Head, neck and thyroid cancer

Suspected head and neck cancer referral guidelines

Here are the new NICE (2015, NG12) referral guidelines.

**Laryngeal cancer:**

Consider an urgent referral (for an appointment within 2w) in patients:
- Aged 45y and over with either of the following:
  - Persistent unexplained hoarseness
  - An unexplained lump in the neck.

**Oral cancer:**

Consider an urgent referral (for an appointment within 2w) for assessment by the community dental service in patients with either of the following symptoms when the patient has not been assessed by a dental surgeon:
- An unexplained lump on the lip OR
- An unexplained lump in the oral cavity.

Consider an urgent referral (for an appointment within 2w) for patients with either of the following, which have been assessed by a dental surgeon and concluded to be consistent with oral cancer:
- A lump on the lip OR
- A lump in the oral cavity.

Consider an urgent referral pathway (for an appointment within 2w) for patients with:
- Unexplained ulceration in the oral cavity lasting for longer than 14d OR
- A persistent AND unexplained lump in the neck.

**Thyroid cancer:**

Consider an urgent referral (for an appointment within 2w) in patients with:
- An unexplained thyroid lump.

**Imaging neck lumps**

The BMJ Rational Imaging series considered the best use of different imaging techniques in investigating neck lumps – a common primary care presentation (BMJ 2014;349:g6136).

The bottom line is that imaging has minimal place in primary care because it may delay a cancer diagnosis. There are two notable exceptions:
- Young low risk patients presenting with small, likely reactive lymph nodes and no other red flag symptoms – confirmation of a reactive node may avoid need for referral.
- Referral for CXR whilst waiting for appointment for patients referred with hoarseness (to look for lung lesions).

**Primary care assessment**

The differential diagnosis of an adult presenting with a neck lump is wide – our first priority is to rule out any red flag symptoms or signs that may suggest a cancer.
- Take a history, ask about smoking, alcohol use, hoarseness, swallowing, weight loss, night sweats and fatigue.
- Examine the neck, mouth, ears, and other lymph node groups. A chest and abdominal examination may also be appropriate.

Red flags that should prompt referral include:
- Hoarseness for >6w.
- Ulceration or swellings of the oral mucosa >3w.
- Red and white patches in the oral mucosa.
- Dysphagia.
- Persistent unilateral nasal obstruction especially if accompanied with purulent discharge.
- Neck masses of >3w duration.
- Cranial nerve involvement.
- Persistent unilateral otalgia with normal otoscopy.

Any patients with these features should be referred via cancer pathway to head and neck specialists without primary care imaging because this may delay a cancer diagnosis.

**Imaging options**
These are likely to be decided in secondary care.

<table>
<thead>
<tr>
<th>Imaging technique</th>
<th>When used?</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>USS</td>
<td>Initial evaluation of lymph nodes, salivary glands and blood vessels.</td>
<td>Best way to image lymph nodes – guided biopsy can be taken simultaneously. Widely available.</td>
<td>Operator dependent. Cannot see deep structures adequately – need CT or endoscopy.</td>
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<tr>
<td>CT</td>
<td>Staging head and neck and lung cancer</td>
<td>Quick and can simultaneously look at primary tumour and metastases.</td>
<td>Significant radiation exposure and risk of nephrotoxicity with contrast.</td>
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<tr>
<td>MRI</td>
<td>More detailed local staging in tertiary centres</td>
<td>Clearer view of soft tissue margins – aids operative and radiotherapy planning. No radiation exposure</td>
<td>No advantage over USS for looking at nodal disease, cannot detect distant metastases. Difficult to tolerate for some patients.</td>
</tr>
<tr>
<td>PET-CT</td>
<td>Staging – especially detection of small primary and metastatic areas – also to detect recurrence after treatment</td>
<td>Identifies small metabolically active tumours and metastases; useful where anatomy distorted by treatment.</td>
<td>Expensive and variable access. False positives in tissue metabolically active due to infection or inflammation.</td>
</tr>
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**Head, neck and thyroid cancer**

- In most cases our role in primary care is to take a history and examination and if any red flags are present, refer on for specialist assessment – waiting for imaging in primary care may delay diagnosis.
- Request a CXR whilst waiting for 2ww appointment in patients with hoarseness and a neck lump.
- In low risk patients, with no red flags where reactive lymph nodes are suspected, USS is the first line imaging technique.

