

HEAD & NECK CANCERS

THINK A-G



Supporting earlier & faster cancer diagnosis

ANY UNEXPLAINED NECK LUMPS?

Consider a suspected cancer pathway referral for people presenting with a persistent neck lump for more than 3-weeks. Be vigilant for nodes over 1cm in the anterior neck.



A

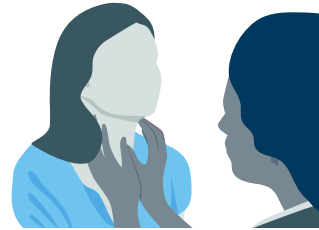
B

BE AWARE OF PERSISTENT & UNEXPLAINED SYMPTOMS

This includes:

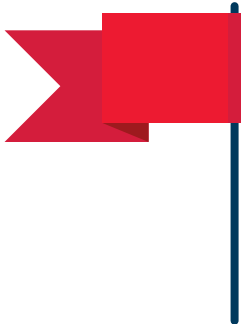
- Hoarseness
- Ulceration
- Pain when eating or swallowing

Other symptoms include red or white patches in the oral cavity, unilateral nose bleeds, blood-stained discharge or a change in vision associated with a facial or nasal mass.



CONSIDER RISK FACTORS

Head and neck cancers are more common in men and incidence increases in age. Other risk factors include smoking, alcohol, and human papillomavirus (HPV) infection.



C

D

DON'T FORGET YOUNGER PATIENTS

Be alert to patients in the younger demographic who have an increased risk of oropharynx cancers (due to HPV).



EARS

Unilateral hearing loss and unilateral tinnitus alone are not a sign of head and neck cancers. Please refer routinely.



E

FOSIT

Feeling of something in the throat (FOSIT) is not good indicator for cancer.



F

G

GREATER MANCHESTER REFERRAL PROFORMA

- Please refer all patients using the Greater Manchester form
- Ensure the patient understands the reason for referral
- Include frailty information as this helps direct patients to the most appropriate investigation or assessment

REFERRAL PROCESS FOR GREATER MCR

GM referral form
Physical examination