Box 1

Criteria for referral

Refer urgently for a chest X-ray when a patient presents with:

- haemoptysis or
- any of the following unexplained or persistent (lasting >3 weeks) symptoms or signs:
  - ▶ cough
  - ▶ chest/shoulder pain
  - ▶ dyspnoea
  - ▶ hoarseness
  - ▶ weight loss
  - ▶ chest signs
  - ▶ finger clubbing
  - ▶ features suggestive of metastasis from a lung cancer (e.g. in brain, bone, liver or skin)
  - ▶ cervical/supraclavicular lymphadenopathy

Refer urgently to a member of the lung cancer multidisciplinary team, usually a chest physician, in the following situations:

- if a chest X-ray or chest computed tomography (CT) scan suggests lung cancer (including pleural effusion and slowly resolving consolidation)
- if the chest X-ray is normal but there is a high suspicion of lung cancer
- while awaiting the result of a chest X-ray*, if any of the following are present:
  - ▶ persistent haemoptysis in smokers/ex-smokers older than 40 years
  - ▶ signs of superior vena caval obstruction (swelling of the face/neck with fixed elevation of jugular venous pressure)
  - ▶ stridor

*chest X-ray may no longer be needed as patients will have a CT scan

Adapted from NICE CG121. Lung cancer: The diagnosis and treatment of lung cancer. NICE. London. 2011