

Pan-London Suspected Cancer Referral Guide – Children

RETINOBLASTOMA, BONE SARCOMA and SKIN CANCERS should be referred using the pan-London site specific referral forms.

Take into account the insight and knowledge of parents and carers when considering making a referral for suspected cancer in a child or young person. Consider referral for children if their parent or carer has persistent concern or anxiety about the child's symptoms, even if the symptoms are most likely to have a benign cause.

HEPATOBLASTOMA OR HEPATOCELLULAR CARCINOMA

Consider a suspected children's cancer referral for liver cancers in children and young people with the following:

- Right upper quadrant lump or swelling in the abdomen, which may be painful
- Weight loss, loss of appetite, nausea and vomiting
- Ultrasound scan or x-ray indicating a possible tumour in the liver

NEUROBLASTOMA

Consider a suspected children's cancer referral for neuroblastoma in children with a palpable abdominal mass or UNEXPLAINED enlarged abdominal organ.

LYMPHOMA

Consider a suspected children's cancer referral for lymphoma in children and young people presenting with UNEXPLAINED lymphadenopathy or splenomegaly.

When considering referral, take into account any associated symptoms, particularly:

- Fever
- Night sweats
- Shortness of breath
- Pruritus
- Weight loss

SUSPECTED CHILDRENS (UNDER 16) CANCER REFERRAL

The GP **MUST ALWAYS** DISCUSS THE PATIENT WITH THE LOCAL PAEDIATRICIAN ON CALL within **24 hours** or more urgently where the clinical situation warrants it and refer to the local paediatric department for an appointment within **48 hours**

BRAIN & CNS CANCER

Consider a suspected children's cancer referral for brain or central nervous system cancer in children with newly abnormal cerebellar or other central neurological function, for example children with the following:

- UNEXPLAINED headache
- Fits
- Weakness
- Dysphagia
- Ataxia
- Facial nerve palsy
- Torticollis
- Behavioural change/deterioration in developmental milestones or school performance

See HeadSmart for further information regarding clinical features <http://www.headsmart.org.uk>

WILMS' TUMOUR

Consider a suspected children's cancer referral for Wilms' tumour in children with any of the following:

- A palpable abdominal mass
- An UNEXPLAINED enlarged abdominal organ
- UNEXPLAINED visible haematuria

LEUKAEMIA

Refer children and young people for IMMEDIATE SPECIALIST ASSESSMENT for leukaemia if they have UNEXPLAINED petechiae or hepatosplenomegaly or if the results of a full blood count are suggestive of leukaemia

Offer a very urgent full blood count (within 48 hours) to assess for leukaemia in children and young people with any of the following:

- Pallor
- Persistent fatigue
- UNEXPLAINED fever
- UNEXPLAINED persistent infection
- UNEXPLAINED generalised lymphadenopathy
- Persistent or unexplained bone pain
- UNEXPLAINED bruising/bleeding

When GP direct access investigations are performed the GP has clinical responsibility for ensuring appropriate follow up and onward referral is arranged. In many cases positive results may be forwarded directly to the cancer team but the GP must ensure a referral has been made and that appropriate safety-netting arrangements are in place.

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SUSPECTED SARCOMA REFERRAL PATHWAYS FOR CHILDREN (UNDER 16)

- For children with suspected BONE SARCOMA, the GP should refer the patient to the appropriate SPECIALIST SARCOMA CENTRE USING THE PAN LONDON AND SOUTH EAST SARCOMA NETWORK REFERRAL FORM for an appointment within 48 hours
- For children with suspected SOFT TISSUE SARCOMA, the GP **MUST ALWAYS** DISCUSS THE PATIENT WITH THE LOCAL PAEDIATRICIAN ON CALL WITHIN 24 HOURS or more urgently where the clinical situation warrants it and refer the patient to the local paediatric department for an appointment within 48 hours

DIAGNOSTIC IMAGING FOR SOFT TISSUE SARCOMA

- Diagnostic imaging may be helpful in evaluating the clinical presentation but ultrasound appearances may be difficult to interpret and a NORMAL OR EQUIVOCAL ULTRASOUND DOES NOT EXCLUDE SARCOMA and may give false reassurance/delay diagnosis. **To establish a diagnosis CT/MRI scan is the most accurate investigation.** The GP should discuss with the local paediatric service and refer for an appointment within 48 hours where imaging and tissue diagnosis will be organised.

RISK FACTORS FOR SOFT TISSUE SARCOMA

- Prior radiotherapy
- Li–Fraumeni syndrome
- Hereditary retinoblastoma
- Neurofibromatosis
- Familial adenomatous polyposis (Gardner’s syndrome)

RETINOBLASTOMA Please use the pan-London suspected orbital, retinoblastoma and conjunctival cancer referral form.

Consider urgent referral (for an appointment within 2 weeks) for ophthalmological assessment for retinoblastoma in children with an absent red reflex.

SOFT TISSUE SARCOMA

Consider a suspected children’s cancer referral for the following patients:

- Clinical features: UNEXPLAINED soft tissue lumps with the following features:
- Abnormal imaging suggestive of soft tissue sarcoma
- Normal or equivocal ultrasound but high suspicion of soft tissue sarcoma
- Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at the time of referral)

RESOURCES:

1. Suspected cancer: recognition and referral NICE guidelines [NG12], 2015 <http://www.nice.org.uk/guidance/ng12>
2. RCGP Brain tumours in children <http://elearning.rcgp.org.uk/course/info.php?popup=0&id=99>
3. HeadSmart <http://www.headsmart.org.uk/home/>
4. RCGP and Leukaemia Care Blood Cancer <http://elearning.rcgp.org.uk/course/view.php?id=184>
5. Leukaemia Care <http://www.leukaemiacare.org.uk/healthcare-professionals>
6. Improving outcomes for people with sarcoma NICE guidelines [CSG9] <https://www.nice.org.uk/guidance/csg9>
7. RCGP and Bone Cancer Research Trust <http://elearning.rcgp.org.uk/course/view.php?id=152>