

Guidance on Referral of Suspected Oral / Oropharyngeal Cancer

The following guidance has been produced to assist in the early detection, referral and diagnosis of suspected oral / oropharyngeal cancer.

The following information is by no means comprehensive or indeed prescriptive, but is aimed at assisting decision-making in primary care when suspecting a diagnosis of *potential* cancer. Further more detailed information can be obtained from Cancer Research UK (<http://www.cancerresearchuk.org/>), National Institute for Health & Care Excellence (<http://www.nice.org.uk/guidance>) and British Association of Head & Neck Oncologists (www.bahno.org.uk)

The following symptoms and signs can be the presenting features in oral & oropharyngeal cancer. It is important to stress that a thorough history and clinical examination, as well as assessment of risk factors, will aid clinical decision making regarding the suspicion of cancer :

- Ulcers that do not heal
- Persistent lump in the mouth / throat
- Persistent discomfort or pain in the mouth
- Persistent White or red patches in the mouth or throat
- Difficulty in swallowing or unintended weight loss
- Speech problems
- A lump in the neck
- Unusual bleeding or numbness in the mouth /face
- Loose teeth for no apparent reason
- Non-healing dental extraction socket(s)

These symptoms can be very similar to those of other less serious conditions. It can be difficult for GPs and GDPs to decide who may have a cancer and who may have something much more minor that will go away on its own. Similarly It can be difficult for Primary care practitioners to decide who to refer to a specialist.

With many of the listed symptoms, it can be perfectly appropriate that you could monitor the patient to see if their symptoms go away spontaneously, or respond to treatment such as antibiotics or anti-fungal therapy. Referring everyone with these symptom for a specialist opinion immediately, would overwhelm secondary care services and result in patients needing urgent appointments not getting them.

The National Institute for Health and Care Excellence (NICE) has produced guidelines for GPs in the UK to help them decide which patients need to be seen urgently by a specialist. While reading these guidelines, it is important to remember that

- Mouth and oropharyngeal cancers are relatively uncommon to see in primary care – there are about 6,800 cases in total diagnosed each year in the UK
- A number of factors affect the risk of developing oral or oropharyngeal cancer
- General symptoms such as halitosis or oral pain are much more likely to be related to a benign cause

The following are the categories of patients/conditions that should be referred urgently according to current NICE guidance

<https://www.nice.org.uk/guidance/cg27/chapter/1-guidance#/head-and-neck-cancer-including-thyroid-cancer>

1. *unexplained red and white patches* (including suspected lichen planus) of the oral mucosa that are:
 - painful, or
 - swollen, or
 - bleeding

A non-urgent referral should be made in the absence of these features. If oral lichen planus is confirmed, the patient should be monitored for oral cancer as part of routine dental examination

2. *unexplained ulceration of the oral mucosa or mass* persisting for more than 3 weeks
3. *adult patients with unexplained tooth mobility* persisting for more than 3 weeks, an urgent referral to a dentist should be made
4. *hoarseness persisting for more than 3 weeks*, particularly smokers aged 50 years and older and heavy drinkers, an urgent referral for a chest X-ray should be made. Patients with positive findings should be referred urgently to a team specialising in the management of lung cancer. Patients with a negative finding should be urgently referred to a team specialising in head and neck cancer.
5. *an unexplained lump in the neck* which has recently appeared or a lump which has not been diagnosed before that has changed over a period of 3 to 6 weeks
6. *unexplained persistent swelling in the parotid or submandibular gland*
7. *unexplained persistent sore or painful throat*
8. *unilateral unexplained pain in the head and neck area for more than 4 weeks, associated with otalgia* (ear ache) but with normal otoscopy

****** In Oxford, all suspected Head & Neck cancer referrals should be sent on the designated 2 week wait referral form - see below – also available online at**

<http://occg.oxnet.nhs.uk/GeneralPractice/ClinicalGuidelines/Forms/AllItems.aspx?RootFolder=%2fGeneralPractice%2fClinicalGuidelines%2fCancer%2fReferral&FolderCTID=0x012000C3354102274DEC48AFCB33AE05330A81&View=%7b3C86D97E%2d1153%2d4538%2dA63D%2d9F0EF83EC32D%7d>

and addressed (by email only) to the Oxford University Hospitals 2WW appointments bureau at pcc2wwoxford@nhs.net

2 Week Rule Referral for Suspected Head and Neck Cancer (Including Thyroid): GP Proforma (INPS) Oxfordshire

V1.4 INPS
July 2014
OCCG.GPproformas@nhs.net

Please email to PCC2wwOxford@nhs.net - please request a Read Receipt when sending

