

Pan-London Suspected Ophthalmology Cancer Referral Guide

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MAIN TYPES OF OCULAR CANCERS	Urgent referral to:
Intraocular: Melanoma, Lymphoma	OPHTHALMOLOGY
Intraocular: Retinoblastoma (in children)	OPHTHALMOLOGY (<i>same day referral</i>)
Conjunctiva: Melanoma, Squamous cell carcinoma	OPHTHALMOLOGY
Eyelid: Basal cell carcinoma, Squamous cell carcinoma, Melanoma	DERMATOLOGY
Structures around the eye e.g. rhabdomyosarcoma of ocular muscle	OPHTHALMOLOGY

SUSPECTED INTRAOCULAR MALIGNANCY

Refer patients with:

- Suspected intraocular metastasis if specialist ocular oncology opinion is required
- Suspected retinal lymphoma (ocular features or previous CNS lymphoma, uveitis not responding to therapy)
- CT / MRI showing an intraocular tumour

SUSPECTED CHOROIDAL MELANOMA

Refer patients with any one of the following:

- Mushroom shape
- Orange pigment (lipofuscin) forming confluent clumps
- Large size (i.e., tumour diameter > 4 disc diameters or thickness >2mm)
- Enlargement, confirmed by sequential imaging of the tumour or diameter >5 DD or thickness >3mm
- Subretinal fluid, especially if causing blurred or distorted vision or photopsia (i.e. seeing a 'ball of light')

SUSPECTED OPHTHALMOLOGY CANCER REFERRAL

SUSPECTED ORBITAL MALIGNANCY

- Proptosis or globe displacement, especially of recent onset

SUSPECTED CONJUNCTIVAL MALIGNANCY

Refer patients with:

- Pigmented or amelanotic tumour more than 5 mm in diameter
- Feeder blood vessels or visible intra-tumoural vasculature
- Diffuse conjunctival and/or corneal pigmentation; thin corneal 'frosty' lesion(s), keratin plaque on tumour surface
- Salmon pink tumour (especially in fornix or caruncular area), suggestive of lymphoma
- History of recent growth, esp in adults

SUSPECTED RETINOBLASTOMA

Emergency referral (same-day) for urgent ophthalmological assessment for retinoblastoma in **children** with an absent red reflex.

SUSPECTED IRIS MALIGNANCY

Refer patients with:

- Tumour is more than 5.0 mm in diameter and/or more than 1 mm thick
- Diffuse tumour with indistinct margins, with or without tumour seeding onto iris surface or angle
- Secondary glaucoma or cataract
- Tumour involves angle, possibly with ciliary body involvement