

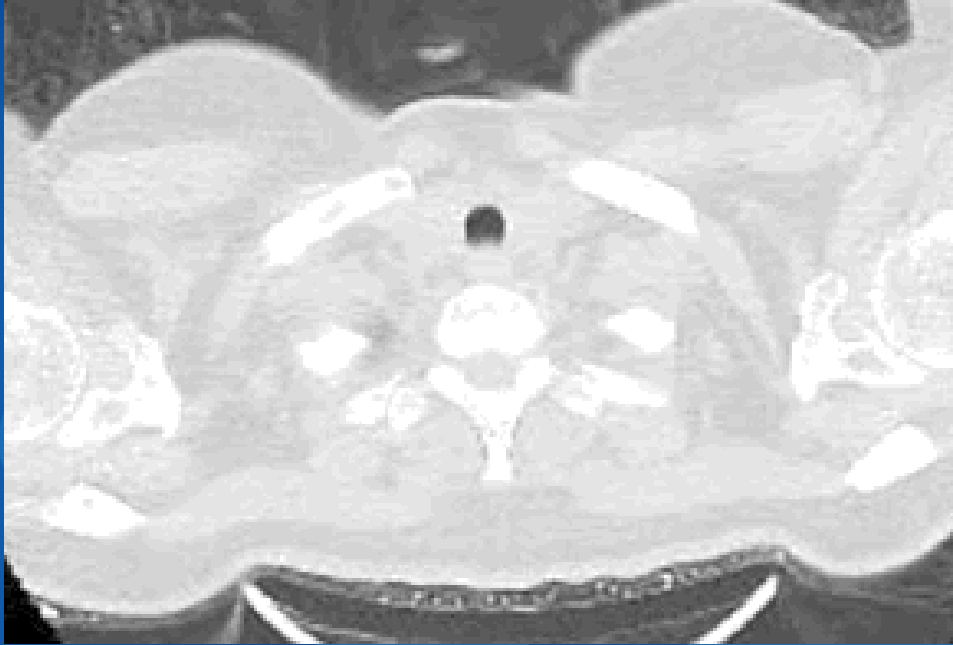
Suspected Cancer in General Practice – How can Radiology help?

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Aims of Talk

- To discuss some of the presenting signs and symptoms that should prompt urgent Radiology investigation
- To describe the imaging findings for these presentations
- To describe the further radiology investigation of these tumours within the hospital mutlidisciplinary team

Chest CT in COVID



Acute COVID CT Pulmonary Angiogram



Prior COVID High-Res CT – Non contrast

Suspected cancer: recognition and referral

NICE guideline

Published: 23 June 2015

www.nice.org.uk/guidance/ng12

Lung and Pleural Cancers

Offer an urgent chest CT to assess for lung cancer:

>40 and over if they have 2 or more of the following unexplained symptoms, or if they have ever smoked and have 1 or more of the following unexplained symptoms:

- Cough
- fatigue
- shortness of breath
- chest pain
- weight loss
- appetite loss

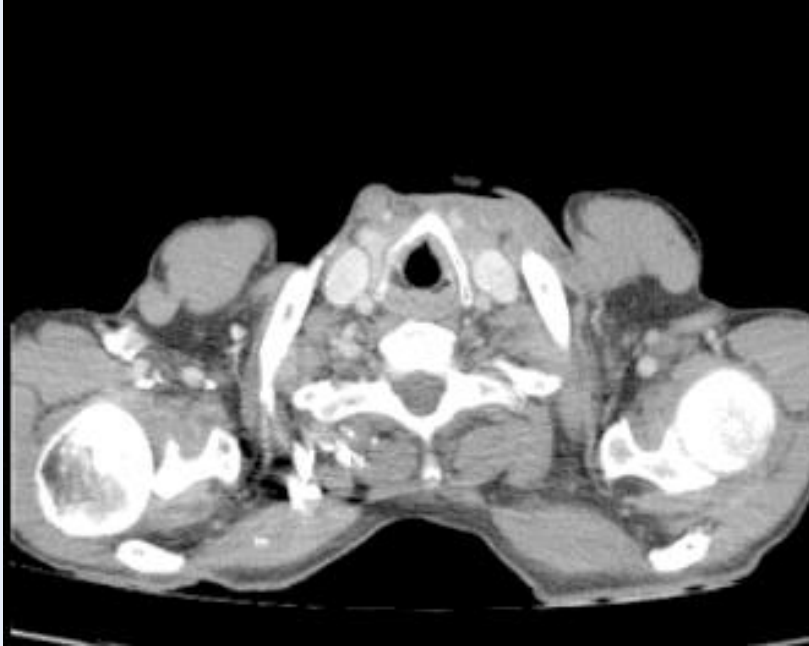
Consider an urgent chest CT to assess for lung cancer in people aged 40 and over with any of the following:

