


**Coversheet for Network Site Specific Group Agreed Documentation**

This sheet is to accompany all documentation agreed by Pan Birmingham Cancer Network Site Specific Groups. This will assist the Network Governance Committee to endorse the documentation and request implementation.

<b>Document Title</b>	Guidelines for the Management of Neck Lumps
<b>Document Date</b>	March 2010
<b>Document Purpose</b>	This guidance has been produced to support the following: <ul style="list-style-type: none"> <li>• The management of patients presenting with a neck lump</li> </ul>
<b>Authors</b>	Head and Neck Network Site Specific Group Revised by Sat Parmar
<b>References</b>	<a href="http://www.birminghamcancer.nhs.uk">www.birminghamcancer.nhs.uk</a>
<b>Consultation Process</b>	Consultation was via the Head and Neck Network Site Specific Group, the Haematology Network Site Specific Group, the Oncologists Group and the authors
<b>Review Date</b> (must be within three years)	March 2013
<b>Approval Signatures:</b>  Network Site Specific Group Clinical Chair	
<b>Date Approved by Network Governance Committee</b>	17/03/2010

## ***Guidelines for the Management of Adults with Neck Lumps***

### **Version History**

<b>Version</b>	<b>Date Issued</b>	<b>Brief Summary of Change</b>
0.1	11.10.08	Tabled at Head and Neck Network Site Specific Group
0.2	12.10.08	Following NSSG meeting
0.3	10.03.08	Tabled at Head and Neck NSSG
0.4		Following consultation: with JG Comments
0.5	15.04.08	Following NSSG comments went to Head and Neck NSSG on 10 <sup>th</sup> March
0.6	29.04.08	Following revision by Mr Sat Parmer. For consultation with Matthew Lumley, Paul Pracy, Fiona Clark and Mark Wake.
0.7	06.05.08	With comments from above consultation
0.8	02.06.08	For consultation for final ratification with the Head and Neck and Haematology NSSG's and the Oncologists.
0.9	04.06.08	Following consultation with Oncologists and the NSSGs for Head and Neck and Haematology. Changes made and document re-circulated to those who made comments (Sue Frost, 'Rudzki Zbigniew' 'Peter Guest'; John Glaholm, Gary Walton, Mark Wake, Sat Parmer, Fiona Clarke).
0.10	11.06.08	Changes following above circulation. To Pathology NSSG for consultation.
0.11	17.06.08	With additional comment from Dr. Zbigniew Rudzki. For recirculation for final ratification with the Head and Neck and Haematology NSSG's and the Oncologists. Re circulated as there have been a number of amendments.
0.12	23. 06.08	Following consultation with Dr. Sat Parmer. For agreement with Dr. Zbigniew Rudzki. Following agreement with Dr. Zbigniew Rudzki for information to the NSSG and for submission to Clinical Governance.
0.13	22.02.10	Following Consultation with, and approval by, ZR
1	17.03.10	Endorsed by the guidelines review sub group of the Governance Committee.

### **1. Scope of the Guideline**

This guidance has been produced to support the management of patients presenting with a neck lump.

### **2. Guideline Background**

Patients presenting with neck lumps require rapid assessment to determine the most likely cause. Haematological diseases require a different set of investigations than those for other head and neck conditions.

To prevent delay in diagnosis some simple blood tests and imaging should be carried out at the first consultation.

