Assessing and referring childhood cancers

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Abdominal features
- Spleenomegaly, unexplained
- Fever
- Sweats
- Breathlessness
- Pruritus
- Weight loss
- Abdominal mass, palpable
- Enlarged organ, unexplained

Lumps or masses (non-abdominal)
- Lymphadenopathy, unexplained
- Fever
- Sweats
- Breathlessness
- Pruritus
- Weight loss
- Soft tissue lump, unexplained, growing
- Lymphadenopathy, generalised

Bleeding
- Haematuria, visible, unexplained
- Petechiae, unexplained
- Bleeding, Pallor
- Bruising, unexplained

Neurological
- Abnormal Cerebellar
- Other central neurological function
- Absent red reflex

Non-specific features
- Fatigue, persistent
- Fever, unexplained
- Infection, unexplained, persistent

Skeletal
- Bone pain, persistent, unexplained
- Bone swelling, Bone pain, unexplained

Possible cancers
- Non-Hodgkin’s lymphoma
- Neuroblastoma
- Wilms’ tumour
- Leukaemia
- Brain or CNS cancer
- Retinoblastoma
- Soft tissue sarcoma
- Bone sarcoma

Primary care investigation
- Ultrasound, within 48 hours
- Full blood count, within 48 hours
- X ray, within 48 hours

Referral to specialist
- Immediate
- Very urgent, within 48 hours
- Urgent, within 2 weeks

Parental concern
Take into account insight and knowledge of parents and carers when considering making a referral for suspected cancer in a child or young person. Consider referral even if symptoms are relatively benign to have a cancerous cause.