

Top Tips Suspected Head and Neck Cancer Referrals

ORAL CANCER (Gums, Buccal mucosa, Front of tongue, Lips)

1. Assess if risk factors present –poor dentition, ill-fitting dentures, history of chewing betel nut and oral tobacco, HPV infection.
2. Refer urgently for leukoplakia or erythroleukoplakia if patient not able to see dentist urgently
3. Be aware of less common presentations of oral cancers including:
 - a. Poor healing after tooth extraction for over 3-4 weeks*
 - b. Unexplained bleeding in mouth or bad breath that is of new onset*
4. If possible, attach a photograph to the referral.

THROAT CANCER (includes Oropharynx, Hypopharynx, Nasopharynx)

5. Presenting symptoms often very common e.g. throat discomfort, therefore look out for:
 - a. Progressive, Persistent, Unilateral symptoms*
 - b. Throat pain referred to ear on same side, or with unilateral suspicious neck lump/s*
 - c. Other subtle symptoms e.g. change in diction, swallowing, appetite or weight*
 - d. High risk patients, especially those with a history of smoking and excess alcohol, and people at higher risk of HPV or EBV infection.
6. Chinese and South Asian communities are at higher risk of nasopharyngeal cancer, thought to be due to higher incidence of EBV infection. These usually present with a lump towards the back of neck sometimes with hearing loss, nose bleed, facial pain or numbness.
7. Tinnitus and hearing loss rarely warrant urgent suspected cancer referral. Please refer patient to Otology/ENT, not the suspected head and neck cancer pathway.
8. Consider using Advice & Guidance service if a patient's symptoms don't meet USC referral criteria but you have ongoing concerns about a serious cause

LARYNGEAL CANCER

9. In high risk patients, a suspicious voice change include hoarseness and loss as well as a change in the nature of the voice, such as a different sound or thickness of speech
10. Consider arranging ultrasound for neck lumps present and not changed for over 6 months, as this can often confirm benign nature.

THYROID CANCER

11. Please ensure patient has completed thyroid function tests and in the absence of a growing neck lump ensure a patient has had a local ultrasound.
12. Ultrasound should describe which category a thyroid nodule falls into according to British Thyroid Guidelines: refer those graded U3 and above

* *"PERSISTENT" = for over 3-4 weeks*

References

Sinha S, Winters R, Gajra A. Nasopharyngeal Cancer. 2024 Feb 3. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan–. PMID: 29083686.

British Thyroid Association Guidelines for the Management of Thyroid Cancer [Guidelines for the management of thyroid cancer - Perros - 2014 - Clinical Endocrinology - Wiley Online Library](#)

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