

Cancer in NCD guidelines

Do check the integrated management of adolescent-adult Illness (IMAI), for symptoms and signs that related to cancer (see also the “cough and difficult breathing, for the chronic lung disease (COPD and asthma).

Possible lung cancer

Possible lung cancer, refer in adults over 40 years with a **cough**, and smokes or smoked, and if:

- coughing up blood, **or**
- cough with or without any of the following
 - dyspnoea
 - loss of weight/appetite
 - underlying chronic respiratory problems with unexpected changes in existing symptoms
 - chest pain (non-cardiac) / shoulder pain (with no obvious cause)
 - hoarseness
 - chest signs
 - features suggestive of metastasis from lung cancer
 - finger clubbing or neck lymph glands.

Refer for chest X-ray and see doctor.

A normal X-ray is unlikely to be cancer - but can be cancer even with a normal chest x-ray, so where there is a high suspicion of lung cancer investigate further.

If a chest X-ray suggestive of lung cancer (including pleural effusion and slowly resolving consolidation), diagnose.

Ovarian Cancer

Refer in a woman (especially if 50 or over) with symptoms on a persistent or frequent basis – particularly more than 12 times per month, if any:

- persistent abdominal distension (women often refer to this as ‘bloating’)
- feeling full (early satiety) and/or loss of appetite
- pelvic or abdominal pain
- increased urinary urgency and/or frequency

Refer to Gynaecology or general surgeon.

Abdominal cancer

Refer in adults over 40 years with new onset abdominal pain, or weight loss and/or constipation. These are common symptoms, which may be due to a wide range of causes. Cancer is rare under 40 years, occurs in the over 40 years, and much more common over 60 years of age.

Suspect bowel cancer and refer if:

- 40+ years reporting rectal bleeding with a change of bowel habit towards looser stools and/or increased stool frequency persisting for 6 weeks or more
- 60 + years and older, with rectal bleeding persisting for 6 weeks or more (even without a change in bowel habit and without anal symptoms)
- 60 + years and older, with a change in bowel habit to looser stools and/or more frequent stools persisting for 6 weeks or more without rectal bleeding
- patients presenting with a right lower abdominal mass, irrespective of age
- patients presenting with a palpable rectal mass (intraluminal and not pelvic), irrespective of age
- men of any age with unexplained iron deficiency anaemia and a haemoglobin of <11g/100 ml
- women (past menstruating) with unexplained iron deficiency anaemia and a haemoglobin of <10g/100 ml.

Brain

Refer if **headache** and:

- HIV+
- causing waking from sleep
- rapid increase in headache frequency
- fever
- drowsiness
- vomiting
- neck stiffness
- is sudden at the back of the head
- blackouts
- personality change
- change in memory
- patients with suspected recent-onset seizures
- patient with a history of cancer accompanied with symptoms as described above