

West Yorkshire & Harrogate Cancer Alliance

Acute Oncology Referral Guidelines

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i Document Control

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Version Control		
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0.1	23/08/2011	Initial draft version of document
1.0	01/09/2011	Final first version
1.1	24/08/2012	Additions and amendment to telephone numbers
2.0	June 2017	Review and update

Contributors to current version		
Contributor	Author/Editor	Section/Contribution
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Dr Rob Turner	Dr Rob Turner	MSCC sections

ii Information Reader Box

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Proposed Circulation List for Final Statement	All WY&H Cancer Alliance Guidelines will be made available electronically at Wakefield CCG (until the WY&H Cancer Alliance's website is up and running). No hard copies will be supplied.
Contact details	<p>West Yorkshire & Harrogate Cancer Alliance</p> <p>NHS Wakefield CCG</p> <p>White Rose House</p> <p>West Parade</p> <p>Wakefield</p> <p>WF1 1LT</p>

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1 Introduction

The concept of the acute oncology service (AOS) has been developed to ensure urgent access to specialist oncology advice and assessment for patients presenting with acute cancer problems. It complements existing sources of specialist medical and clinical oncology advice and is designed for use in the acute setting.

The aim is to provide a readily accessible single advice route available to all clinicians, including primary care and hospitals/services without specialist cancer care.

1.1 Patient groups

It is intended for the following groups of patients:

- Patients presenting with acute complications of chemotherapy.
- Patients presenting with acute complications of radiotherapy.
- Patients presenting with certain acute complications of cancer. This includes patients with known malignancy and those with previously unknown malignancy
- Patients with features suggestive of possible malignant (metastatic) spinal cord compression (MSCC).

During treatment and for after treatment advice, patients and GPs are advised to contact the original treating hospital.

All patients receiving chemotherapy and radiotherapy will have been given the relevant contact numbers for their own use to contact their treating Units.

However, GPs and patients should also be advised to refer to / attend their local hospital / A&E department if patients present with immediate life threatening complications.**

****Please note these referral guidelines refer to acutely ill patients requiring emergency admission and does not replace the existing fast track referral process.**

2 Patients Presenting with Acute Complications of Chemotherapy and Radiotherapy

Patients currently undergoing chemotherapy and radiotherapy treatments will be given the contact point for their treating hospital and advice regarding when to make contact.

Patients receiving radiotherapy who develop skin reactions will be managed by the guidelines produced by the radiotherapy services.

Each treating hospital has patient triage processes to ensure patients are directed to the most appropriate services. The use of the triage services will be monitored and audited.

Patients who are undergoing chemotherapy and radiotherapy who present to A&E, will be managed by the agreed local protocols which may include referral to the oncology assessment service, arranging a fast track clinic appointment or admission.

3 Acute Complications of Cancer Requiring Referral to the Acute Oncology Service

Please contact the relevant local hospitals Acute Oncology Team for patients who present with acute complications of cancer and are thought likely to benefit from specialist oncology input. Examples include:

- Pleural effusion
- Pericardial effusion
- Lymphangitis carcinomatosa
- Superior mediastinal obstruction syndrome, including superior vena caval obstruction
- Abdominal ascites
- Hypercalcaemia
- Suspicion of Spinal cord compression including MSCC (see section 5)
- Cerebral space occupying lesion(s)

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4 Location of Acute Oncology Teams and relevant contact numbers

Acute Oncology Services (AOS) are available in the following hospitals within the WY&HCA. The AOS is integrated with the A&E Department and Acute Medical Team in each hospital.

24/7 telephone advice for hospital professionals across the WY&HCA is available from a consultant oncologist. Contact details are listed below.

