

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.

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.

EARS

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

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.

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.



DON'T FORGET YOUNGER PATIENTS

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

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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