

RAPID REFERRAL GUIDELINES

January 2022 edition



Introduction

These *Rapid referral guidelines* have been produced by Macmillan Cancer Support. They contain NICE's 2015 referral guidelines for suspected cancer, with accompanying notes from Macmillan GPs and GP advisers. The guidelines have been developed by GPs for GPs with the aim of providing GPs with support, guidance and practical referral recommendations.

We'll maintain the content of the guidelines and make updates available on our website. You are permitted to use the content of the guidelines and add local information. However, Macmillan and NICE will not quality check any amends you make. In addition, we will not endorse, support or accept any liability in relation to amended versions of the guidelines.

Please note the guidelines aim to share learning and good practice, but, out of necessity, they are brief in nature.

Information contained in the guidelines is not a substitute for your own clinical judgment or advice provided to you by a specialist. Macmillan and NICE will also not accept any liability for any type of loss caused by someone acting on information contained in the guidelines, unless liability is enforced by law.

Please visit [macmillan.org.uk/gp](https://www.macmillan.org.uk/gp) for more practical tools and resources for GPs, as well as information about our work and services for people living with cancer.

Also, please tell people with cancer and their loved ones about [macmillan.org.uk](https://www.macmillan.org.uk) and the Macmillan Support Line. It's free to call on **0808 808 00 00** (seven days a week from 8am–8pm) and is staffed by trained experts who can offer practical, clinical, financial and emotional support.

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Glossary

In these guidelines, we use the below terms in the way they are described. This is consistent with and includes subsequent updates from 2021.

Children: from birth to 15 years.

Direct access: when a test is performed and primary care retain clinical responsibility throughout, including acting on the result.

Immediate: an acute admission or referral occurring within a few hours, or even more quickly, if necessary.

Suspected cancer pathway referral: the patient is seen within the national target for cancer referrals (two weeks at the time of publication of the 2015 NICE guidance).

Young people: people aged 16–24.

Key

 **Non-urgent:** the timescale generally used for a referral or investigation that is not considered very urgent or urgent.

 **Urgent:** to happen/be performed within two weeks.

 **Very urgent:** to happen within 48 hours.



Cancer types

Laryngeal cancer



Urgent referral

Consider urgent referral (appointment within two weeks) for people aged 45 or over with either:

- persistent, unexplained hoarseness
- OR
- an unexplained lump in the neck.

Oral cancer



Urgent referral

Consider urgent referral (appointment within two weeks) for people with:

- an unexplained ulceration in the oral cavity that lasts for more than three weeks
- OR
- a persistent and unexplained lump in the neck.

Consider urgently referring (appointment within two weeks) people to a dentist for assessment if they have:

- an unexplained lump on the lip or in the oral cavity

OR

- a red or red-and-white patch in the oral cavity that's consistent with erythroplakia or erythroleukoplakia.

A dentist should consider urgent referral (appointment within two weeks) for people with either of the following, after a dental surgeon has assessed and concluded the symptom is consistent with oral cancer:

- a lump on the lip or the oral cavity

OR

- a red or red-and-white patch in the oral cavity that's consistent with erythroplakia or erythroleukoplakia.

Thyroid cancer



Urgent referral

Consider urgent referral (appointment within two weeks) for people with an unexplained thyroid lump.

Head and neck

Name	Title/responsibility	Phone number	Email address

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Malignant melanoma



Urgent referral

Urgently refer (appointment within two weeks) if:

- a person presents with a suspicious pigmented skin lesion that has a weighted seven-point checklist score of three or more

OR

- a dermoscopy suggests malignant melanoma of the skin.

Consider urgent referral (appointment within two weeks) for melanoma in people with a pigmented or non-pigmented skin lesion that suggests nodular melanoma.

Accompanying notes

The seven-point weighted checklist:

Major features (scoring two points each)

- change in size
- irregular shape
- irregular colour.

Minor features (scoring one point each)

- largest diameter of 7mm or more
- inflammation
- oozing
- change in sensation.

Squamous cell carcinoma



Urgent referral

Consider urgently referring (appointment within two weeks) if a person has a skin lesion that raises the suspicion of squamous cell carcinoma.

Accompanying notes

Squamous cell carcinomas are usually raised lesions. They're often described as being ulcerated, keratinised or crusting lesions that typically grow on the head and neck, or the back of the hand. They occur commonly, and people who are immunocompromised or have had an organ transplant are more likely to develop them. If a person like this does develop a new skin lesion, urgently refer them.

