**Recommended Criteria For Suspected Lung Cancer Referrals To Secondary Care During The COVID-19 Pandemic:**

The COVID-19 outbreak has resulted in a significant reduction in suspected lung cancer referrals and new diagnoses of lung cancer. This is due to fewer people presenting to their GP with respiratory symptoms and fewer chest X-rays being performed, despite diagnostic capacity. It is particularly concerning that the symptoms of Covid-19 and the presenting symptoms of lung cancer overlap and symptoms of lung cancer could easily be attributed to covid-19.

**Recommendations for secondary care referral for suspected lung cancer during the covid-19 pandemic:**

GPs should continue to refer patients with suspected lung cancer to secondary care when indicated as per NICE guidelines:

* Aged 40 and over with unexplained haemoptysis (Chest X-ray not mandated)
* Chest X-Ray suggestive of lung cancer
* High suspicion of lung cancer despite normal CXR (25% of lung cancer patients have a normal CXR)

**Recommendations for chest X-rays during the COVID-19 pandemic:**

In line with NICE guidelines, offer an urgent chest X‑ray to assess for lung cancer in people that have 2 or more of the following unexplained symptoms, **or**if they have ever smoked (>10 pack years) and have 1 or more of the following unexplained symptoms:

* Cough ***(without features of covid-19)***
* fatigue
* shortness of breath
* chest pain
* weight loss
* appetite loss
* finger clubbing
* supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
* thrombocytosis
* Persistent or recurrent chest infection ***(without features of covid-19)***

Features of covid-19 may include:

* Acute onset
* Dry cough
* Breathlessness
* Fever
* Myalgia
* Loss of smell
* Loss of taste
* Close contact with a confirmed/ highly suspected case of covid-19

**Patients with features of covid-19 infection should not be offered a chest X-ray on this pathway. However, a safety net should be in place to reassess and consider whether further investigations are needed, particularly those of lung cancer (smokers/ex-smokers, family history of lung cancer, asbestos exposure).**

**In order to facilitate the appropriate action and pathway, the chest X-ray request should be made on ICE using the high suspicion of lung cancer box.**

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