### 3. Guideline Statements

- 3.1 Patients presenting with a neck lump should be referred to a designated neck lump clinic.
- 3.2 Patients with a neck lump and the following symptoms should be referred urgently:
  - a. Lymph nodes increasing in size.
  - b. Lymph nodes greater than 2 cm in size.
  - c. Widespread lymphadenopathy (**refer directly to haematology**).
  - d. The presence of 'B' symptoms; drenching night sweats, generalised itching, weight loss, fever (**refer directly to haematology**).
  - e. Neck lump present for more than **3 weeks that has changed**.
  - f. Neck lump present for **6 weeks or more**.
- 3.3 Patients presenting in line with the urgent referral guidelines (Appendices 1 and 2) should be seen within 2 weeks.
- 3.4 Patients referred to their local neck lump clinic should follow the pathway described below in appendix three.
- 3.5 Any patients with features highly suspicious for lymphoma or a haematological malignancy (young adult, generalised lymphadenopathy, splenomegaly, abnormal FBC, lymphocytosis, pruritis, 'B' symptoms: night sweats, weight loss, fever) – should proceed directly to open excision lymph node biopsy and be discussed with a Haematologist or Medical Oncologist. They should not undergo FNA as first investigation, as review of results for this may lead to significant delay in diagnosis.
- 3.6 FNA must not delay the diagnosis of widespread lymphadenopathy.
- 3.7 FNA samples should ideally undergo same day reporting. Peer review standard 1D-112 states "the neck lump clinic should offer reporting of FNA samples on the same day as their having being taken".

## Monitoring of the Guideline

Implementation of the guidance will be considered as a topic for audit by the NSSG in 2010/2011.

## References

1. [www.birminghamcancer.nhs.uk](http://www.birminghamcancer.nhs.uk)

## Authors

Sat Parmar  
Head and Neck NSSG


**Approval Date of Network Site Specific Group:**  
**Date Approval by the Clinical governance Team:**

Date: 17/03/10  
Date: 17/03/10

## Approval Signatures

Pan Birmingham Cancer Network Governance Committee Chair


Name: Doug Wulff

Signature: 

Date: June 2010

Network Site Specific Group Clinical Chair

Name: Sat Parmar

Signature: 

Date: June 2010

Pan Birmingham Cancer Network Manager

Name: Karen Metcalf

Signature: 

Date: June 2010

**URGENT REFERRAL FOR SUSPECTED HEAD & NECK CANCER (Version 2.0)**

 If you wish to include an accompanying letter, please do so. **On completion please FAX to the number below.**

These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer, June 2005

**Patient Details**
**GP Details (inc Fax Number)**

Surname		Fax No: <b>Date of Decision to Refer</b> <b>Date of Referral</b> <b>GP Signature</b>	
Forename			
D.O.B.	Gender		
Address			
Postcode			
Telephone			
NHS No			
Hospital No			
Interpreter?	Y / N	First Language:	
<b>Symptoms:</b> (Check as appropriate)			
Hoarseness > 3 weeks	<input type="checkbox"/>	Unexplained persistent sore throat	<input type="checkbox"/>
Stridor	<input type="checkbox"/>	Progressive mouth, throat ulceration	<input type="checkbox"/>
Swelling in parotid / submandibular gland	<input type="checkbox"/>	Persistent oral swelling/ulceration (>3 weeks)	<input type="checkbox"/>
Persistent red and white patches of the oral mucosa (painful/swollen/bleeding)	<input type="checkbox"/>	Unilateral, unexplained pain in head and neck > 4 weeks, associated with Otagia & normal otoscopy	<input type="checkbox"/>
Unexplained tooth mobility > 3 weeks	<input type="checkbox"/>		
<b>Risk Factors:</b>			
Smoker	<input type="checkbox"/>	Unintentional weight loss >3kg in 6/52	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Previous head & neck, lung or oesophageal tumour	<input type="checkbox"/>
Other :			
<b>Clinical Examination:</b>			
Lump in neck, recent, or previously undiagnosed that has changed over a period of 3 to 6 weeks	<input type="checkbox"/>	Thyroid lump with suspicious features	<input type="checkbox"/>
		Oropharynx ulceration / tumour	<input type="checkbox"/>
		Orbital mass / proptosis	<input type="checkbox"/>
Cranial nerve palsy	<input type="checkbox"/>	Other :	
<b>Cancer Area Suspected:</b>			
Larynx	<input type="checkbox"/>	Pharynx	<input type="checkbox"/>
Mouth	<input type="checkbox"/>	Neck	<input type="checkbox"/>
Salivary Glands	<input type="checkbox"/>	Thyroid Gland	<input type="checkbox"/>
<b>Clinical Details:</b> History/Examination/Investigations.....			
Medication .....			
<b>For Hospital Use</b>			
Appointment Date		Clinic Attending	
Was the referral appropriate Yes No (if no please give reason)			
<b>HEAD &amp; NECK CLINICS WITH RAPID ACCESS FACILITIES</b>			
<b>Hospital</b>	<b>Tel</b>	<b>Fax</b>	
<i>City</i>	0121 507 5805	0121 507 5075	
<i>Dental Hospital</i>	0121 237 2730	0121 237 2750	
<i>Good Hope</i>	0121 424 7476	0121 424 7376	
<i>Heart of England</i>	0121 424 5000	0121 424 5001	
<i>Queen Elizabeth (UHBFT)</i>	0121 627 2485	0121 460 5800	
<i>Sandwell</i>	0121 507 3834	0121 507 3723	
<i>Walsall Manor</i>	01922 721172 ext 6876 or 7227	01922 656773	

