 1 month but they don’t have the other symptoms, the GP should think about asking the specialist for their opinion or offering the person an appointment with the specialist.

139. If someone has a new type of headache that feels different from headaches they’ve had in the past and which is getting worse as time goes on, they should be offered an urgent appointment with a specialist.

**Fits (seizures)**

140. A seizure (a fit or blackout) happens if something unusual affects the brain and temporarily changes the way it works. Lots of different things can make this happen, including epilepsy, diabetes and injury. It’s important for
the GP to try to find out as much as possible about what happened before, during and after the seizure so they can try to work out what’s going on.

141. If a person is thought to have had a seizure and isn’t known to have a condition that could have caused it, the GP should talk through what happened with the person and with anyone who saw what happened. They should also offer the person a full examination, which should include checks on the heart, nervous system, how they feel generally, and in the case of a child, their development. This can help the GP decide whether there’s another explanation or whether it was likely to have been a seizure. If it seems like a seizure, the person should be offered an urgent appointment with a specialist.

142. If the person has had any type of cancer before and they seem to have had a seizure, they should be offered an urgent appointment with a specialist.

**Changes in behaviour, memory or personality**

143. If a person’s ability to think clearly has been getting worse over a period of time, and their behaviour and ability to move around quickly has changed, the GP should offer to arrange an urgent appointment for them to see a specialist.

144. If a person’s ability to think clearly has been getting worse over a period of time, but they do not show the other changes, the GP should offer to arrange a non-urgent appointment for them to see a specialist.

145. If a person’s personality has changed recently and the GP thinks they may need to recommend seeing a specialist, the GP should try to find out more about what’s been going on by talking to someone who knows the person well.
If the GP isn’t sure about a person’s symptoms

146. In general, if a GP isn’t sure whether a person’s symptoms that could be due to cancer in the brain or nervous system, they should ask a specialist for advice. They may also think about arranging for the person to have a brain scan if this can be organised quickly.

147. If a referral isn’t made, but the person gets worse, or does not improve as expected, the GP should reconsider whether to refer them,

Sarcomas (cancer in the bone, muscle, cartilage or soft tissues of the body)

Bone symptoms

148. If a person has pain or tenderness in the bone and it’s getting worse, or there’s no obvious reason for it, or it’s not going away, the GP should offer to do some tests to try to find out the cause. Which tests are offered will depend on the person’s age and symptoms. Tests should also be done if the person suddenly develops a limp.

149. If a person appears to have a fracture in a bone that isn’t the result of an injury or accident, the GP should offer to arrange an X-ray straight away. If there are signs of cancer on the X-ray, the GP should offer to arrange an urgent appointment with a specialist, preferably at a hospital that specialises in bone problems, if this is available. And if the X-ray is normal but the person carries on having pain or other symptoms, the GP should think about arranging another X-ray, more appointments to check what’s happening, or an appointment with the specialist.

Symptoms in the soft tissues (such as muscle or cartilage)

150. If someone has a lump in a muscle or in one of the other soft tissues (such as cartilage) and any of the following applies, they should be offered an urgent appointment with a specialist:
   • the lump isn’t painful but the person says it is getting bigger
• the lump is bigger than about 5 cm
• the lump is deep in the tissue rather than just near the surface (it may be possible to move the lump slightly by pushing it, or it may stay in place when pushed)
• the person has already had a lump removed and a new one has formed
• the lump is painful.

If the GP has any doubts about whether to refer, he or she should discuss this with a specialist.

151. If HIV infection is a possibility, the GP should think about whether the person has Kaposi’s sarcoma, particularly if the person is of African origin. This cancer, which develops more commonly in people with HIV infection, involves a particular type of cells in the body called reticuloendothelial cells. These are found in different places around the body.
Section 3: Children’s cancers

152. Cancer in children is rare. But when it happens, it can cause symptoms that are more usually due to less serious conditions. If a GP sees a child several times for the same reason, but it’s not obvious what’s causing the child’s symptoms, the GP should think about offering to arrange tests or an appointment with a specialist (a doctor who specialises in diagnosing and treating illness in children is called a paediatrician). And the GP should listen to what the parents or carers are saying, because they tend to know when something is wrong with their child. If a parent or carer stays convinced that something is wrong, this alone is sufficient reason for the GP to arrange tests or an appointment with a specialist.

153. Some cancers are more common in children with Down’s syndrome, or some other rare syndromes. The GP should be aware of this and consider any unexplained symptoms carefully.

154. The next section lists the symptoms that should prompt tests or an appointment with a specialist. They haven’t been split into symptoms of different cancers here (although they are split up like this in the NICE guideline). If your GP thinks your child may have a certain type of cancer, they should explain what they think might be happening, provide you with helpful information (see page 8), and answer your questions.

