

## Criteria for very urgent chest x-ray

Please offer **urgent** chest X-ray to:

- Age ≥ 40 years with the following **unexplained** symptoms:
  - Persistent or recurrent chest infection
  - Finger clubbing
  - Chest signs consistent with lung cancer
  - Thrombocytosis
  - Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
- Patient age ≥ 40 years **PLUS** smoker/ex-smoker/asbestos and any **ONE** of the following for patients (**OR TWO** of the following if the patient has never smoked/no asbestos exposure):
  - Cough
  - Shortness of breath
  - Chest Pain
  - Fatigue
  - Weight loss
  - Appetite loss
- The possibility of cancer diagnosis should be discussed with the patient and safety-netting/follow up arrangements should be made.

**Safety netting:** The GP has clinical responsibility for ensuring appropriate follow up and onward referral is arranged for patients referred on direct access investigations. In many cases positive results may be forwarded directly to the cancer team but the GP must ensure a referral has been made and that appropriate safety-netting arrangements are in place.



**Please note:** A study has shown that 23% of lung cancer patients who had a chest x-ray in the year prior to diagnosis (BJGP, 2006) had the x-ray reported normal and so where a patient has a normal chest x-ray but a **high suspicion**, offer a referral to a suspected lung cancer service.



### 'Straight to Test' pathway

All patients must have **up to date (within 3 months) eGFR / renal function** as they may be sent for a 'straight to test' CT scan prior to first outpatient appointment. The WHO performance score must be entered on the referral form so the imaging department can decide if the patient is suitable for the 'straight to test' pathway.



## Referral Criteria

- Age ≥ 40 years with **unexplained** haemoptysis
- Abnormal chest x-ray suggestive of lung cancer or mesothelioma (such as a slowly resolving consolidation or pleural effusion)
- Abnormal CT scan suggestive of lung cancer or mesothelioma
- Cough ≥ 3 weeks and **unexplained** weight loss
- Referral is due to clinical concerns that do not meet above criteria (**GP MUST give full clinical details in Section 1, 'Reason for Referral' box on the form**)



## SUSPECTED LUNG CANCER/MESOTHELIOMA REFERRAL

### RESOURCES:

1. Suspected cancer: recognition and referral, NG12 (Feb 2021) <https://cks.nice.org.uk/topics/lung-pleural-cancers-recognition-referral/>
2. Stapley et al., 2006. BMJ. Negative chest X-rays in primary care patients with lung cancer <http://bjgp.org/content/56/529/570>