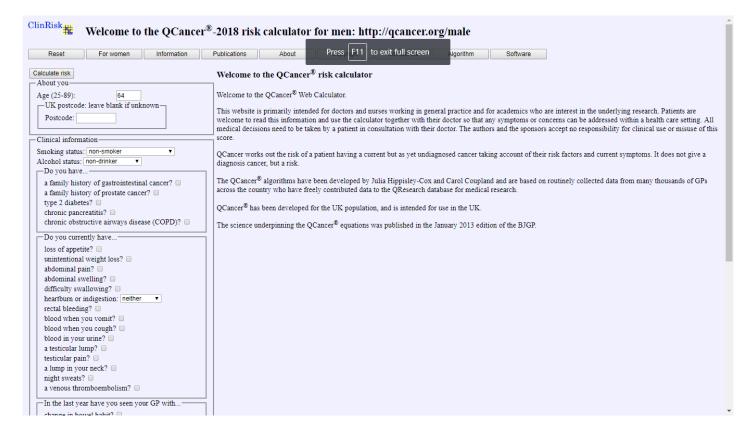
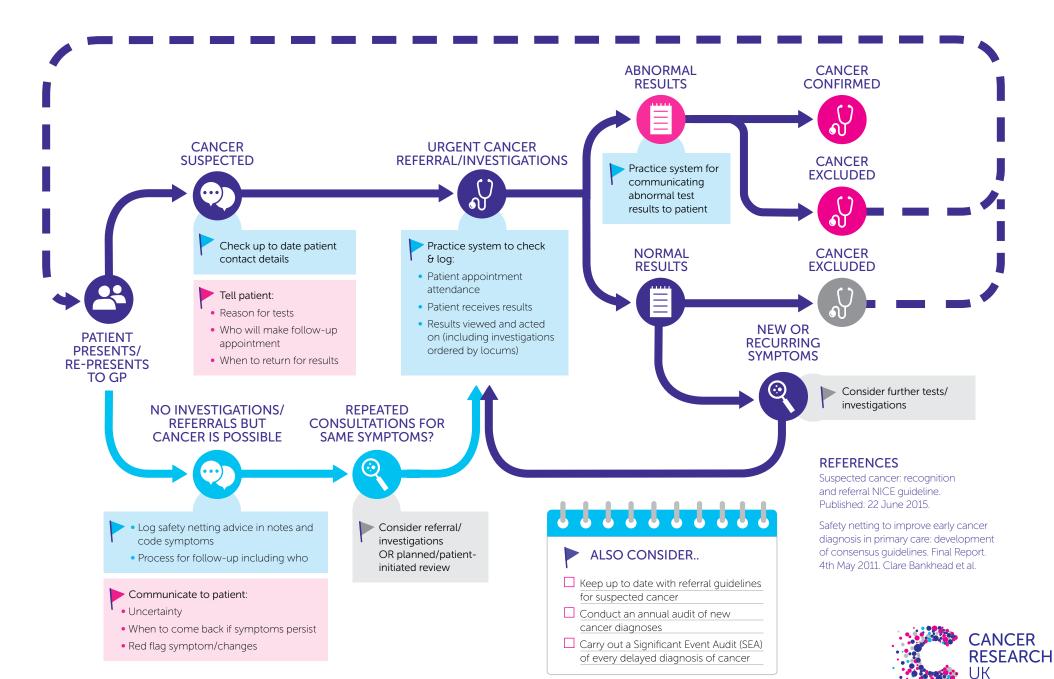
#### **Appendix 1: Cancer Risk Prediction scores**

There are different risk tools available for men and women. The best way to view these is to go direct to the link:

- Risk tool for women: <a href="https://qcancer.org/female/">https://qcancer.org/female/</a>
- Risk tool for men: https://qcancer.org/male/

A screenshot from the male screening tool is below (note that the list on the left of the shot carries on down the true web page, to include more questions)





# APPENDIX 3. Investigations prior to suspected cancer referral (SRGSC)

Suspected Cancer site	Bloods etc.	Imaging	Examinations	Other Tests
Lung	FBC Renal function [to expedite imaging] Consider other bloods	Chest x-ray If suspect cancer but unsure of primary consider CT chest, abdomen and pelvis	Chest examination including: Finger clubbing, cervical and/or persistent supraclavicular lymphadenopathy	Check weight
Breast	Prolactin levels in persistent bilateral nipple discharge Gynaecomastia – blood tests as per local guidelines		Breast examination	For genetics please refer to regional guidance for Glasgow, Edinburgh, Dundee or Aberdeen
Lower GI	Renal function Liver function FBC to exclude anaemia and thrombocytosis Consider CA125 especially in women over 50 with new symptoms see Scottish Referral Guidelines for Suspected Cancer.	Consider urgent pelvic ultrasound especially in women over 50 with new symptoms see Scottish Referral Guidelines for Suspected Cancer	Abdominal examination and rectal examination	qFIT test -is at pilot stage for symptomatic patients in many boards [see local guidance].  If a watch and wait strategy is agreed in patients with low risk features, consider a bowel dairy.  For genetic queries please refer to regional guidance.
Oesopago- gastric	FBC may give information re anaemia and thrombocytosis			8
Hepatobiliary and pancreatic	New onset diabetes	Consider CT scan or urgent upper abdominal USS if >60yrs, weight loss + one of: diarrhoea, back pain, abdo pain,		