The contact numbers in the table below were reviewed and updated in July 2017

Trust	Acute Oncology Teams	Acute Oncology 9-5 Contacts	Acute Oncology Out-of-Hours Contacts
Airedale NHS Foundation Trust	Airedale General Hospital	01535 652511 -and ask to Bleep Pat Dyminski for Oncology & Haematology on 3115 or Audrey Hines for Oncology and Haematology on 3118	01535 652511 Ask for On Call Oncologist/ Haematologist
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	Switchboard 01274 542200 and ask for AO Bleep 739 07944 234677 (Sally Simister) 07970 343305 (Susan Scott)	01274 364387 (Oncology) 01274364777 (Haematology)
Calderdale & Huddersfield NHS Foundation Trust	Huddersfield Royal Infirmary	Huddersfield 01484 342155	01484 342475
	Calderdale Royal Hospital	Halifax 01422 222668	Huddersfield 01484 342475
Harrogate and District NHS Foundation Trust	Harrogate District Hospital	01423 555444 – Switchboard will bleep contact 7329	01423 555444 Switchboard will bleep contact 7329
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary St James University Hospital	0113 243 3144 - Hospital Switch Board and ask for Acute Oncology Bleep Holder	0113 243 3144 - Hospital Switch Board and ask for Acute Oncology Bleep Holder
Mid Yorkshire Hospitals NHS Trust	Pinderfields General Hospital; Pontefract General Infirmary; Dewsbury District Hospital	01924 546272 During and post chemotherapy MSCC ; 07826905122	01924 546272 MSCC 07826905122
York Teaching Hospital NHS Foundation Trust	York Hospital	M-F. 8.30-5.30 01904 726516	01904 726031

5 Metastatic Spinal Cord Compression: early symptoms and signs

Contact the MSCC coordinator **urgently (within 24 hours)** to discuss the care of patients with cancer and any of the following symptoms suggestive of spinal metastases:

- Pain in the middle (thoracic) or upper (cervical) spine
- Progressive lower (lumbar) spinal pain
- Severe unremitting lower spinal pain
- Spinal pain aggravated by straining e.g. at stool, or when coughing or sneezing
- Localised spinal tenderness

Contact the MSCC coordinator **immediately** to discuss the care of patients with cancer and symptoms suggestive of spinal metastases who have any of the following neurological symptoms or signs suggestive of MSCC, and view them as an oncological emergency:

- Neurological symptoms including radicular pain, any limb weakness, difficulty in walking, sensory loss or bladder or bowel dysfunction
- Neurological signs of spinal cord or cauda equine compression

The patient information & advice booklet 'Malignant Spinal Cord Compression' provides a concise explanation of what look for and what to do if MSCC or vertebral metastases are suspected in a patient with known malignancy.

The following contacts are in place for each Trust throughout the WY&H CA to access the diagnostic pathway

Cancer Unit	In-Hours	Out-of-Hours
Airedale (Oncology)	01535 652511 (ask to page MSCC Co-ordinator)	
Bradford	01274 364387	
Calderdale & Huddersfield	01484 342155	01484 342475
Harrogate	01423 555444 (ask for Oncology Helpline)	
Leeds Local MSCC suspected MSCC	0113 2068096	
Network Confirmed/ difficult to diagnose MSCC cases	0113 20600000 (on call Clinical Oncology StR)	
Mid-Yorkshire (Pinderfields General Hospital)	07826905122	0113 2068296
Mid-Yorkshire (Pontefract General Infirmary)	07826905122	0113 2068296
Mid-Yorkshire (Dewsbury District Hospital)	07826905122	0113 2068296
York	01904 726516	01904 726031

Patients with known malignancy and MRI proven MSCC should be referred directly to the on-call Clinical Oncology StR via St. James' Institute of Oncology switchboard (0113 2060000).