- persistent or recurrent chest infection
- finger clubbing
- supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
- chest signs consistent with lung cancer
- thrombocytosis

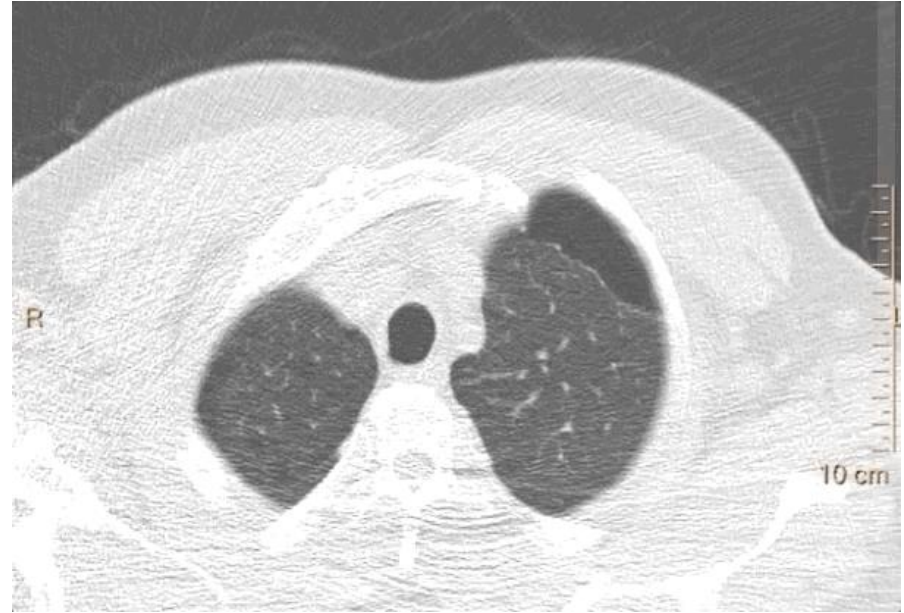


NB 25% of patients presenting with lung cancers have a normal CXR

Lung Cancer – Chest CT

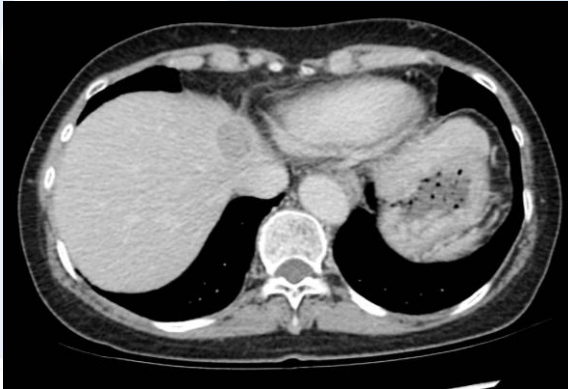


Diagnostic CT – High dose IV Contrast



Screening Chest CT – Low dose Non Contrast

Hepatocellular Cancer – Pancreatic Cancer



Lower GI Cancers - Colorectal

Suspected Colorectal Cancer CT Colon

- >40 with unexplained weight loss and abdominal pain
- >50 with unexplained rectal bleeding
- >60 and over with:
- iron-deficiency anaemia
- changes in their bowel habit, FOB+

CT Colon - Polyps

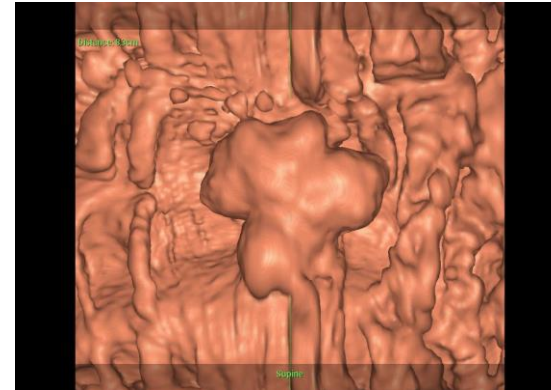
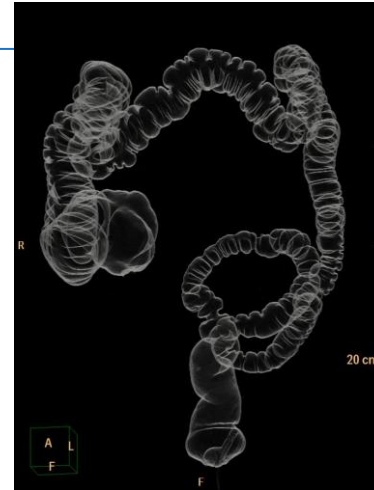
The risk of malignancy of a colon polyp varies with its size

