

## Management

### Primary Care management includes

In most cases it is appropriate for a GP to request a chest X-ray as an initial investigation, with referral to a Chest Physician if the chest X-ray is suggestive/suspicious of lung cancer.

#### Urgent referral for a chest x-ray

- Haemoptysis
- Unexplained or persistent (more than 3 weeks):
  - Cough
  - Chest/shoulder pain
  - Dyspnoea
  - Weight loss
  - Chest signs
  - Hoarseness
  - Finger clubbing
  - Features suggestive of metastasis from a lung cancer (e.g. brain, bone, liver, skin)
  - Persistent cervical/supraclavicular lymphadenopathy

## When to refer

### Emergency [discuss with on-call specialist]

- Stridor

All patients with suspected lung cancer must see a specialist **within two weeks** of their GP deciding that they need to be seen urgently and requesting an appointment.

### Urgent out-patient referral [liaise with specialist and copy to CAS]

- Chest X-ray suggestive/suspicious of lung cancer (including pleural effusion and slowly resolving consolidation).
- Persistent haemoptysis in smokers/ex-smokers over 40 years of age.
- Signs of superior vena cava obstruction (swelling of face/neck with fixed elevation of jugular venous pressure).