



CANCER PATHWAYS

Colorectal pathway

Patients with the following symptoms or signs of colorectal cancer should have a FIT test first, prior to being referred:

- Abdominal mass
- Rectal bleeding
- Change in bowel habit
- Anaemia (including IDA)
- Abdominal pain
- Weight loss

Only if the patient meets the criteria outlined on the right side should they be referred for a 2-week-wait colorectal pathway.

If FIT is negative (<10) patients should be treated in primary care for 4 weeks first. Please ensure you have enough FIT kits (it is advisable to order more if stock is < 25 units)

Referral criteria during COVID-19

- ✓ Abnormal lower GI investigation (e.g. colonoscopy, sigmoidoscopy or CT scan) suggestive of cancer
- ✓ Positive FIT (FIT ≥ 10)
- ✓ Any age with unexplained rectal mass
- ✓ Any age with unexplained anal mass/ulceration

Lung pathway

All patients with symptoms or signs of lung cancer should have a chest x-ray first unless they are ≥ 40 years old with unexplained haemoptysis.

Only if the patient meets the criteria outlined on the right side should they be referred for a 2-week-wait lung pathway.

Renal function (performed within the last 3 months) is required on ALL referral forms

Referral criteria during COVID-19

- ✓ Abnormal chest x-ray suggestive of cancer
- ✓ Abnormal CT suggestive of cancer
- ✓ ≥ 40 years old with unexplained haemoptysis

Prostate pathway

Symptomatic patients should undergo PSA testing first before referral unless they meet the new referral criteria. PSA testing in asymptomatic men should cease.

Only if the patient meets the criteria outlined on the right side should they be referred for a 2-week-wait prostate pathway.

If the patient is not suitable for radical treatment (e.g. elderly, frail, >75 years old) and has a PSA < 20 then "watchful waiting" is the likely treatment. It is reasonable to monitor these patients in primary care without referral or formal diagnosis.

Referral criteria during COVID-19

- ✓ Raised age-specific PSA
- ✓ Severe new urinary symptoms and an abnormal digital rectal examination

Breast pathway

The 2-week-wait breast referral criteria has now been divided in to suspected breast cancer and suspected benign breast disease. For both criteria the patient should be referred via a 2-week-wait to the breast clinic.

Symptoms suggestion of benign breast disease are:

- < 30 years old with a breast lump
- Persistent asymmetrical nodularity or thickening (after menstruation)
- Infection or inflammation that fails to respond to antibiotics
- Unilateral eczematous skin of areola or nipple (if topical steroid treatment fails)

Breast pain alone is not a symptom of breast cancer. Consider conservative treatment and/or analgesia where appropriate.

Referral criteria during COVID-19

- ✓ ≥ 30 years old with breast lump
- ✓ ≥ 30 years old with unexplained lump in axilla
- ✓ Skin changes suggestive of breast cancer (e.g. tethering, contour changes or Peau d'orange)
- ✓ Unilateral nipple changes: discharge, retraction/inversion/ulceration, or other of concern

Unchanged pathways

These pathways (2-week-wait referrals) remain unchanged but may operate an imaging or telephone first triage.

Pathways are subject to change as we progress through the COVID-19 emergency. We will updated this guidance in line with pathway changes.



Please record the patient's COVID-19 status on all referral forms. You can view the new 2-week-wait referral forms and patient information leaflets (explaining impact of covid-19 on services) here: <https://www.healthy london.org/resource/covid-19-cancer-referral-resources/>

If you have any questions or would like further information please contact covid-19@cthesigns.co.uk

Updated in line with the guidance from the Transforming Cancer Services Team, London

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