		nausea,		
		vomiting,		
		constipation,		
	7	new diabetes	<b>5</b>	
Prostrate	PSA		Digital rectal	
			examination	
Bladder and	FBC for wcc if		Abdominal	MSU to rule out
kidney	>60 and non		examination	infection
	visible haematuria			Urine dipstick
Ovarian	CA125	Ultrasound	Abdominal	
			examination	
Endometrial	Thrombocytosis	Ultrasound	Full pelvic	
			examination	
			including	
			speculum	
			examination of	
			cervix if	
			symptoms	
			indicate	
			Abdominal	
			examination	
Cervical			Full pelvic	
			examination	
			including	
			speculum	
			examination of	
			cervix if	
			symptoms	
			indicate	
Vulva			Examination of	
v uiva			the vulva	
Vagina			Speculum	
v agina			examination of	
			the vagina	
Haematological	FBC/film		the vagina	
Hacmatological	HIV if			
	generalised			
	lymphadenopathy.			
	Repeat routine			
	tests and			
	investigations if			
	condition remains			
Myolomo	unexplained Urine and serum	May be seen on		
Myeloma		May be seen on		
	electrophoresis	bone x-rays		

# Scottish Referral Guidelines for Suspected Cancer

### Head and neck (emergency referral)

• Stridor

#### Head and neck

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

#### **Thyroid**

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

## Oesophagogastric

neurological deficit

• Seizure - new, or

CNS (same-day

or vomiting with

papilloedema

• Progressive

changing

• Headache &/

referral)

**CNS** 

- Dysphagia or odvnophagia
- 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
  - Reflux symptoms

• 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

- 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
- Peau d'orange
- Mastitis/inflammation (persists/recurs despite x1 course of antibiotics)

# Lung (X-ray)<sup>1</sup>

- Haemoptysis
- >3 weeks
- Cough new or change in existing
- Dyspnoea
- Chest/shoulder pain
- Appetite loss
- Weight loss
- Chest signs
- Hoarseness (ref ENT if no other symptom to suggest lung cancer)
- Fatigue (in smokers >40y/o)
- Clubbing (new)
- Chest infection persistent or recurrent

- Lymphadenopathy persistent; cervical/ supraclavicular (ref ENT if CXR NAD)
- 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
- Persistent haemoptysis >40y/o and smoker/ ex-smoker

back pain

endoscopy

despite normal

Haematological

Abnormal blood count/

film, suspicious of:

Acute leukaemia

Chronic myeloid

Lymphadenopathy

• >2cm for >6/52

Increasing size

Hepatosplenomegaly –

Bone x-ray suggestive

without liver disease

Generalised

• Bone pain – with

anaemia

Consider:

Fatigue

Itching

Bruising

Infections

Bone pain

Polydypsia

Check HIV status

Polyuria

of myeloma

Night sweats

Weight loss

paraprotein &/or

leukaemia

+ > 1 of:

#### Hepatobiliary and pancreatic New unexplained

- Painless jaundice obstructive
- Weight loss >55 y/o
- + any of:

Skin

- Upper abdominal mass
- New onset diabetes

Lesions on any part of

Change in size,

shape, colour

or >6mm)

• >4/52 with  $\ge 1$  of:

Surrounding

sensation

- new

ABCD (Asymmetry,

Border irregularity,

Colour irregularity,

Nodule (+/- pigment)

Diameter increasing

Ulceration, bleeding/

inflammation/altered

In immunosuppressed

(unexplained lesion)

healing or keratinising

• Slow-growing, non-

 New or changing pigmented line

Unexplained lesion

area, eg. peri-ocular,

• BCC in dangerous

auditory meatus,

major vessel/nerve

with induration

or more of:

Mole

the body which have 1

 Suspicious abnormality on imaging

- cancers)
- cancer

Ongoing GI symptoms

# **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

### Sarcoma

- Soft tissue mass + ≥ 1 of:
- increasing

- enlargement
- excision

- Persistent
- Nocturnal or at rest

### 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

- Painful phimosis

- Size > 5cm or
- Deep to fascia
- Fixed
- Immobile
- Regional lymph node
- Recurrence after

#### Sarcoma (X-ray)

- Bone pain  $+ \ge 1$  of:
- Worsening
- Non-mechanical





### January 2019

Nail

Appendix 5. Algorithm for chronic cough management (Turner 2016)

