For patients presenting with mouth complaints, you may wish to follow the procedure outlined below:

**Step 1: Obtain the following information**
- History of the complaint (including duration, site, size and description of the lesion)
- Social history (tobacco and/or high alcohol consumption greatly increases risk of oral cancer)
- Ask the patient when they were last examined by a dentist (registration lapses automatically after 15 months so if it is longer than this the patient is probably not registered)

**Step 2: Carrying out an oral examination**
- GPs should check patients’ mouths for cancerous or pre-cancerous changes when suitable opportunities arise.
- You will need good natural light, a small torch or exam lamp.
- The patient should be seated and asked to remove any dentures.
- The photos below illustrate an oral examination. The extraoral and perioral tissues are examined first, followed by the intraoral tissue.
- Assessing patients for mouth cancer symptoms requires a high level of suspicion, but many other conditions may present with similar changes. On the right are examples of malignant and potentially malignant lesions.
Step 3: What to do next
If an abnormal area has been detected in the mouth, a biopsy is the only way to know for certain whether or not it is malignant. This table highlights symptoms that warrant urgent referral, and the correct specialist to refer to.

<table>
<thead>
<tr>
<th>Type of referral</th>
<th>Example</th>
<th>Refer to</th>
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</table>
| **Urgent (within 2 weeks)**<sup>*</sup> | • Unexplained oral ulceration or mass persisting for more than 3 weeks  
• Unexplained red, or red and white patches that are painful, swollen or bleeding  
*If patches are not painful, swollen or bleeding, referral can be made non-urgently. If oral lichen planus is confirmed, patients should be referred to a dentist, who should monitor for oral cancer as part of routine dental examinations.*  
• Unexplained one-sided pain in the head and neck area for more than 4 weeks, associated with ear ache, but with a normal otoscopy  
• Unexplained recent lump in the neck, or a previously undiagnosed lump that has changed over a period of 3 to 6 weeks  
• Unexplained persistent sore or painful throat  
• Signs and symptoms in the oral cavity persisting for more than 6 weeks, that cannot be definitively diagnosed as a benign lesion  
*The level of suspicion should be higher if the patient is a smoker or heavy alcohol drinker, chews betel nut (areca nut) or tobacco, or is over 40 years old.* | The local maxillofacial surgery, oral medicine, oral surgery or plastic surgery unit.  
Referrals can be done by telephone or fax, or by filling out a 2WW (2 week wait) referral form, depending on arrangements with local specialist units. |
| | • Unexplained tooth mobility persisting for more than 3 weeks | A dentist. |
| | • Hoarseness persisting for more than 3 weeks, especially in smokers aged over 50, and heavy drinkers | A chest X-ray. If positive, refer urgently to a team specialising in lung cancer.  
If negative, refer urgently to a team specialising in head and neck cancer. |

**Other abnormal areas**
All other abnormal areas should be referred to a specialist unit by the normal route (usually a written referral), or to a dentist if the patient is registered with a dental practice. If you have any doubts about the urgency of a particular lesion, phone the local maxillofacial surgery, oral medicine, oral surgery or plastic surgery unit to consult a specialist.

**The referral process**
Referrals should include:
• **Patient’s details** including current telephone number so the patient can be contacted to attend a clinic at short notice  
• **Short medical history** including name and address of patient’s general medical practitioner  
• **Relevant social history** including smoking and drinking status  
• **Detailed description of the lesion** including duration, site, size, colour, texture and findings upon palpation  
• **Clinical diagnosis** (or diagnoses) in order to categorise the urgency of the referral

For more information
For more information on oral cancer, and Cancer Research UK’s new Open Up to Mouth Cancer campaign, visit www.openuptomouthcancer.org

Referral guidelines for suspected cancer.

Produced by Cancer Research UK in conjunction with specialists  
Photos from Health Scotland and Glasgow Dental Hospital

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