Basal cell carcinoma



Urgent referral

Only consider urgent referral (appointment within two weeks) if a person has a skin lesion that raises the suspicion of a basal cell carcinoma and there's concern a delay may have an unfavourable impact, because of the location or size of the lesion.



Non-urgent referral

Consider routine referral for people with a skin lesion that raises the suspicion of a basal cell carcinoma.

Accompanying notes

Features suggestive of a basal cell carcinoma include:

- an ulcer with raised, rolled edge
- prominent fine blood vessels around the lesion
- nodules, often waxy or pearly in appearance.

Suspected basal cell carcinomas should only be excised in primary care in accordance with NICE's guidance on *Improving outcomes for people with skin tumours including melanoma* (May 2010).

Specific sites of concern are sun-exposed areas such as the scalp, face, hands and arms, particularly with fair-haired people.

Skin

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Prostate cancer

Urgent referral

Urgently refer men (appointment within two weeks) if either:

- their prostate feels malignant on digital rectal examination (DRE)

OR

- their prostate specific antigen (PSA) levels are above the age-specific reference range.

Non-urgent investigation

Consider a PSA test and DRE in men with any of the following:

- any lower urinary tract symptoms, such as nocturia, urinary frequency, hesitancy, urgency or retention
- erectile dysfunction
- visible haematuria.

Accompanying notes

Prostate-specific antigen ranges:

- 40–49 years 0–2.5ng/L
- 50–59 years 0–3.5ng/L
- 60–69 years 0–4.5ng/L
- 70–79 years 0–6.5ng/L

Consider alternative contributing factors that may influence an individual's PSA range.

Bladder cancer

Urgent referral

Urgently refer people (appointment within two weeks) if they are:

- aged 45 and over with either:
 - unexplained visible haematuria without urinary tract infection

OR

- visible haematuria that persists or recurs after successful treatment of urinary tract infection.

- aged 60 or over with unexplained non-visible haematuria and either:

- dysuria

OR

- a raised white cell count on a blood test.

Non-urgent referral

Consider referring people aged 60 or over with recurrent or persistent urinary tract infection that is unexplained.

Renal cancer

Urgent referral

Urgently refer people (appointment within two weeks) if they are aged 45 years or over with either:

- unexplained visible haematuria without urinary tract infection

OR

- visible haematuria that persists or recurs after successful treatment of urinary tract infection.

Testicular cancer

Urgent referral

Consider urgent referral (appointment within two weeks) in men with any of the following changes in the testis:

- non-painful enlargement
- change in shape
- change in texture.

Direct access ultrasound

Consider a direct access ultrasound scan for men with unexplained or persistent testicular symptoms.

Penile cancer

Urgent referral

Consider urgent referral (appointment within two weeks) for men with any of the following (after a sexually transmitted infection has been ruled out as a cause, or they have completed treatment for an STI):

- a penile mass
- an ulcerated lesion
- unexplained or persistent symptoms affecting the foreskin or glans.

Urological

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Lung and pleural cancers



Urgent referral

Urgently refer people (appointment within two weeks) if:

- chest X-ray findings suggest lung cancer or mesothelioma

OR

- they're aged 40 or over and have unexplained haemoptysis.



Urgent investigations

Consider an urgent chest X-ray (to be performed within two weeks) for lung cancer or mesothelioma in people aged 40 or over with any of the following:

- persistent or recurrent chest infection
- finger clubbing
- supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
- chest signs consistent with lung cancer or pleural disease
- thrombocytosis.



Urgent investigation

Offer an urgent chest X-ray (to be performed within two weeks) to the following people to assess for lung cancer or mesothelioma:

- aged 40 or over who have never smoked and display **two or more** of the unexplained signs or symptoms listed below:

OR

- aged 40 or over who have previously smoked and display **one or more** of the unexplained signs or symptoms listed below:

OR

- of any age who have been exposed to asbestos and display one or more of the signs or symptoms listed below:
 - cough
 - fatigue
 - shortness of breath
 - chest pain
 - weight loss
 - appetite loss.

Accompanying notes

A normal chest X-ray does not exclude the possibility of a lung cancer diagnosis. This was shown in a large *British Journal of General Practice* study conducted in 2006. It revealed that 23% of chest X-rays done in a primary care setting for people with lung cancer were negative when performed within a year of diagnosis.

Lung

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Brain and CNS cancer



Very urgent referral

Consider very urgent referral (appointment within 48 hours) in children and young people with newly abnormal central neurological or cerebellar function.



