**Suspected Head and neck cancer**

All referral forms should include prompts for the referring GP to cover the following points with the patient prior to the referral, ideally in the form of tick boxes which require confirmation of discussion with the patient before the referral can be processed:

- Has it been explained to the patient that this referral is for investigations that could lead to a cancer diagnosis?
- Have you checked that the patient will be available in the next 14 days to attend an appointment?
- Have you provided the patient with further information about the appointment (a leaflet is recommended)
- Check patient’s contact details are up to date

**Referral Criteria**

The referral form should ask the referring GP to indicate which of the following symptoms are present:

- **aged ≥ 45** with persistent unexplained hoarseness or
- **aged ≥ 45** with a persistent (this is advised for oral cancer but not laryngeal??) unexplained lump in the neck or
- **Any age** - unexplained ulceration in the oral cavity lasting for more than 3 weeks

If a **Community Dental service is available** - consider an urgent for assessment for possible oral cancer by a dentist in people who have either:

- a lump on the lip or in the oral cavity or
- a red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia

If no **Community Dental Service available**, refer to Maxillo-facial/Head and Neck service if the patient has

- a lump on the lip or in the oral cavity consistent with oral cancer or
- a red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia
- an unexplained thyroid lump ? suspicion of cancer from scan – ie scan needs to be done before referral made

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<td>Version No &amp; Date Published</td>
<td>1.0, September 2015</td>
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<tr>
<td>Date for review</td>
<td>September 2016</td>
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