www.woscan.scot.nhs.uk

West of Scotland Primary Care Cancer Network Regional Newsletter

Scottish Referral Guidelines (SRGs) for Suspected Cancer 2025

This special edition newsletter is intended to summarise some key changes to the new cancer referral guidelines. Please note this is not a comprehensive list of amendments.

These guidelines were published in August 2025. The Centre for Sustainable Delivery (CfSD) conducted a full clinical review based on clinical consensus and latest available evidence provided by Healthcare Improvement Scotland (HIS) and Cancer Research UK (CRUK) with demographic data obtained from Scottish Government and Public Health Scotland.

A key changes document describes the amendments to the previous guidance. More detail of some of the ***key clinical updates*** are highlighted below.

Throughout guidance weight loss is now defined as 5% or more of body weight or strong clinical suspicion. This emphasises the importance of weighing patients whenever they are in contact with health care services.

Non-specific symptoms of cancer is a new section relating to direct access to diagnostics or rapid diagnostic services.

The section on **Cancer in Children and Young People** (CYP) has been expanded and enhanced. The common cancers in this age group are different to those in older adults. Repeated attendance (3 or more with similar symptoms), change in attendance patterns, unusual or persistent symptoms that do not respond to simple interventions and persistent parental/carer concern should raise suspicion. Urgent concerns should be discussed with a senior paediatrician where possible.

Brain & CNS Cancer
Focus on "Headache Plus": a headache with no other concerning features has a low PPV for cancer (0.1%) and should follow the national headache pathway. However, headache where there is concern for cancer PLUS one or more of the following has 7.2% PPV and should be referred as USC:

- Cognitive change – symptomatic or noted by others, speech changes (word finding/using wrong words)
- Personality change
- History of cancer (especially lung, breast, melanoma or renal)
- History of HIV

Cognition can be rapidly assessed using the semantic verbal fluency test. People should be able to name 17 animals in 60 seconds. Less than this may indicate a cognitive issue.

Breast Cancer
Addition of USC referral for:

- patients under 30 with a new breast lump PLUS other suspicious features such as an axillary lump, nipple or skin changes (as below) or a significant family history.
- New, unexplained axillary lump (2cm or more in size, persisting for 6 weeks or more, or increasing in size)

Breast nodularity no longer needs USC referral.

Gynaecological Cancer
Postmenopausal bleeding requiring USC referral is defined as "in a person with an intact uterus who is:

- Not taking hormone replacement therapy
- Taking hormone replacement therapy but has risk factors – see British Menopause Society guidance.

USC is also required for abnormal vaginal bleeding for patients on or previously taken Tamoxifen.

CA125 is not raised in all cases of ovarian cancer and should always be done in conjunction with a pelvic USS. Ca125 can be raised for other reasons.

Haematological Cancer
This section relates to adults.
Blood count or film suggestive of Acute Leukaemia or Chronic Myeloid Leukaemia requires *emergency* referral.

Criteria for USC are:

- CRAB criteria plus results suggestive of myeloma for USC referral.
- Generalised lymphadenopathy, particularly with systemic upset, or isolated >2cm and persists >6 weeks

Head & Neck and Thyroid Cancer
Descriptors for terminology have been added

- Constant hoarseness is where voice is never normal (i.e. not intermittent). Addition of age 35+ for USC referral
- Constant unilateral throat pain (not simply a feeling of something stuck in the throat)

There is a changing pattern of disease in particular with HPV associated cancers. Younger age and absence of smoking or alcohol history should not be barriers to referral if there are concerning features.

Lower GI Cancer
Aligns to national QFIT guidance.

- USC threshold is now QFIT 20+ **with** either colorectal symptoms or iron deficiency anaemia.
- QFIT is not required for abdominal or rectal mass or unexplained anal ulceration.

QFIT is not indicated for patients without IDA or colorectal symptoms. It should not be used in place of screening, family history, or for investigation for weight loss or other non-specific symptoms with no concerning colorectal features.

Lung & Pleural Cancer
Criteria for an USC chest x-ray request depends on risk (smoking or asbestos exposure) For never smokers 2 or more symptoms are suggested.

