

Scottish Referral Guidelines for Suspected Cancer

▲ Emergency/same-day referral ■ Urgent suspicion of cancer referral Investigation: ● qFIT ○ CXR

Brain and central nervous system

- ▲ 2+ of new:
 - headache
 - seizure
 - papilloedema
 - focal neurological deficit
- Headache +1 of:
 - cognitive change
 - personality change
 - history of cancer or HIV

Head and neck

- ▲ Upper airway compromise
- 3+ weeks of:
 - Constant hoarseness, ≥35 years
 - Constant unilateral throat pain
 - Odynophagia
 - Red/red and white patches of oral mucosa
- Oral mucosa swelling or ulceration
- Neck or parotid lump
- Thyroid**
- Thyroid nodule +1 of:
 - Nodule rapidly increasing in size
 - Hoarseness
 - Cervical lymphadenopathy
 - Past neck irradiation
 - Family history of endocrine tumours
 - Person ≤16 years

Oesophagogastric

- Persistent or progressive dysphagia
- Weight loss**, ≥55 years +1 of:
 - Upper abdominal pain
 - Early satiety
 - Reflux
 - Dyspepsia
 - Nausea/vomiting

Hepatobiliary and pancreatic

- Painless obstructive jaundice, ≥40 years
- Weight loss**, ≥55 years +1 of:
 - Change in bowel habit
 - Back or abdominal pain
 - Nausea/vomiting
 - New onset diabetes
- Abdominal pain, ≥55 years +1 of:
 - Nausea/vomiting
 - Constipation
- Palpable upper abdominal or epigastric mass
- Abnormal imaging

Lower gastrointestinal

- Change in bowel habit, 4+ weeks
- Abdominal pain and weight loss**, 4+ weeks
- Unexplained blood in stool or anorectal bleeding
- Iron-deficiency anaemia
- Positive qFIT* ≥20µg Hb/g faeces +1 of the above colorectal symptoms
- Colorectal symptoms where:
 - local pathway is qFIT post-referral
 - person unable/unwilling to complete test
- Unexplained abdominal mass
- Palpable anorectal mass
- Anal ulceration

Bladder and kidney

- Unexplained visible haematuria, w/o UTI or recurs/persists after treatment
- 1 episode if ≥45 years
- 2+ episodes if <45 years
- Unexplained non-visible haematuria, ≥60 years with:
 - negative urine culture
 - blood on repeat dipstick (2–6 weeks apart)
- Imaging suggests mass in urinary tract

Prostate

- Suspicious DRE
- Raised age-specific PSA* (<70 years ≥3ng/ml, 70–79 years ≥5ng/ml, ≥80 years ≥20ng/ml)

Testicular

- Painless testes enlargement, change in shape or texture
- Treatment resistant epididymo-orchitis
- Suspicious USS

Penile

- Unexplained bleeding or discharge underneath foreskin
- Penile mass or ulcerated lesion (STI excluded or persisting after treatment)

Skin

- Skin or nail lesion* suspicious for melanoma or SCC
- Skin lesion*:
 - suspicious for BCC invading dangerous area
 - concern for malignancy
 - in an immunocompromised person
- Biopsy proven melanoma, SCC or high-risk BCC

Breast

- New breast lump, ≥30 years
- New breast lump, <30 years, +1 of:
 - Axillary lump
 - Family history of breast cancer
 - Nipple/skin changes
- New unilateral axillary lump if:
 - >2cm
 - Persisting 6+ weeks
 - Increasing in size
- Nipple discharge, serosanguinous
- Unilateral, non-reversible nipple retraction
- Unilateral nipple eczema, treatment resistant
- Skin tethering
- Peau d'orange
- Breast ulceration
- Treatment resistant mastitis/inflammation

Lung and pleural

- Unexplained, 3+ weeks, with 2+ of (1+ if smoker/asbestos):
 - New cough or change in cough
 - Breathlessness
 - Chest/shoulder pain
 - Weight loss**
 - Loss of appetite
 - Fatigue
 - Constant hoarseness
- Focal chest signs
- New finger clubbing
- Supraclavicular lymphadenopathy
- Unresolved chest infection after 2 antibiotic courses
- Unexplained thrombocytosis
- ○ Unexplained haemoptysis
- CXR or CT* suggestive of lung cancer
- Normal CXR but concerning symptom combinations*

Ovarian

- Abnormal USS
- Abdominal/pelvic mass
- CA125* >35IU/ml
- Unexplained ascites

Endometrial

- Post-menopausal bleeding not on HRT
- If on HRT, **see BMS guidance**
- Unscheduled bleeding on Tamoxifen
- Abnormal USS*

Cervical

- Abnormal examination +1 of:
 - Vaginal discharge
 - Postmenopausal, postcoital or persistent intermenstrual bleeding
 - Pelvic pain

Vaginal

- Abnormal examination

Vulval

- Unexplained lump, bleeding or ulceration

Haematological

- ▲ Blood count/film suggestive of AL or CML
- ▲ Blood tests suggestive of myeloma +1 of:
 - spinal cord compression
 - acute kidney injury
- Blood results suggestive of myeloma +1 of CRAB criteria
- Generalised lymphadenopathy
- Unexplained isolated lymphadenopathy (≥2cm, 6+ weeks or increasing in size) via local pathways
- Raised lymphocytes +1 of:
 - weight loss**
 - fever
 - drenching night sweats
 - lymphadenopathy
 - splenomegaly
 - cytopenia

Sarcoma and bone

- Soft tissue mass if:
 - Rapidly increasing in size
 - 5cm+
 - Deep, tethered, fixed or immobile
 - Hard or craggy
 - Fungating
 - Recurring after excision
 - In previous radiotherapy field
- Suspicious USS or X-ray*

Non-specific symptoms only

- New unexplained weight loss**
- New unexplained loss of appetite, fatigue, nausea, malaise, bloating for 4+ weeks
- New unexplained or progressive pain 4+ weeks
- Refer via RCDS or direct access to CT**

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Adults only. Scotland only.

* **Check the SRG** for symptoms which warrant investigations

** Unintentional loss of >5% of body weight or strong clinical suspicion

Visit cruk.org/referral-guidelines-SRG

Glossary

AL: Acute leukaemia

BCC: Basal cell carcinoma

CML: Chronic myeloid leukaemia

CRAB: Raised calcium, renal impairment, anaemia, bone pain

CXR: Chest x-ray

DRE: Digital rectal examination

HRT: Hormone replacement therapy

PSA: Prostate-specific antigen

qFIT: Quantitative faecal immunochemical test

RCDS: Rapid cancer diagnostic service

SCC: Squamous cell carcinoma

STI: Sexually transmitted infection

USS: Ultrasound scan

UTI: Urinary tract infection