HAEMATOLOGY - ONCOLOGY THINK A-G



Supporting earlier & faster cancer diagnosis

FAST FACTS **ACUTE LEUKAEMIA** Patients presenting with flu-like symptoms, anaemia, persistent fatigue, unexplained fever, unexplained bruising or bleeding, or other symptoms consistent with acute leukaemia, require a full blood count (FBC). **BUMPS AND LUMPS** Persistent unexplained enlarged lymph nodes need investigating. Refer neck nodes to head and neck teams, axillary nodes to breast teams, and inguinal nodes on a non-specific pathway. All referrals should be sent as suspected cancer referrals. **CHRONIC LEUKAEMIA** TIP: alcohol-induced lymph node pain Chronic leukaemia is often is a rare presentation of lymphoma. incidentally found on a routine FBC. Patients don't always need treatment straight away. DON'T FORGET MYELOMA REMEMBER: C.R.A.B. REMEMBER: examine for an enlarged neck, axillary C - Calcium - hypercalcaemia and groin lymph nodes and for an enlarged spleen. R - Renal - any form of renal dysfunction A - Anaemia (of unknown cause) **EXAMINATION B - Bone** – unexplained & BLOOD TESTS and persistent bone pain (often back pain) Useful tests include FBC, serum free light chains and protein electrophoresis. **GREATER MANCHESTER** REFERRAL PROFORMA **FAMILY HISTORY** Please refer all patients using the Greater Manchester form Ask patients if they have a family history of REFERRAL PROCESS Ensure the patient cancer. However, blood FOR GREATER MCR understands the reason cancer is not normally for referral considered to be a GM referral form Include frailty information



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hereditary disease.



as this helps direct patients

to the most appropriate investigation or assessment



Examination

Bloods