<5 mm: <1% risk of cancer

5-9 mm: <1-2% chance of cancer

10-20 mm: ~10% chance of cancer

>20 mm: 40-50% chance of cancer



Head and Neck Cancers

Laryngeal cancer

>45 and over with:

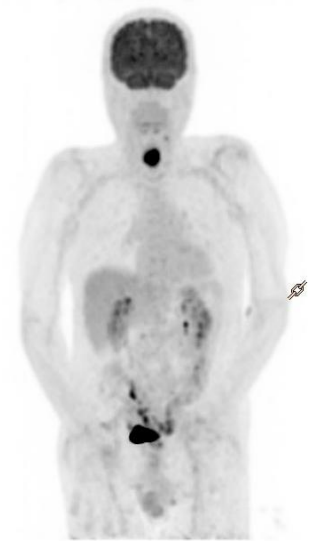
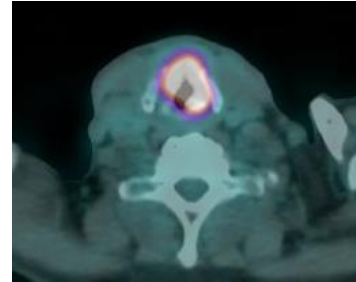
persistent unexplained hoarseness
an unexplained lump in the neck

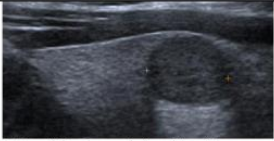
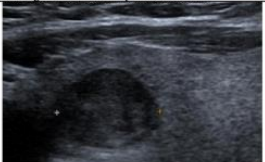

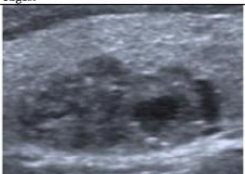
Oral cancer

unexplained ulceration in the oral
cavity lasting for more than 3 weeks
persistent and unexplained lump
in the neck

Thyroid cancer

unexplained thyroid lump



BTA U-classification	Thyroid ultrasound & description	Fine needle aspiration cytology (FNAC)
U4 (a) – Suspicious: Solid, hypo-echoic (cf thyroid)	 a. A suspicious hypo-echoic nodule with signal lower than the surrounding thyroid tissue but higher than the strap muscle above.	Required
U4 (b) – Suspicious: Solid, very hypo-echoic (cf strap muscle)	 b. A suspicious hypo-echoic nodule with signal lower than both thyroid tissue and strap muscle.	Required
U4 (c) – Suspicious: Disrupted peripheral calcification, hypo-echoic	 c. A suspicious hypo-echoic nodule with interrupted eggshell calcification around the edges.	Required
U4 (d) – Suspicious: Lobulated outline	 d. A suspicious hypo-echoic nodule with a lobular margin.	Required

