

KEY

^: raised; 2ww: 2 week wait; 40+: 40 and over etc; BCC: basal cell carcinoma; BJP: Bence-Jones protein urine test; CRC: colorectal cancer; CXR: chest X-ray; DRE: Digital rectal examination; DVT: Deep vein thrombosis; ESR/PV: Erythrocyte sedimentation rate or plasma viscosity; FBC: full blood count; FOBT: Faecal occult blood test; GOR: Gastro-oesophageal reflux; IDA: Iron deficiency anaemia; LUTS: Lower urinary tract symptoms; N/V: nausea/vomiting; OGD: upper GI endoscopy; PSA: Prostate specific antigen; SCC: squamous cell carcinoma; SOB: shortness of breath; USS: ultrasound scan; wbc: white blood cell.

		2 WEEK WAIT								WITHIN 2 WEEKS				WITHIN 48 HOURS			ROUTINE REFERRAL																			
		BREAST	CRC	GYN/AE	HEAD AND NECK	HAEMATOLOGY	LUNG	SARCOMA	SKIN	UPPER GI	UROLOGY	ABDOMINAL AND PELVIC USS	ASSESS FOR OTHER SYMPTOMS/SIGNS THEN 2WW REFERRAL/FURTHER URGENT INVESTIGATION	ASSESS FOR OTHER CLINICAL CAUSES/MONITOR IN PRIMARY CARE	CA-125	MRI/CT	CT/USS	CXR	DENTIST APPOINTMENT	DIRECT ACCESS USS	OGD	FBC	URINE PROTEIN ELECTROPHORESIS AND BJP	FBC, CA ¹²⁵ + ESR/PV	FOBT	GYN/AE USS	NON-URGENT REFERRAL VIA UROLOGY PATHWAY	PSA + DRE	ROUTINE REFERRAL	ROUTINE OGD	ROUTINE USS					
NON-SPECIFIC SYMPTOMS																																				
APPETITE LOSS	Unexplained: consider: lung, upper GI, CRC, pancreatic, urological																																			
	Ever smoked/asbestos exposed 40+																																			
	With cough/fatigue/SOB/chest pain/weight loss 40+ Or early satiety persistent/>>12x per month in women especially 50+																																			
DVT	Consider urogenital/breast/CRC/lung cancers																																			
DIABETES	New onset with weight loss 60+																																			
FATIGUE	Ever smoked/asbestos exposed 40+																																			
	With cough/SOB/chest pain/weight loss/appetite loss (unexplained) 40+																																			
	Persistent 16+ Unexplained in women																																			
FEVER	Unexplained																																			
	Unexplained with splenomegaly/lymphadenopathy 16+																																			
FINGER CLUBBING 40+																																				
INFECTION	Unexplained and persistent/recurrent 16+																																			
NIGHT SWEATS	With unexplained splenomegaly/lymphadenopathy 16+																																			
PALLOR																																				
PRURITUS	With unexplained splenomegaly/lymphadenopathy 16+																																			
WEIGHT LOSS	Unexplained: consider: lung, upper GI, CRC, pancreatic, urological																																			
	Unexplained with abdominal pain 40+																																			
	Unexplained with rectal bleeding <50																																			
	Unexplained without rectal bleeding 50+																																			
	Ever smoked/asbestos exposed 40+																																			
	With cough/fatigue/SOB/chest pain/appetite loss 40+ never smoked																																			
	With unexplained splenomegaly/lymphadenopathy 16+																																			
	With upper abdominal pain/GOR/dyspepsia 55+																																			
	Unexplained in women																																			
	With diarrhoea/nausea/vomiting/constipation 60+																																			
With back pain/abdominal pain/new onset diabetes 60+																																				
With ^platelets/nausea/vomiting 55+																																				
INVESTIGATION FINDINGS																																				
ANAEMIA (IDA)	60+																																			
	With rectal bleeding <50 Without rectal bleeding <60																																			
ANAEMIA (NORMOCYTIC)	Without rectal bleeding 60+																																			
	Visible haematuria women 55+ Upper abdominal pain 55+																																			
BJP SUGGESTS MYELOMA																																				
^BLOOD GLUCOSE WITH VISIBLE HAEMATURIA IN WOMEN 55+																																				
CA-125 35+IU/ML																																				
CA-125 <35IU/ML OR >35IU/ML WITH NORMAL ULTRASOUND																																				
^CA¹²⁵/LOW WBC AND CONSISTENT WITH MYELOMA 60+																																				
CXR SUGGESTS LUNG CANCER/MESOTHELIOMA																																				
DERMOSCOPY SUGGESTS MELANOMA																																				
NEW ONSET DIABETES WITH WEIGHT LOSS 60+																																				
DRE SUGGESTS PROSTATE CANCER																																				
^ESR/PV AND CONSISTENT WITH MYELOMA:																																				
FOBT +ve																																				
JAUNDICE 40+																																				
^PLATELETS WITH GOR/DYSPEPSIA/UPPER ABDOMINAL PAIN 55+																																				
^PLATELETS WITH NAUSEA/VOMITING/WEIGHT LOSS 55+																																				
^PLATELETS 40+																																				
^PLATELETS WITH VISIBLE HAEMATURIA/UNEXPLAINED VAGINAL DISCHARGE 55+																																				
PSA ABOVE AGE SPECIFIC RANGE																																				
URINE PROTEIN ELECTROPHORESIS SUGGESTS MYELOMA																																				
USS SUGGESTS OVARIAN CANCER																																				
USS SUGGESTS SOFT TISSUE SARCOMA																																				
XRAY SUGGESTS BONE SARCOMA																																				

		IMMEDIATE REFERRAL TO PAEDIATRICIAN	WITHIN 48 HOURS		WITHIN 2 WEEKS	CONSIDER PAEDIATRICIAN REFERRAL	
			FBC	PAEDIATRICIAN APPOINTMENT	USS	XRAY	OPHTHALMOLOGIST REFERRAL
SYMPTOMS AND SIGNS IN CHILDREN AND YOUNG PEOPLE							
ABDOMINAL SYMPTOMS	Hepatosplenomegaly						
	Abdominal mass or enlarged abdominal organ						
	Splenomegaly						
BLEEDING/BRUISING/RASHES	Petechiae (unexplained)						
	Bruising/bleeding (unexplained)						
LUMPS/MASSES	Lymphadenopathy (unexplained)						
	Lymphadenopathy (generalised)						
	Lump (unexplained) increasing in size						
NEUROLOGICAL	New abnormality of cerebellar or CNS function						
NON-SPECIFIC SYMPTOMS	Fatigue (persistent)						
	Fever with lymphadenopathy/splenomegaly (unexplained)						
	Fever (unexplained)						
	Infection (unexplained and persistent)						
	Night sweats with lymphadenopathy/splenomegaly						
	Pruritus with lymphadenopathy/splenomegaly						
	Weight loss with lymphadenopathy/splenomegaly						
RESPIRATORY	Parental concern (persistent)						
	SOB with lymphadenopathy SOB with splenomegaly (unexplained)						
PRIMARY CARE INVESTIGATIONS	USS/CXR suggest sarcoma						
	Absent red reflex						
SKELETAL	Bone pain (persistent or unexplained)						
	Bone pain/swelling (unexplained)						
SKIN/SURFACE	Bruising (unexplained)						
	Pallor						
UROLOGICAL	Haematuria (visible and unexplained)						