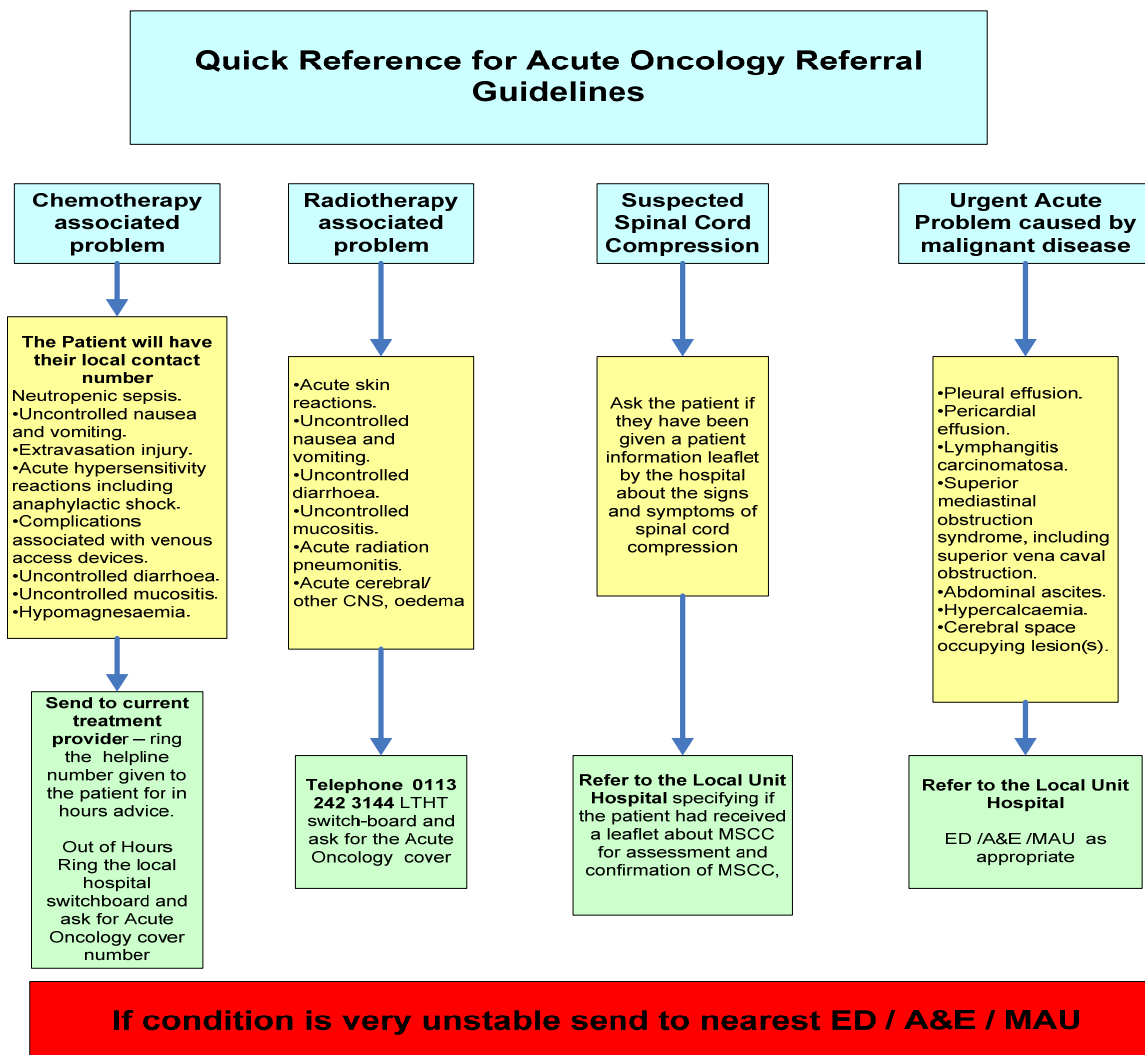
Patients without a prior diagnosis of malignancy presenting with suspicious symptoms should be worked up using non-malignant pathways and do not enter this pathway unless additional/subsequent imaging, histology, other laboratory or strongly suggestive clinico-radiological evidence make a non-malignant diagnosis extremely unlikely.

The pathway is accessed via the on-call Clinical Oncology StR via St. James' Institute of Oncology switchboard (0113 2060000).

Patients in whom non-compressive vertebral metastases are identified should be referred promptly to the cancer site-specific MDT managing their care. If non-compressive vertebral metastasis is the initial presentation of malignancy the patient should be referred to the Oncologist on-call via the locality trust switchboard who will direct further assessment and therapy.

All patients, irrespective of pathway entry route, should have a clear explanation of immediate onward plans, adequate analgesia and where appropriate after discussion with an oncologist dexamethasone and prophylactic anticoagulation.

6 Appendix 1: Quick Reference for Acute Oncology Referral Guidelines



During treatment and for after treatment advice, patients and GPs are advised to contact the original treating hospital.

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