

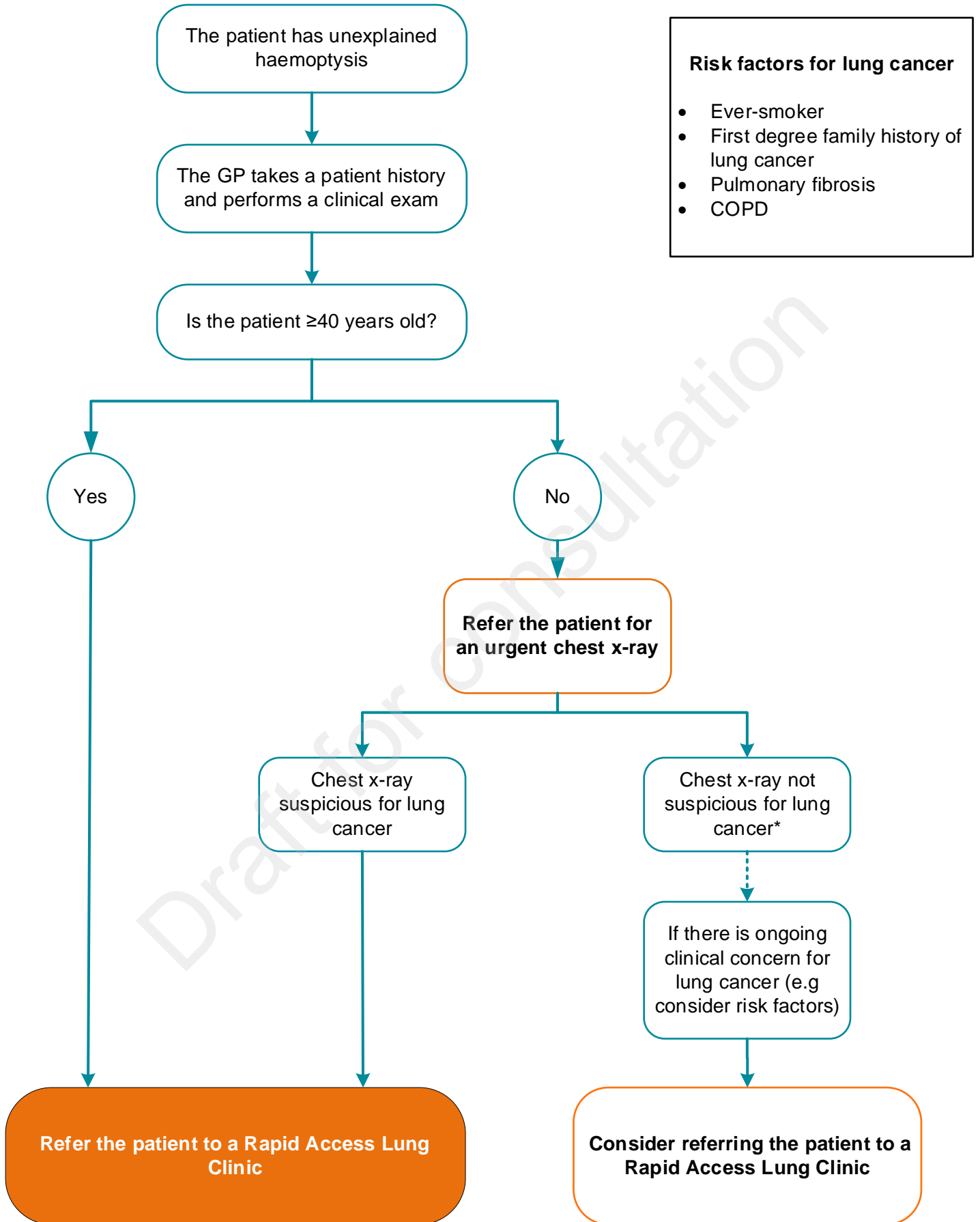
**DRAFT FOR CONSULTATION**

**National Clinical Guideline: GP Guideline for the Referral of Patients with Suspected Lung Cancer**

**Summary of recommendations (algorithms)**

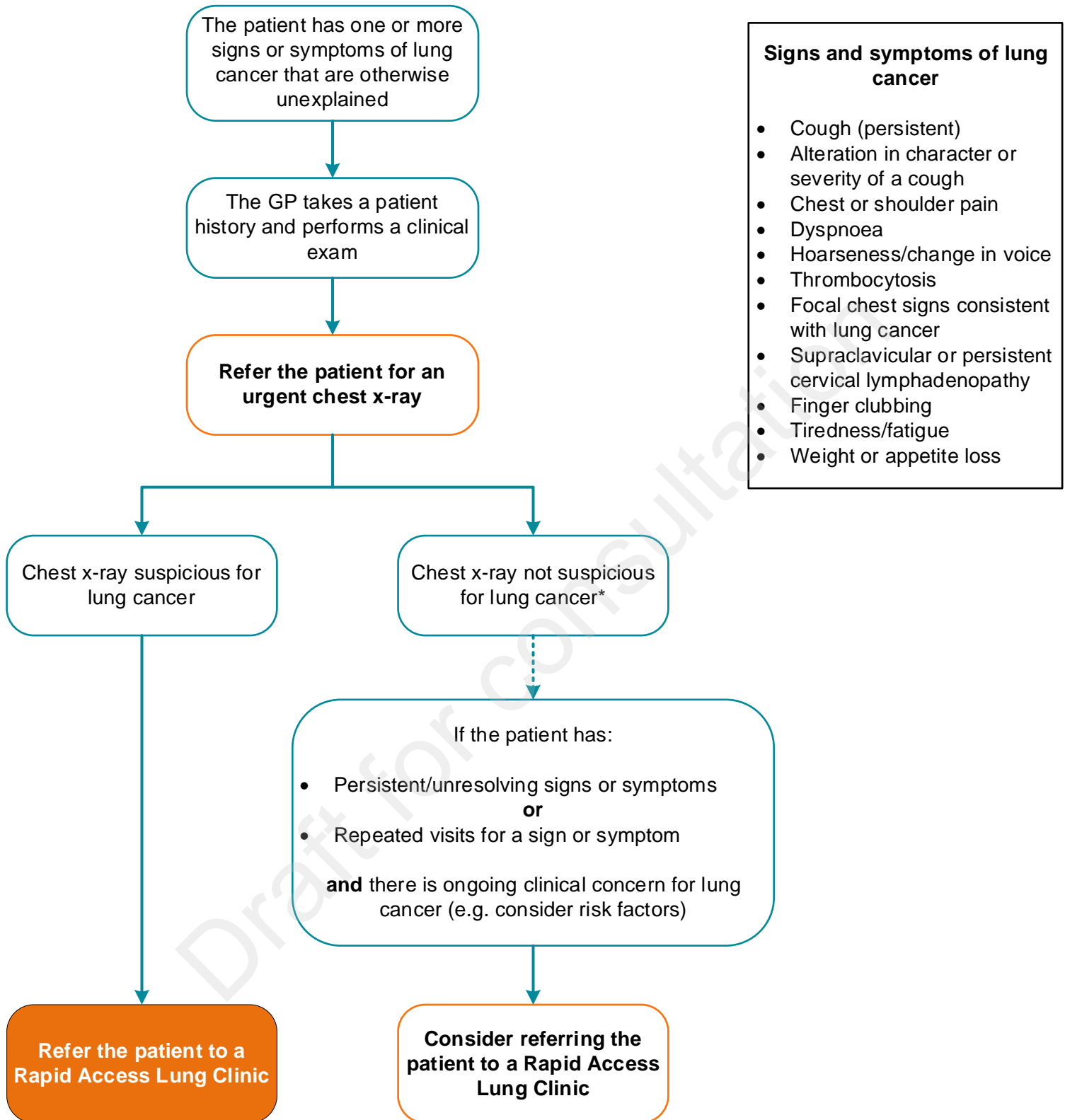
**COVER PAGE**

## A patient who presents with **unexplained** haemoptysis



\*Note: Chest x-ray may miss up to 20% of lung cancers

A patient who presents with one or more **unexplained** signs or symptoms which may be suspicious for lung cancer



**Signs and symptoms of lung cancer**

- Cough (persistent)
- Alteration in character or severity of a cough
- Chest or shoulder pain
- Dyspnoea
- Hoarseness/change in voice
- Thrombocytosis
- Focal chest signs consistent with lung cancer
- Supraclavicular or persistent cervical lymphadenopathy
- Finger clubbing
- Tiredness/fatigue
- Weight or appetite loss

**Risk factors for lung cancer**

- Ever-smoker
- First degree family history of lung cancer
- Pulmonary fibrosis
- COPD
- Increasing age

\*Note: Chest x-ray may miss up to 20% of lung cancers

### **Key points for communicating with the patient**

- The GP should communicate sufficient information to meet the patient's needs
- Safety-netting should be in place for those patients with signs or symptoms who have not been referred for further tests
- Provide smoking cessation advice if the patient is a current smoker

### **Key points for communicating with the Rapid Access Lung Clinic**

- Referrals to a Rapid Access Lung Clinic should be made electronically where possible, via Healthlink or by using an ICGP-accredited software system
- Any relevant information regarding additional supports that the patient might require to attend their appointment should be included with the referral