Thy-Rads/BTS

U1 – Normal

U2 – Benign

U3 – Indeterminate

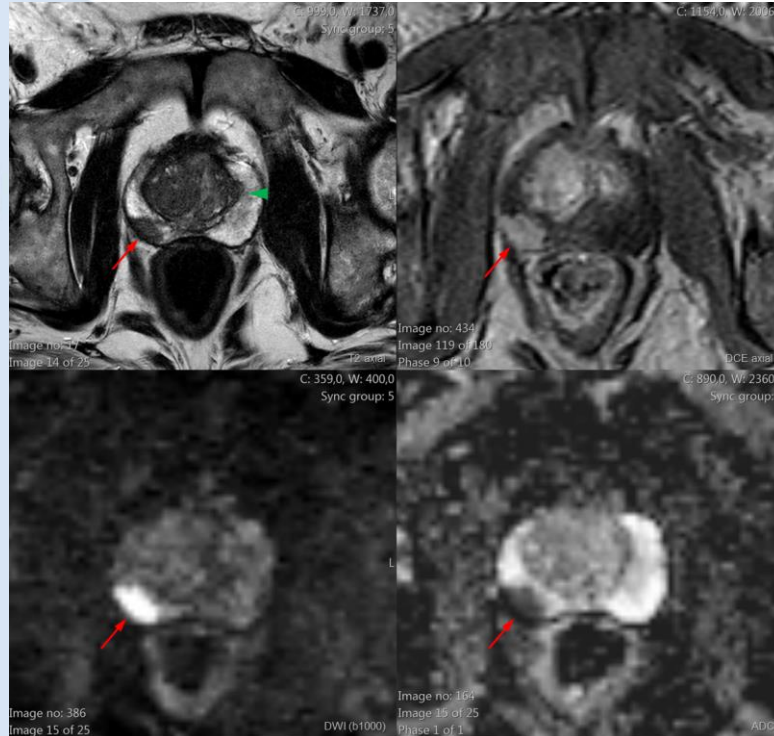
U4 – Suspicious

U5 - Malignant

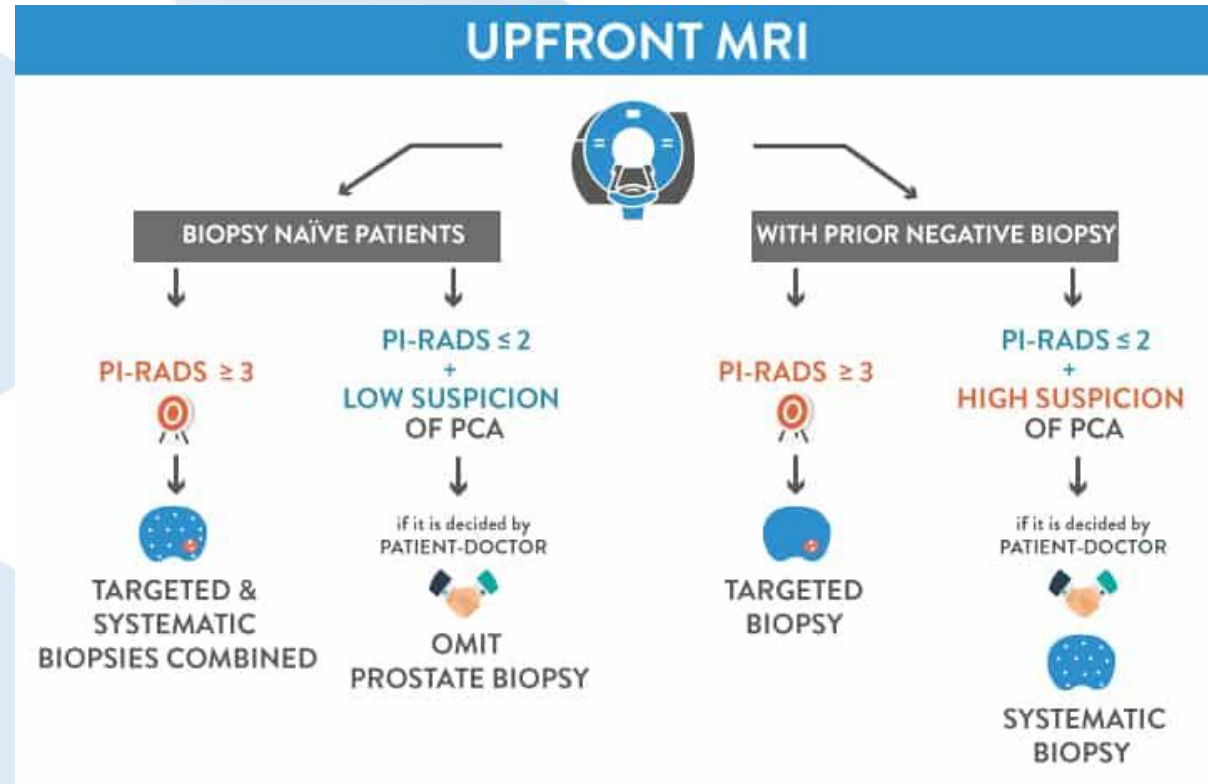
Urological Cancers – Prostate Cancer

MRI prostate

- Prostate feels malignant on digital rectal examination
- PSA levels are above the age-specific reference range