Urgent direct access

Consider urgent direct access MRI brain scan (appointment within two weeks) in adults with progressive, sub-acute loss of central neurological function.

Accompanying notes

A 'normal' scan

- A normal investigation does not preclude the need for ongoing follow-up, monitoring or further investigation. In addition, a seemingly 'normal' MRI scan may provide false reassurance in people who have neurological pathology that MRI scanning is unable to detect.
- Approximately 10% of people may be unsuitable for or unable to tolerate an MRI brain scan, eg people with pacemakers or those with severe claustrophobia. A CT scan may be more appropriate for these people, but potential radiation exposure should be considered.

Incidental findings

- A small percentage of MRI scans may yield abnormalities in otherwise healthy individuals. This may impact on these people in a number of ways, including the need for further investigation and their health insurance premiums being potentially affected. As incidental findings are not an infrequent result of MRI scanning, people should be offered counselling and information before a scan to make them aware that such findings are possible.
- No definition of 'progressive sub-acute loss of central neurological function' has been provided for this update, but NICE's 2005 guidance for suspected cancer states signs or symptoms that should raise concern include:
 - progressive neurological deficit
 - new-onset seizures
 - headaches
 - mental changes
 - cranial nerve palsy
 - recent headaches accompanied by features suggestive of raised intracranial pressure, eg vomiting, drowsiness, posture-related headache, pulse-synchronous tinnitus, or other focal or non-focal neurological symptoms, such as blackout or change in personality or memory.
- Consider urgent referral for people with rapid progression of sub-acute focal neurological deficit; unexplained cognitive impairment, behavioural disturbance or slowness, or a combination of these; personality changes there's no reasonable explanation for and which have been confirmed by a witness, even in the absence of the other symptoms or signs of a brain tumour.

Brain and CNS

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Oesophageal and gastric cancer

O – Oesophageal G – Gastric

Urgent referral for endoscopy within two weeks

Urgently refer people:

- of any age presenting with dysphagia (OG)

OR

- aged 55 or over with weight loss

AND

- upper abdominal pain

OR

- reflux

OR

- dyspepsia (OG).

Consider urgent referral (appointment within two weeks) for people with an upper abdominal mass consistent with stomach cancer (G).

Non-urgent direct access endoscopy

Consider non-urgent direct access endoscopy for people:

- of any age presenting with haematemesis (OG)

OR

- aged 55 or over with:

- treatment resistant dyspepsia (OG)

OR

- upper abdominal pain and low haemoglobin (OG)

OR

- raised platelet count with any of the following:

- nausea
- vomiting
- reflux
- weight loss
- dyspepsia
- upper abdominal pain (OG)

OR

- nausea or vomiting with any of the following:
 - weight loss
 - reflux
 - dyspepsia
 - upper abdominal pain (OG).

Pancreatic cancer

Urgent referral

Urgently refer (appointment within two weeks) people aged 40 or over with jaundice.

Urgent direct access CT scan or an urgent ultrasound scan if CT scan is not available

Consider urgent direct access CT scan (within two weeks) – or ultrasound scan if CT scan is not available – for people aged 60 or over displaying weight loss and any of the following:

- diarrhoea
- back pain
- abdominal pain
- nausea/vomiting
- constipation
- new-onset diabetes.

Gall bladder cancer

Urgent direct access

Consider an urgent direct access ultrasound scan (within two weeks) to assess for gall bladder cancer in people with an upper abdominal mass consistent with an enlarged gall bladder.

Liver cancer

Urgent direct access

Consider an urgent direct access ultrasound scan (within two weeks) to assess for liver cancer in people with an upper abdominal mass consistent with an enlarged liver.

Accompanying notes

Consider that 10% of pancreatic cancers are missed by abdomen ultrasounds, whilst tumours smaller than 3cm will not be visible using an ultrasound. An additional benefit of a CT scan is that it can determine what stage a cancer is at.

Upper gastrointestinal

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Bone sarcoma



Very urgent direct access

Consider a very urgent direct access X-ray (appointment within 48 hours) for any child or young person with unexplained:

- bone swelling

OR

- bone pain.



Very urgent referral

Consider very urgent referral for children and young people (appointment within 48 hours) with an X-ray that suggests the possibility of bone sarcoma.



Urgent referral

Consider urgent referral (appointment within two weeks) in adults with an X-ray that suggests the possibility of bone sarcoma.