A note about tests

155. If a GP thinks that a child may possibly have a cancer, the first step is often to offer to arrange a test such as a full blood count or an X-ray (see the following sections for more details). The GP may arrange for the child to see a paediatrician and the paediatrician may oversee the test or tests.
If a child has back pain

If a child has back pain, the GP should offer some tests to check for signs of cancer. In some instances, the child should be offered an appointment with a specialist.

If a child has pain or swelling in a bone

If a child continues to have pain and swelling in the same area of a bone, they should be offered an X-ray of the area. If the GP thinks that the pain may be coming from a cancer in the bone (called a bone sarcoma), they should offer the child an urgent appointment with a specialist at a bone cancer centre. The GP shouldn’t assume that it isn’t caused by cancer just because, in the past, the child has injured the bone that hurts.

Other symptoms that could be linked to a cancer in the bone are pain when the child is resting, pain in the back and the development of a limp for no obvious reason. The GP should discuss the child’s symptoms with a paediatrician (a doctor who specialises in diagnosing and treating children), or offer to arrange an X-ray or an appointment with a specialist depending on the individual child’s symptoms.

If a child aged 2 to 16 years has headaches and sickness

If a child aged 2 to 16 years has a headache that doesn’t go away, the GP should offer to examine the child to check for symptoms caused by problems in the brain or nervous system.

If the child wakes up early with a headache and sickness, or these happen when the child gets up, the GP should offer to arrange for the child to see a specialist straight away.

If a child has swollen glands

It’s normal to have swollen painful glands during a cold or infection, but a GP should offer to arrange an appointment for a child to see a specialist
if any of the following symptoms below suggesting a type of cancer called lymphoma applies. This should be done especially if the child doesn’t seem to have an infection that could explain the symptoms:

- a gland is firm or hard but the child doesn’t find it painful when the GP presses it gently
- a gland is more than 2 cm across
- a gland is getting bigger
- the child also has other signs that something may be wrong, (for example, they may have lost weight recently or they may have a high temperature)
- the glands in the armpits or above the collar bone are swollen.

162. If a child is also breathless as well as having one or more of the symptoms listed above (particularly if an asthma inhaler doesn’t work), they should be offered an urgent appointment with a specialist.

If a child’s abdomen (tummy) is bloated or swollen

163. If a child’s abdomen (tummy) is continually bloated or seems to be sticking out more and more as time goes on, the GP should examine the child’s abdomen to see if they can feel a lump. A lump might suggest a type of cancer called Wilms’ tumour. If they find something, they should offer to arrange for the child to see a specialist straight away. If they have trouble examining the child’s tummy because the child keeps moving or doesn’t want to be examined, the GP may offer to arrange for the child to have an urgent ultrasound scan. (Ultrasound uses high-energy sound waves to show tissues inside the body.)

If there’s retinoblastoma in the family

164. Retinoblastoma is a very rare cancer involving the cells on the inside surface of the eyeball. Children with retinoblastoma often have a squint, but very few squints in children are caused by retinoblastoma. Sometimes it can run in families, so if a child seems to have some eye problems and they have a close family member who’s had retinoblastoma, the GP should
be aware of the possibility that the child also has this form of cancer. If it’s a parent, brother or sister who has been affected by retinoblastoma, the child should be tested to check for signs of it soon after they’re born.

**Symptoms that should prompt a blood test**

165. A full blood count (FBC for short) is a blood test to check that there are normal levels of blood cells in the blood (the levels can change if, for example, too many of one type of cell are being produced in a blood cancer). An FBC should be offered if one or more of the following apply to a child, especially if the symptoms have come on quite suddenly, as some cancers such as leukaemia can show in weeks rather than months:

- pain in the bones that doesn’t go away or which can’t be explained
- an unhealthy pale appearance
- extremely tired
- grumpy most of the time
- unexplained high temperature
- continual infections affecting the sinuses, nose and/or throat, or infections that don’t seem to clear
- swollen glands
- bruising that can’t be explained.

**Symptoms that may prompt an ultrasound and/or chest X-ray**

166. In children with symptoms that could be explained by a type of cancer called a neuroblastoma (see below), the GP should examine the child’s abdomen (tummy) and/or offer to arrange an urgent ultrasound scan. They may also offer to arrange a chest X-ray. If a lump is found, the GP should offer to arrange an urgent appointment with a specialist. (Ultrasound uses high-energy sound waves to show tissues inside the body.)

167. A neuroblastoma is a cancer that develops in young children. It starts off in a type of nerve cell called a neuroblast. Neuroblasts run in a line from the back of the child’s abdomen up to the skull. The cancer can develop at
any point along this line of neuroblasts, but the most common place for it to start is at the back of the abdomen. The symptoms depend on where the cancer is (for example, if a cancer grows at the back of the abdomen and presses against the spinal cord, it may affect the child’s walking, or it can affect the way the bowels or bladder work).

Symptoms that should prompt an appointment with a specialist

168. As well as the circumstances described above, there are other symptoms that mean a GP should normally arrange for a child to see a specialist. How quickly they should be seen depends on the symptoms and the child’s condition.