## URGENT REFERRAL FOR SUSPECTED HAEMATOLOGY CANCER

If you wish to include an accompanying letter, please do so. **On completion please FAX to the number below.** (Version 2.0)

These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer, June 2005

**Patient Details**

**GP Details (inc Fax Number)**

Surname Forename D.O.B. <span style="margin-left: 150px;">Gender</span> Address   Postcode Telephone NHS No Hospital No Interpreter?	Fax No:   Date of Decision to Refer Date of Referral GP Signature
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**Relevant information: (Check as appropriate)**

**Symptoms/Signs:**

- |                                      |   |  |
|--------------------------------------|---|--|
| Fatigue <input type="checkbox"/>     | Drenching night sweats <input type="checkbox"/> | Fever <input type="checkbox"/>                               |
| Weight Loss <input type="checkbox"/> | Generalised itching <input type="checkbox"/>    | Recurrent infections <input type="checkbox"/>                |
| Bruising <input type="checkbox"/>    | Breathlessness <input type="checkbox"/>         | Lymphadenopathy <input type="checkbox"/>                     |
| Bone Pain <input type="checkbox"/>   | Alcohol-induced pain <input type="checkbox"/>   | Persistent unexplained splenomegaly <input type="checkbox"/> |

**Additional Lymphadenopathy Features:**

- |   |  |
|---|--|
| Lymph nodes increasing in size <input type="checkbox"/>                       | Lymph nodes greater than two cm in size <input type="checkbox"/> |
| Persistence for six weeks or more <input type="checkbox"/>                    | Widespread nature <input type="checkbox"/>                       |
| Associated splenomegaly, night sweats or weight loss <input type="checkbox"/> |  |

**Investigations:**

- |   |   |
|---|---|
| ESR _____<br><br>Blood film _____<br><br>X-ray _____<br><br>Urea & Electrolytes _____ | Full Blood Count _____<br><br>Clotting screen _____<br><br>Liver/Bone profile _____<br><br>Immunoglobulin/paraprotein _____ |
|---|---|

**Clinical Details:**

History/Examination/Investigations.....  
 Medication .....

*For Hospital Use*

Appointment Date \_\_\_\_\_ Clinic Attending \_\_\_\_\_  
 Was the referral appropriate Yes No (if no please give reason)

**HAEMATOLOGY CLINICS WITH RAPID ACCESS FACILITIES**

Hospital	Tel	Fax
<b>City</b>	<b>0121 507 5805</b>	<b>0121 507 5075</b>
<b>Good Hope</b>	<b>0121 424 7476</b>	<b>0121 424 7376</b>
<b>Heartlands and Solihull</b>	<b>0121 424 5000</b>	<b>0121 424 5001</b>
<b>Queen Elizabeth (UHBFT)</b>	<b>0121 627 2485</b>	<b>0121 460 5800</b>
<b>Sandwell</b>	<b>0121 507 3834</b>	<b>0121 507 3723</b>
<b>Walsall Manor</b>	<b>01922 721172 ext 6876 or 7227</b>	<b>01922 656773</b>