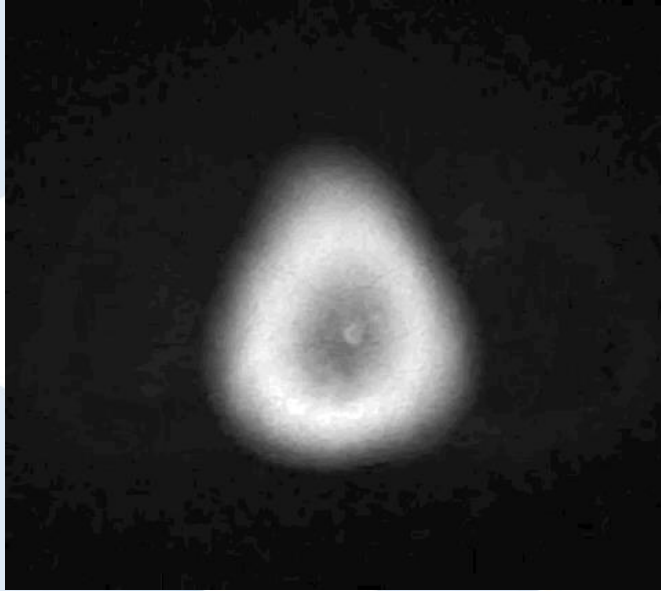


MRI – Prostate Cancer EUA Guidelines

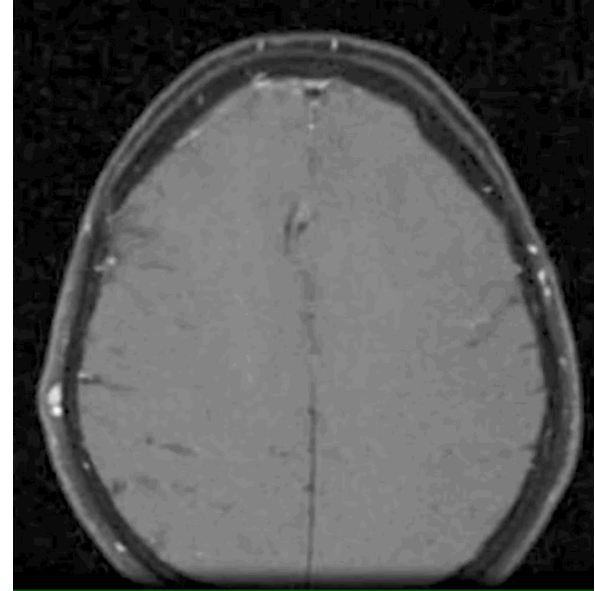


Brain and CNS Tumours

- MRI scan of the brain (or CT scan if MRI is contraindicated)
 - adults with progressive, sub-acute loss of central neurological function

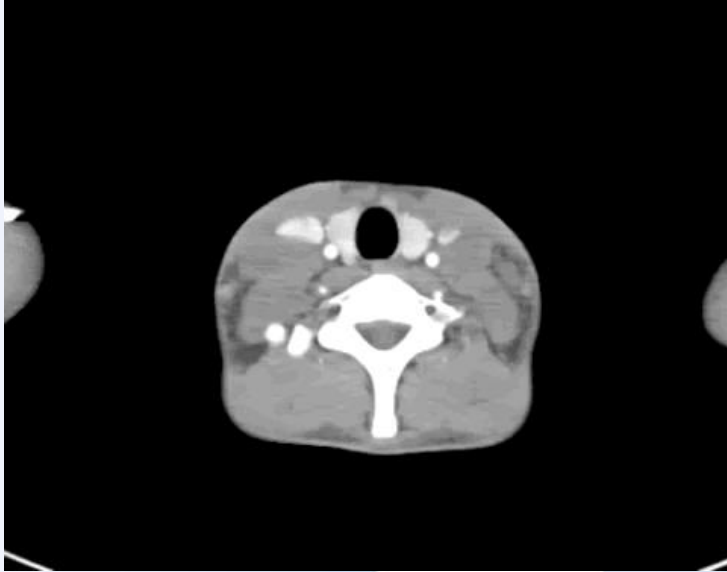


Astrocytoma



Meningioma

Lymphoma



- CT Thorax abdomen and Pelvis:
- Adults presenting with:
 - unexplained lymphadenopathy
- When considering referral, take into account any associated symptom:
 - fever
 - night sweats
 - shortness of breath
 - pruritus
 - weight loss
 - alcohol-induced lymph node pain

Thank you