LUNG CANCER RAPID ACCESS SERVICE GP REFERRAL GUIDELINES

Background: In recent years around 1,800 people are diagnosed with lung cancer annually – approximately 1,100 men and 700 women. Incidence rates are decreasing for men but increasing for women. Less than 1% of all new cases occur before the age of 40. More than 90% of patients are symptomatic at presentation. Currently over a third of patients have distant metastases by the time of diagnosis.

Risk Factors: Smoking, including passive smoking and smoking marijuana; radon exposure; exposure to heavy metals such as arsenic; radiation; asbestos dust; previous history of cancer (e.g. head & neck cancer). Smoking avoidance/cessation is the most important preventive strategy as over 90% of lung cancer can be attributed to cigarette smoke. However lung cancer can occur in patients without any of the listed risk factors.

Who can refer your patient to the rapid access service?
- you, the GP
- a radiologist (in conjunction with GP)
- another hospital based clinician, e.g. from the Emergency Department

Who should you refer to the Rapid Access Service?
- a patient whose chest x-ray is suspicious of lung cancer.
  Please include details on the referral of the hospital in which the investigation was carried out. If this was a different hospital/clinic, please fax or post a copy of the result to the clinic and request a copy of the film for the patient to bring with them if possible.
- a patient who has haemoptysis, or other symptoms which are concerning or persistent, even if their chest x-ray is normal.

When is referral to the rapid access service not appropriate?
If a patient presents with life threatening symptoms, an emergency referral should be made in the usual manner.

Table 1: Indications for Urgent Chest X-ray

A patient with the following signs or symptoms should be referred for urgent chest x-ray. A report should be back to the GP within one week of request.

Symptoms
- Haemoptysis
- New onset unexplained or persistent cough (>3 weeks)
- Alteration in character/severity of chronic cough
- Unexplained chest pain or dyspnoea
- Unexplained weight loss/cachexia
- Unexplained bone pain/neurological symptoms

Signs
- Clubbing
- Lymphadenopathy
- Focal chest signs
- Hepatomegaly

Note: if there is a suspicion of lung cancer, it is not advisable to delay referral by ordering an outpatient CT. A rapid access service can arrange both imaging and bronchoscopy.

A patient who presents with symptoms suggestive of lung cancer should be referred to a team specialising in the management of lung cancer. To make a referral, send (preferably FAX) a National Lung Cancer Rapid Access Service Referral Form or submit an electronic referral form via Healthlink (www.healthlink.ie). **Electronic referral systems are currently under development.** Additional referral forms can be obtained by phoning the National Cancer Control Programme at (01) 8287100 or logging onto [www.cancercontrol.hse.ie](http://www.cancercontrol.hse.ie). **GPs should refer any patient they consider to have a high likelihood of lung cancer.**