Seeing the specialist straight away – all children (any age)

169. The GP should offer to arrange an appointment for the child to see a specialist straightaway if the child has:
   - unexplained small red blood spots under the skin (the medical name for these is petechiae), or
   - an enlarged liver and spleen.

Seeing the specialist straightaway – child under 2 years

170. The parents or carers of a child under 2 should be offered an appointment for their child to see a specialist straight away if one of the following symptoms suggesting a central nervous system cancer applies:
   - the child has a seizure (fit or blackout)
   - the child has had a strange attack in which they’ve arched their body over and over again
   - the child is continually being sick (vomiting)
   - the child has bulging areas on the soft part of the skull (fontanelle).
Seeing the specialist straight away – baby under 1 year

171. If a lump is found in a baby’s chest or abdomen (tummy), the parents or carers should be offered an appointment for the child to see a specialist straight away. Certain types of bumps on the skin in the chest or abdomen should also prompt a GP to recommend that the baby is seen straight away by a specialist.

Urgent appointments – all children (any age)

172. If a child has blood in their urine, the GP should offer to arrange an urgent appointment for the child to see a specialist.

173. An urgent appointment should also be offered if the child has an unexplained lump in one of the soft tissues in the body (for example, in a muscle) and one or more of the following apply:
   - the lump is deep inside the soft tissue rather than sitting near the surface
   - it doesn’t hurt when the GP presses it gently
   - the lump is growing
   - the nearby glands are swollen
   - the lump feels bigger than 2 cm across.

174. Depending on where it is, a lump in a soft tissue can cause some symptoms that might be confused with other conditions. So GPs should be aware that the following symptoms could also be caused by a cancer:
   - protruding eyeballs (the eyeballs seem to be pushed forward)
   - blocked nose on one side, discharge from the nostril, or continual bouts of unexplained bleeding from one nostril
   - polyps (growths) in the ear and discharge from the ear
   - not being able to empty the bladder properly
   - swelling in the testicles
   - bloodstained discharge from the vagina.
Urgent appointments – child aged 2 to 16 years

175. If a child aged between 2 and 16 years has symptoms that could be due to a problem in the brain or nervous system, they should be offered an urgent appointment with a specialist. Depending on the symptoms, the GP may arrange for the child to see the specialist straightaway. Examples of symptoms that can be linked with problems in the brain or nervous system are:

- having a seizure (fit or blackout)
- sudden changes in eyesight
- abnormal walking
- worsening performance at school, or not developing as expected for a younger child
- changes in the child’s behaviour or moods.

Urgent appointments – child under 2 years

176. The parents or carers of a child under 2 should be offered an appointment for their child to see a specialist urgently if one of the following applies:

- the child’s head has suddenly got bigger
- the child’s motor skills (coordination and ability to walk, scribble on paper and so on) seem to have stopped developing or gone backwards
- there’s been a change in the child’s behaviour
- the child’s eye or eyes are moving in an unusual way
- the child doesn’t follow objects with their eyes
- the child isn’t eating properly or isn’t gaining weight as expected

177. The GP may also offer the parents an appointment with a specialist if the child has a squint, but how quickly the appointment is arranged will depend on the individual child (for example, whether they have other symptoms).
Another reason for the parents to be offered an urgent appointment for the child to see a specialist is if the child has a white pupil that doesn’t reflect the light (this may be picked up during an examination or it may be spotted by parents, or seen in photographs).

Other reasons for a specialist appointment

The parent or carer (or child, depending on their age) should be offered an appointment with a specialist if the child has one of the following:

- weakness in their legs
- problems with going to the toilet that don’t seem to be typical for children that age
- the eyeballs seem to be pushed forward more than normal.

If a child develops a new squint or their eyesight changes, they should be offered an appointment to have some eye tests.

Signs that mean an ambulance should be called

If a child of any age is drowsy or appears confused and isn’t ‘with it’, call an ambulance.

Where you can find more information

You have the right to be given full information and to share in making decisions about your healthcare. If you need further information about any aspects of cancer or the care that you are receiving, please ask your doctor, nurse or other member of your healthcare team. You can discuss the guideline on referrals for suspected cancer with them, especially if you aren’t sure about something in this booklet. NHS Direct may also be a good starting point for finding out about cancer. You can call NHS Direct on 0845 4647 or visit the website at www.nhsdirect.nhs.uk.

There may be support groups for people with cancer in your area. Your doctor or nurse should be able to give you more details. Information about
local groups may also be available from NHS Direct, your local library or Citizens Advice Bureau.

184. For further information about the National Institute for Clinical Excellence (NICE), the Clinical Guidelines Programme or other versions of this guideline (including the sources of evidence used to inform the recommendations for care), you can visit the NICE website (www.nice.org.uk). Other NICE guidance on specific cancers is listed on the NICE website (www.nice.org.uk/page.aspx?o=91496).