Soft tissue sarcoma



Very urgent direct access

Consider very urgent direct access ultrasound scan (performed within 48 hours) for children and young people with an unexplained lump that is increasing in size.



Urgent direct access

Consider urgent direct access ultrasound scan (performed within two weeks) for adults with an unexplained lump that is increasing in size.



Very urgent referral

Consider very urgent referral (within 48 hours) in children or young people with:

- ultrasound scan findings that are suggestive of soft-tissue sarcoma

OR

- ultrasound scan findings that are uncertain and clinical concern persists.



Urgent referral

Consider urgent referral (within two weeks) for adults with:

- ultrasound scan findings that are suggestive of soft-tissue sarcoma

OR

- ultrasound scan findings that are uncertain and clinical concern persists.

Bone and sarcoma

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Breast cancer



Urgent referral

Urgently refer people (appointment within two weeks) if they are:

- aged 30 and over with an unexplained breast lump (with or without pain)

OR

- aged 50 and over with any unilateral nipple changes of concern including discharge or retraction.

Consider urgent referral (appointment within two weeks) for people:

- of any age with skin changes suggestive of breast cancer

OR

- aged 30 or over with an unexplained lump in the axilla.



Non-urgent referral

Consider non-urgent referral in people under the age of 30 with an unexplained breast lump (with or without pain).

Breast

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Leukaemia



Very urgent investigation

Refer children and young people for immediate specialist assessment for leukaemia if they have:

- unexplained petechiae
- OR
- hepatosplenomegaly.

Offer a very urgent full blood count (within 48 hours) in children and young people with any of the following unexplained signs or symptoms:

- pallor
- persistent fatigue
- fever
- persistent infection
- generalised lymphadenopathy
- persistent or unexplained bone pain
- bruising
- bleeding.

Consider a very urgent full blood count (within 48 hours) in adults with any of the following unexplained signs or symptoms:

- pallor
- persistent fatigue
- fever
- persistent or recurrent infection
- generalised lymphadenopathy
- bruising
- bleeding
- petechiae
- hepatosplenomegaly.

Accompanying notes

Immediately refer adults, children and young people with a blood count or blood film reported as acute leukaemia.

Myeloma



Urgent investigation

Offer a full blood count, blood tests for calcium and plasma viscosity, or erythrocyte sedimentation rate (ESR) to people aged 60 and over with:

- persistent bone pain (particularly back pain)
- OR
- an unexplained fracture.



Offer a very urgent protein electrophoresis and a Bence-Jones protein urine test (within 48 hours) to people aged 60 and over with:

- hypercalcaemia or leukopenia
- AND
- presentation consistent with possible myeloma.



Consider a very urgent protein electrophoresis and Bence-Jones protein urine test (within 48 hours) for people with:

- raised plasma viscosity or ESR at levels consistent with possible myeloma
- AND
- presentation consistent with possible myeloma.



Urgent referral

Urgently refer people (appointment within two weeks) if the results of their protein electrophoresis or Bence-Jones protein urine test suggest myeloma.

Lymphoma



Immediate specialist assessment:

Consider very urgent referral (appointment within 48 hours) in children and young people with:

- unexplained lymphadenopathy
- OR
- splenomegaly.

Take in to account associated symptoms, particularly:

- fever
- night sweats
- shortness of breath
- pruritus
- weight loss.



Urgent referral

Consider urgent referral (appointment within two weeks) for adults presenting with:

- unexplained lymphadenopathy
- OR
- splenomegaly.

Take into account associated symptoms, particularly:

- fever
- night sweats
- shortness of breath
- pruritus
- weight loss
- alcohol-induced lymph node pain.

Haematological

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Ovarian cancer



Urgent referral

Urgently refer (appointment within two weeks) if physical examination identifies any of the following:

- ascites
- pelvic or abdominal mass (which is not obviously uterine fibroids).



Urgent Investigation

Arrange CA125 and/or ultrasound tests in women (especially if 50 or over) who persistently or frequently (particularly more than 12 times per month) experience the following:

- persistent abdominal distension (bloating)
- early satiety and/or loss of appetite
- pelvic or abdominal pain
- increased urinary urgency and/or frequency
- new onset symptoms suggestive of IBS (as IBS rarely presents for the first time in women of this age).

Consider CA125 and/or ultrasound tests if a woman reports any of the following:

- unexplained weight loss
- fatigue
- changes in bowel habit (though colorectal cancer is a more common malignant cause).



