Patient presenting with any of these symptoms especially if age over 40, history of smoking or asbestos exposure:

- Any unexplained haemoptysis
- Unexplained and persistent (more than three weeks)
  - change in cough or new cough
  - dyspnoea
  - chest/shoulder pain
  - loss of appetite
  - weight loss
  - chest signs
  - hoarseness (if no other symptoms present to suggest lung cancer refer via Head & Neck pathway)
  - fatigue in a smoker aged over 40 years
- New or not previously documented finger clubbing
- Persistent or recurrent chest infection
- Cervical and/or persistent supraclavicular lymphadenopathy
- Thrombocytosis where symptoms and signs do not suggest other specific cancer
- Any person who has consolidation on chest X-ray should have further imaging no more than six weeks later to confirm resolution

\[\text{URGENT SUSPICION OF CANCER CHEST X-RAY} \]
\[\text{PLEASE REMEMBER TO MARK RADIOLOGY REQUESTS AS URGENT – SUSPICION OF CANCER}\]

**Normal**

- Any unexplained symptoms or signs above persisting > 6 weeks (except isolated thrombocytosis or lymphadenopathy)
- Persistent haemoptysis in smokers/ex-smokers over 40

**Abnormal/Indeterminate**

- Including pleural effusion, pleural mass and slowly resolving consolidation

**Abnormal / Cancer**

**Option 1**

GP Request CT via Ordercomms

- Normal CT or Abnormal but not Cancer

**Option 2**

CT Suspicious for Cancer

**URGENT – SUSPICION OF CANCER REFERRAL**

**No Ongoing Concerns**

Ongoing GP Management Guided by Radiology and Safety Netting

Rigg, Douglas; Van Der Horst, Joris, | April 2021 | FINAL VERSION | NHS GREATER GLASGOW & CLYDE