Patient's details		Patient's background and culture						
Surname	«PATIENT_Surname»	Ethnicity						
Forename	«PATIENT_Forename1»	1st language						
DOB	«PATIENT_Date_of_Birth»	Interpreter required? Y <input type="checkbox"/> N <input type="checkbox"/>						
Sex	«PATIENT_Sex»	GP details						
Title	«PATIENT_Title»	Referring GP	«PATIENT_Usual_GP»					
Pt Address Postcode	«PATIENT_House» «PATIENT_Road» «PATIENT_Locality» «PATIENT_Town» «PATIENT_County» «PATIENT_Postcode»	GP address	«PRACTICE_BlockAddress»					
		GP Tel no	«PRACTICE_Main_Comm_No»					
NHS No	«PATIENT_New_Format_NHS_Number»	GP Fax no						
Hospital No		GP Email						
Home tel	«PATIENT_Main_Comm_No»	Date of ref	«SYSTEM_Date»					
Work tel		Date ref received						
Mobile tel								
Dentist details								
Name		Telephone Number						
Practice		Fax Number						
If cancer is suspected, is the patient aware?		Y <input type="checkbox"/> N <input type="checkbox"/>						
Is the patient available for an appointment within the next 14 days?		Y <input type="checkbox"/> N <input type="checkbox"/> (Needs to be available)						
For the 9 weeks from referral, patients will be required to be available for further hospital appointments and investigations. Please ensure that you have explained this to your patient.		<input type="checkbox"/> Patient is available for the 9 weeks from referral						
To ensure your patient is seen within 14 days appointments may be offered at either Oxford or Banbury. Please tick to confirm you have explained this to your patient.			<input type="checkbox"/>					
Has the patient been given the Fast Track Pathway information leaflet? It can be printed from this link: http://tinyurl.com/qyre26u		Y <input type="checkbox"/> N <input type="checkbox"/>						
Please indicate patient's preferred contact number:		Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/>						
<p>Your patient will be seen under the 2 week rule if one or more of the following criteria are present. Please tick the appropriate box(es) and add relevant details below</p> <p>Once cancer has been excluded your patient will be referred back to you, their GP, other than in exceptional circumstances where immediate onward referral is deemed clinically necessary by the secondary care clinician.</p>								
Cancer Area Suspected	Oral Cavity	<input type="checkbox"/>	Larynx	<input type="checkbox"/>	Salivary Gland	<input type="checkbox"/>	Sinus Nasal	<input type="checkbox"/>
	Pharynx	<input type="checkbox"/>	Thyroid	<input type="checkbox"/>	Neck	<input type="checkbox"/>	Post Nasal Space	<input type="checkbox"/>
Symptoms – unexplained	Persistent hoarseness 6 weeks, or longer	<input type="checkbox"/>	Clinical Examination	Oral ulceration/tumour > 4 weeks	<input type="checkbox"/>			
	Pain on swallowing over 3 weeks	<input type="checkbox"/>		Lump in neck > 4 weeks	<input type="checkbox"/>			
	Dysphagia > 3 weeks	<input type="checkbox"/>		Unilateral Otalgia with a normal otoscopy	<input type="checkbox"/>			
	Weight loss with Hoarse > 3 weeks and normal CXR	<input type="checkbox"/>		Cranial neuropathy – e.g	Weakness in presence of parotid lump	<input type="checkbox"/>		
	Unilateral sore throat	<input type="checkbox"/>			Unexplained red/white patches oral mucosa or lichen planus which are painful, swollen or bleeding	<input type="checkbox"/>		
Thyroid swelling associated with	Longstanding nodule sudden recent change in size	<input type="checkbox"/>						
	A history of neck irradiation	<input type="checkbox"/>						

	A family history of an endocrine tumour	<input type="checkbox"/>		Orbital mass	<input type="checkbox"/>
	Unexplained hoarseness or voice changes	<input type="checkbox"/>		Tonsillar enlargement / ulceration	<input type="checkbox"/>
	Cervical lymphadenopathy	<input type="checkbox"/>		Non – healing tooth extraction sockets / unexplained loosening of teeth	<input type="checkbox"/>
	Children and teenagers	<input type="checkbox"/>		Other – please state	
	Patient aged 65 years and older	<input type="checkbox"/>			
Risk Factors					
Amount smoked per day			Alcohol consumed – units per week		
Is the patient on an anti-coagulant		Y <input type="checkbox"/> N <input type="checkbox"/>	Please state if you are attaching a letter or computer printout with this information		Y <input type="checkbox"/> N <input type="checkbox"/>

Current Medication

«REPEATS»

Relevant PMH

Allergies / adverse reactions (may be none)

«DRUG_ALLERGY»

Additional Information

Please email to PCC2wwOxford@nhs.net - please request a Read Receipt when sending