Urgent referral

If the ultrasound suggests ovarian cancer, make an urgent referral to a gynaecological cancer service.

Endometrial cancer



Urgent referral

Urgently refer women (appointment within two weeks) if they are aged 55 and over with post-menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped due to the menopause).

Consider urgently referring (appointment within two weeks) women aged under 55 with post-menopausal bleeding.

Direct access ultrasound

Consider direct access ultrasound in women aged 55 and over with unexplained symptoms of vaginal discharge who:

- are presenting with these symptoms for the first time

OR

- have thrombocytosis

OR

- report haematuria.

Consider direct access ultrasound in women aged 55 and over presenting with visible haematuria and any of the following:

- low haemoglobin
- thrombocytosis
- high blood glucose level.

Cervical cancer



Urgent referral

Consider urgent referral (appointment within two weeks) if the appearance of the woman's cervix is consistent with cervical cancer.

Accompanying notes

A smear test is not required before referral, and a previous negative result should not delay referral.

Vulval cancer



Urgent referral

Consider urgently referring (appointment within two weeks) women with any of the following unexplained vulval signs or symptoms:

- a vulval lump
- ulceration
- bleeding.

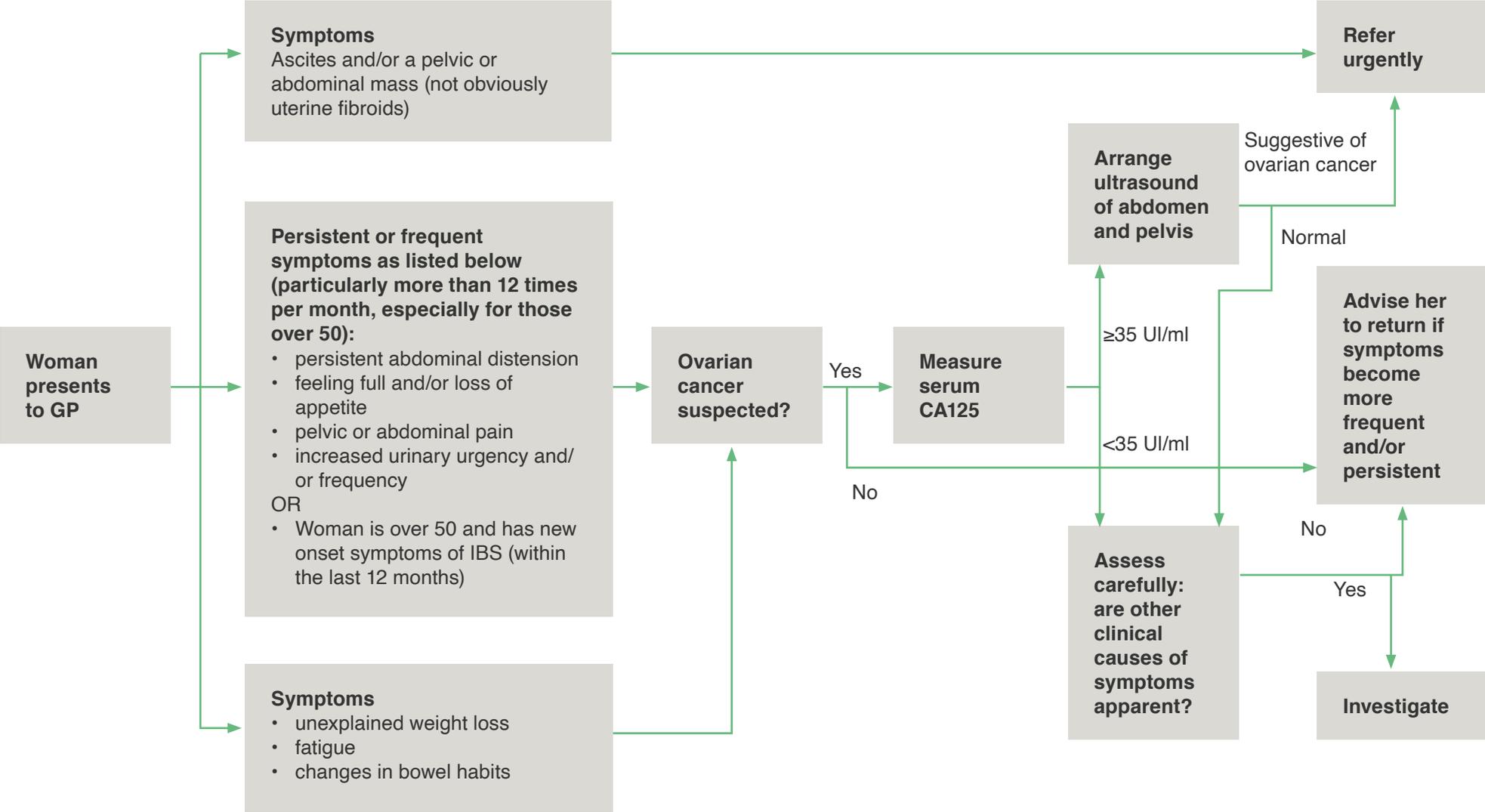
Vaginal cancer



Urgent referral

Consider urgently referring (appointment within two weeks) women with an unexplained palpable mass in or at the entrance to the vagina.

Ovarian cancer accompanying note



Gynaecological

Name	Title/responsibility	Phone number	Email address

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Colorectal cancer



Urgent referral

Urgently refer (appointment within two weeks) people:

- aged 40 and over with unexplained weight loss and abdominal pain
- aged 50 and over with unexplained rectal bleeding
- aged 60 and over with either
 - iron deficiency anaemiaOR
 - alteration in bowel habit
- who have positively tested for occult blood in their faeces.

Consider urgent referral (appointment within two weeks) for people:

- of any age with a rectal or abdominal mass
- aged under 50 with rectal bleeding and any of the following unexplained signs or symptoms:
 - abdominal pain
 - altered bowel habit
 - weight loss
 - iron deficiency anaemia.

Faecal immunochemical testing

Offer testing with quantitative faecal immunochemical tests (see the NICE diagnostics guidance on quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care) to assess for colorectal cancer in adults without rectal bleeding who:

- are aged 50 or over with unexplained:
 - abdominal pain

OR

- weight loss

- are aged under 60 with either:
 - changes in bowel habit

OR

- iron-deficiency anaemia

- are aged 60 or over with anaemia, even in the absence of iron deficiency

Accompanying notes

If clinical concern persists, consider Faecal immunochemical testing in people who do not fall into the above categories, but who present with signs or symptoms that would benefit from further investigation.