We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check drug doses, side effects and interactions with the British National Formulary. Save insofar as any such liability cannot be excluded at law, we do not accept any liability for loss of any type caused by reliance on the information in these pages.

GP Update Limited
March 2017
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- Buffet lunch and refreshments throughout the day!

**What’s not included?**
Our courses contain NO theorists, NO gurus, NO sponsors, NO reps on the day!
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www.gp-update.co.uk
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With the amount of evidence and literature inundating us, it can be hard to know which bits should change our practice, and how.

The GP Update Course is designed to be very relevant to clinical practice and help you meet the requirements for revalidation.

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Birmingham Sat 18 Mar
Bristol Wed 10 May
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London Fri 12 May
London Sat 13 May
Newcastle Wed 17 May
Sheffield Thur 18 May
Manchester Fri 19 May
Birmingham Sat 20 May
Norwich Tues 23 May
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London Thur 25 May
Belfast Wed 7 June
Oxford Fri 29 Sept
Southampton Sat 30 Sept
Cardiff Wed 4 Oct
Exeter Thur 5 Oct
London Fri 6 Oct
London Sat 7 Oct
Leeds Wed 11 Oct
Liverpool Thur 12 Oct
Manchester Fri 13 Oct
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Newcastle Thur 22 June
Manchester Fri 23 June
Manchester Thur 2 Nov
Leeds Fri 3 Nov
Nottingham Thur 9 Nov
London Fri 10 Nov
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Within the next 15 years the need for cancer care will double and you will look after as many cancer survivors as diabetics. Shared care follow up will become the norm, and secondary care will pass responsibility to us.

A key 2015 Lancet Oncology commission paper warned that: “GPs are inadequately trained and resourced to manage the growing demand for cancer care in high income countries”.

Education for GPs was one of their five key recommendations – we can help you get ahead of the curve! Established GPs and GP STs can use this course to bridge the gap in traditional GP cancer education which has focussed heavily on referral and end of life care missing out the whole journey in between.

This course is able to look in much more detail at the big picture behind the disease perhaps most feared by our patients and, let’s face it, that 1 in 2 of us will be diagnosed with over our lifetime.
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Who is this course for? GPs at every stage in their career who aren’t quite sure how to get unstuck! Also highly relevant to anyone who recognises the need to build their personal resilience and leadership skills to meet the demands of modern primary care, i.e. practice managers, nurses, and administrative and support teams.

As usual Red Whale has done all the legwork to bring you a concise, practical and actionable one-day course and handbook. Not only have we trawled through lots of relevant management, leadership and development literature, but we have also distilled its content through the lens of real GPs, enabling you to apply it to the reality of your practice.

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Manchester
London
Birmingham
Nottingham
Exeter
Norwich

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<th>Location</th>
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<td>Leeds</td>
<td>Wed 17 May</td>
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<td>London</td>
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<td>Manchester</td>
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**The Medically Unexplained Symptoms Course**

Manchester
London

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<td>Manchester</td>
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**The Effective Consultation Course**

Manchester
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Leeds

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- The Cancer Update Course
- Lead. Manage. Thrive! Course
- The Telephone Consultation Course
- The Effective Consultation Course
- The Medically Unexplained Symptoms Course

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- GP Update Handbook, DVD and 12 months’ access to GPCPD £225
- Women’s Health Update Handbook £70
- Cancer Update Handbook £70

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(Please write your email address clearly as we’ll use it to send your confirmation letter and receipt.)

Price as stated in the flyer for each course. If applicable, please provide your discount code here................................................

Please send this form with your cheque payable to GP Update Limited to:

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