

CANCER IN CHILDREN (18 or under) – Referral Guidelines to be used in conjunction with NICE Guidelines (NG12)

Please ring the Paediatric Consultant on call (hospital no) in preference to 2 week wait referral. Less than 1% of 2 week wait referrals in paediatrics have cancer but the referral pathway may cause lasting harm

Pallor plus bleeding

- Petechiae, Purpura
- Unexplained bruises
- Persistent bloody oozing from mouth or nose

Persistent, unexplained severe lethargy, anaemia

ARRANGE a FBC

Persistent, unexplained fever, apathy or weight loss

- First consider urinary tract infection, pneumonia or inflammatory bowel disease – refer to general paediatrics (not oncology)
- Then consider malignancy

Bone pain - persistent or recurrent

- Night pain is red flag
- Child with new limp, toddler reluctant to bear weight or stopped walking
- Always investigate backache in a child

Plain x-rays can be very helpful

Bone pain can be a feature of leukaemia or metastatic solid tumour such as neuroblastoma

Unexplained neurological signs

- Headaches lasting longer than two weeks
- Early morning vomiting
- Ataxia
- Cranial nerve palsy
- Focal convulsions
- Focal neurological deficit
- Unexplained nystagmus especially in an infant
- Deteriorating school performance and missing school

Lymph Nodes

Malignant lymph nodes in young children usually progress rapidly, but in older (>10 years) children indolent nodes may be malignant, especially

- Lymph nodes >2cms size
- Supraclavicular nodes
- Nodes associated with shortness of breath
- Nodes associated with pallor and bruising (leukaemia)

In younger children refer to general paediatrics (and not as cancer). Palpable nodes in 0-6 year olds are usually a normal finding and often persistent

An unexplained mass

- Important sites are: abdomen, testes, head, neck and limbs
- If in doubt screen with an ultrasound examination
- Other red flags are:
 - Hepatomegaly or splenomegaly or both;
 - Haematuria associated with abdominal mass (or even in isolation).

Eye changes

- White reflex;
- Recent onset of squint;
- Proptosis;
- Significant deterioration in vision;
- Bilateral black eyes (neuroblastoma or leukaemia)

Need to consider particularly CNS tumours and retinoblastoma.

Breathing difficulty

- Repeated or persistent inspiratory stridor
- Dyspnoea on lying down

These require emergency (ie same day) chest x-ray

- Unilateral nasal obstruction