Homerton Healthcare NHS Foundation Trust

City and Hackney GP Direct Access CT Chest

North East London

RISK FACTORS

Consider Risk factors:

- Current or ex smoker
- Smoking-related COPD
- Asbestos exposure
- Previous history of cancer – especially head and neck

(Please ensure recent renal function available if patient likely to need CT)

Clinical Features

High Risk Cancer features

HISTORY

Haemoptysis, or any of the following unexplained persistent (that is, lasting more than 3 weeks) symptoms and signs:

- chest and/or shoulder pain
- dyspnoea
- weight loss
- chest signs
- hoarseness
- finger clubbing
- cervical and/or supraclavicular lymphadenopathy
- cough in the absence of features of a cold/chest infection
- features suggestive of metastasis from a lung cancer (for example, in brain, bone, liver or skin).

HISTORY AND REFERRAL

- Persistent haemoptysis in smokers or ex-smokers who are aged 40 years and older
- Consider direct referral to on-call medical team if signs of superior vena cava obstruction or stridor

In parallel request CXR

CXR

CXR report

Abnormality other than lung cancer

Refer accordingly including non-cancer respiratory clinics

Other diagnosis treatable in primary care

Back to GP

Normal

Suggestive of lung cancer

Radiology organise CT (or provide appropriate advice in report if this has not been arranged)

Clinical concern for cancer persists

Age<40 or GP preference

GP 2WW referral

Aged >40

Persistent (>3 weeks) 1 or more of:

- Dyspnoea and/or cough different from usual COPD
- Minor haemoptysis
- High risk of lung cancer
- Unexplained change in symptoms in patients with chronic respiratory disease
- Significant weight loss (CT body including pelvis may be advisable)

If patient has persisting unexplained clinical symptoms of concern consider appropriate specialist referral even in setting of negative CT

CT request by GP

Cancer on CT, GP advised to make 2WW referral in CT report

Back to GP

CT report to GP No cancer

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