



Clinical Guidance:

Management of urgent suspicion of lung cancer referrals during COVID-19

The number of urgent suspicion of cancer (USOC) referrals into secondary care reduced dramatically during the height of the COVID pandemic. These referrals are steadily increasing however there remains concern that USOC referrals for suspected lung cancer remain low and that this may lead to an increase in morbidity and mortality from lung cancer late presentation.

Overlapping symptoms means that the message to patients about early diagnosis is negated by the messages necessary to control the COVID pandemic.

Guiding Principles:

- As well as attempting to clarify the distinction between lung cancer and COVID-19, there needs to be easy access for patients to have their symptoms assessed if there is a query of lung cancer.
- There should be clinical triage in Primary Care of any patients presenting with a three week cough or persistent breathlessness.
- For patients presenting to NHS 24 or COVID Community Assessment Centres, details of any patient displaying symptoms suggestive of lung cancer should be fed back to the patients GP practice with suggestion for follow up and review.

Table 1 below provides suggested guidance for management of those patients presenting with overlapping symptoms of cough, breathlessness and fatigue.

A	B	C
Features more suggestive of Lung cancer	Indeterminate Features	Features more suggestive of COVID-19 infection
Overlapping symptoms are <i>unaccompanied</i> by COVID-19 symptoms: Unexplained and persistent (more than 3 weeks): <ul style="list-style-type: none">• Change in cough or new cough• Dyspnoea• Fatigue in smoker or ex-smoker	Cough, unclear onset and persistence Breathlessness, unclear onset and persistence. Unclear if any fever. Flu-like symptoms lasting longer than 3 weeks. Feeling of chest tightness	Acute onset of: <ul style="list-style-type: none">• Dry cough• Breathlessness• Fever• Myalgia• Loss of smell• Loss of taste Close contact with a confirmed/ highly suspected case of COVID-19.

<ul style="list-style-type: none"> • Persistent or recurring chest infection. <p>May be <i>accompanied</i> by more specific red-flag symptoms* of lung cancer including:</p> <ul style="list-style-type: none"> • Haemoptysis • Chest pain/ shoulder pain • Unexplained weight loss • Loss of appetite • Chest signs <p>On examination/ other findings:</p> <ul style="list-style-type: none"> • Finger clubbing • Cervical and/or persistent supraclavicular lymphadenopathy • Thrombocytosis <p>Also consider risk factors for lung cancer:</p> <ul style="list-style-type: none"> • Smoking history • Age • Asbestos exposure 	<p>Difficulty in taking a deep breath.</p> <p>Fatigue with duration <4 weeks.</p> <p>Recurrent chest infections with possible features of COVID-19.</p> <p>No other clear red flag symptoms.</p>	<p>Initial flu-like symptoms for 1-2 weeks with onset of respiratory symptoms from 7 – 10 days.</p>
<p>Action:</p> <p>Refer for urgent Chest X-ray.</p> <p>Consider an Urgent Suspicion of Cancer referral in patient recovered from COVID-19 in whom lung cancer suspected.</p> <p>If symptoms require urgent attention, consider emergency admission.</p> <p>Any unexplained symptoms above persisting longer than 6 weeks despite normal chest X-ray consider USOC referral.</p>	<p>Action:</p> <p>Arrange a nasal/oropharyngeal swab for SARS-CoV-2 PCR and if negative:</p> <p>Review symptoms after 14 days and if persistent refer as for A .</p> <p>If PCR positive, manage according to current COVID-19 guidelines and review after 2 weeks if not admitted to hospital.</p> <p>If symptoms require urgent attention, consider emergency admission.</p>	<p>Action:</p> <p>Manage patient according to the latest guidelines on the management of COVID-19.</p>

*Scottish Referral Guidelines for Suspected Cancer, 2019

<http://www.cancerreferral.scot.nhs.uk/Home>