All unexplained haemoptysis needs USC referral and CXR at point of referral (haemoptysis = blood originating from below level of glottis. i.e. not blood in spit or following epistaxis).

For patients with normal CXR but ongoing symptoms, the previous advice that all patients should have USC referral after 6 weeks of symptoms has been replaced.

Sarcoma & Bone Cancer
Separates adult and CYP guidance. Key characteristics of soft tissue masses requiring USC include those that are rapidly increasing in size or 5cm or more remain. Descriptors including hard or craggy or fungating have been added to the deep, tethered, fixed or immobile descriptors.

USC referral for masses that occur at site of previously excised lump or within a previous radiotherapy field.

Information regarding lipomas that can be managed safely in primary care has been added, along with information regarding assessment for bone cancers.

If you have any queries about primary care cancer issues, please contact us:
Clinical Lead: Dr Douglas Rigg
douglas.rigg@nhs.scot
Network Manager: Kevin Campbell
kevin.campbell@ggc.scot.nhs.uk

Health Board Lead Cancer GPs: *Ayrshire & Arran: laura.mccusker@aapct.scot.nhs.uk Forth Valley: rachel.green3@nhs.scot GG&C: douglas.rigg@nhs.scot Lanarkshire: Jordan.kelly2@nhs.scot*

Skin Cancer
Updated USC criteria include:

- SCCs (previously urgent)
- BCCs invading potentially critical structures (eyes, ears, nerves, blood vessels)
- immunocompromised with unexplained lesions.

New information regarding subungual lesions including melanoma.

New section on "other skin lesions that are concerning for malignancy" particularly progressive or non-healing lesions or those with associated local lymphadenopathy.

Include photographs with referral where possible as per digital dermatology. National dermatology clinical pathways have also been updated.

Upper GI Cancer
USC referral criteria redefined:

- removed vomiting as single symptom
- removed odynophagia (now in head and neck guidance)
- removed iron deficiency anaemia (now in lower GI pathway)
- 40+ new age threshold for jaundice
- addition of symptom combinations depending on age.

Urological Cancer
Redefined PSA thresholds for USC referral:

- under 70: ≥3
- 70-79: ≥5
- 80 and above: ≥20

Do not test PSA within 6 weeks of UTI.

Consider realistic medicine particularly in men age over 80 where prostate cancer may not be clinically significant.

Asymptomatic PSA testing aligns to UK Government advice for patients at risk (age 50 + or 45+ with ethnic or family history risk factors) requesting testing.

Patients with raised PSA do not require DRE for USC referral.

- Unexplained visible haematuria – age dependent criteria. If under 45 need 2 or more episodes without UTI.

Malignant Spinal Cord Compression guidance can now be found in the Scottish Palliative Care Guidelines. Patients require urgent steroids and admission to local hospital.

Genetic Cancers
Use local Genetics Service guidance

Supporting resources

Some useful resources are listed below

Inequalities: Practical Guide for GP Practices

Gateway C has a dedicated SRG page. This includes short videos of key updates for each cancer type. This resource is free & supported by NHS Education for Scotland.

Cancer Research UK also have a dedicated SRG page including links to "body poster" aide memoire, patient information leaflets and safety netting resources. Keep up to date with CRUK newsletters.

Next Steps & Implementation

There is a 6-month implementation phase. During this time updates to local referral guidance, pathways and SCI templates will take place.

Measurement of the impact of new guidance will be undertaken with national and local review of key data.

Please update your smartphone app if and responsibly dispose of material relating to the old guidance including the quick reference guide booklet and old "body poster" aide memoire.

If you have any queries about primary care cancer issues, please contact us:
Clinical Lead: Dr Douglas Rigg
douglas.rigg@nhs.scot
Network Manager: Kevin Campbell
kevin.campbell@ggc.scot.nhs.uk

Health Board Lead Cancer GPs: *Ayrshire & Arran: laura.mccusker@aapct.scot.nhs.uk Forth Valley: rachel.green3@nhs.scot GG&C: douglas.rigg@nhs.scot Lanarkshire: Jordan.kelly2@nhs.scot*