Anal cancer



Urgent referral

Consider urgent referral (appointment within two weeks) for people with either:

- an unexplained anal mass
- OR
- unexplained anal ulceration.

Lower gastrointestinal

Name	Title/responsibility	Phone number	Email address

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Patient support, safety netting and diagnostic access guidance

The following guidance is taken from [NICE's 2015 guidance for suspected cancer referral](#). It includes recommendations on support for people with suspected cancer, safety netting and the diagnostic process:

- Explain to people who are being referred with suspected cancer that they are being referred to a cancer service. Reassure them, as appropriate, that most people referred will not have a diagnosis of cancer, and discuss potential alternative diagnoses with them.
- When you refer a person with suspected cancer to a specialist service, assess what support they may need while they wait for their referral appointment. If the person needs support because of their personal circumstances, inform the specialist who is seeing them (with the person's agreement).
- Advise people who may not meet the referral criteria to contact you again if their symptoms persist or progress.
- If direct access to some tests is unavailable in your area, seek an alternative urgent referral pathway.
- You will note that some symptoms from NICE's 2005 guidance for suspected cancer referral have been removed from this guidance update, although there may be no explicit recommendations, refer appropriately if clinical concern persists.
- Give people information on their possible diagnosis (both benign and malignant), in accordance with their wishes for information (also see [NICE's guideline on patient experiences in adult NHS services](#)). You can order over 500 free information booklets and much more from be.macmillan.org.uk. These cover different types of cancer, treatments and side effects, as well as provide guidance on day-to-day issues that people living with cancer often face.
- The information you give to people with suspected cancer and their families and/or carers should include:
 - how to obtain further information about the cancer they're suspected of having
 - how to access any help they may need before their specialist appointment
 - what type of tests may be carried out and what will happen during these procedures.
- Provide people with information that's culturally and linguistically appropriate for them, and take into account their literacy level. You can download Macmillan's most commonly requested cancer information in a selection of different languages.
- Tell people about Macmillan's [Online Community](#). It gives people affected by cancer the opportunity to share experiences, ask questions and vent their emotions.



We're here to help everyone with cancer live life as fully as they can, providing physical, financial and emotional support. So whatever cancer throws your way, we're right there with you.

For information, support or just someone to talk to, call **0808 808 00 00** or visit **[macmillan.org.uk](https://www.macmillan.org.uk)**.