

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.



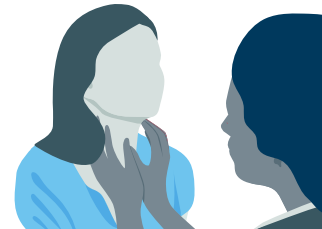
A

BE AWARE OF PERSISTENT & UNEXPLAINED SYMPTOMS

This includes:

- Hoarseness
- Ulceration
- Pain when eating or swallowing

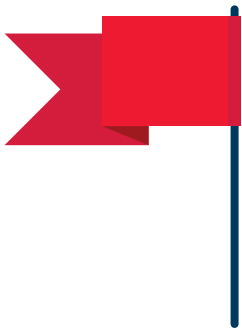
Other symptoms include red or white patches in the oral cavity, unilateral nose bleeds, blood-stained discharge or a change in vision associated with a facial or nasal mass.



B

CONSIDER RISK FACTORS

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



C

DON'T FORGET YOUNGER PATIENTS

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



D

EARS

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



E

FOSIT

Progressive dysphagia is a red flag. Symptoms above the sternal notch should be referred to head and neck clinics. However, feeling of something in the throat (FOSIT) is not a 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