23% of all head and neck cancers affect the pharynx in comparison to 16% for the larynx (NCIN, 2009). The Pan-London Clinical Reference Group (CRG) recommend including symptoms affecting the pharynx (base of tongue, oropharynx, nasopharynx, pyriform sinus, hypopharynx, tonsil and a proportion of floor of mouth and palate). Pharyngeal cancer affects younger people (40-60 years) so the CRG recommend lowering the age threshold to 40 years of age for suspected pharyngeal cancers. The CRG inclusive of London dentists expanded the symptom criteria for referral as cited by NICE CSG6 Improving outcomes in head and neck cancers (2004) and CG27 (2005).

**RISK FACTORS** for head and neck cancer include:
- Smoking
- Oral tobacco use
- Alcohol consumption
- HPV
- HIV
- Previous irradiation to head and neck
- Family history of thyroid cancer

**STRIDOR IS AN EMERGENCY AND REQUIRES SAME DAY REFERRAL**

Very urgent concurrent CHEST X-RAY to be performed for patients presenting with HOARSENESS and UNEXPLAINED NECK LUMP to exclude lung/haematological cancer/infectious diseases.

The x-ray request form should state that this is a very urgent request (to be performed within 48 hours). The possibility of cancer diagnosis should be discussed with the patient and safety-netting/follow up arrangements should be made.

**LARYNGEAL/PHARYNGEAL CANCER**
- ≥ 40 years old with persistent unexplained hoarseness (≥ 3 weeks)
- Lump/mass in the neck with suspicious clinical features
- ≥ 4 weeks of persistent, particularly unilateral, discomfort in the throat or throat pain
- ≥ 40 years old with
  - ≥ 3 weeks of dysphagia
  - ≥ 3 weeks of odynophagia
  - ≥ 3 weeks of otalgia

**SALIVARY CANCER**
- ≥ 40 years old with unexplained or persistent parotid or submandibular swelling
- Firm sub-mucosal swelling in the oral cavity

Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at the time of referral).

**EAR/NOSE/SINUS CANCER**
- Persistent unilateral otalgia
- Unilateral tinnitus
- Serosanguinous nasal discharge which persists for more than three weeks
- Unilateral nasal obstruction associated with a purulent discharge
- Facial palsy / cranial neuropathies
- Orbital masses
- Severe facial pain

**THYROID CANCER**
- Unexplained solitary thyroid lump

**ORAL/LIP CANCER**
- ≥ 3 weeks unexplained ulceration in the oral
- Suspicious lump/mass on the lip or in the oral cavity
- A red or red and white patch in the oral cavity suggestive of leukoplakia or erythroleukoplakia
- Tooth mobility not associated with periodontal disease
- Poor healing ≥ 3 weeks post tooth extraction

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Pan-London Suspected Cancer Referral Guide - Head & Neck

April 2016
RESOURCES