

Your guide to diagnosing lung cancer early

This quick guide supports your recognition and referral of suspected lung cancer. It covers the latest Scottish Referral Guidelines for Suspected Cancer (SRG), diagnostic investigations, challenges GPs face with lung cancer symptoms and key safety netting tips. Our case study highlights the need to consider lung cancer in people who've never smoked.

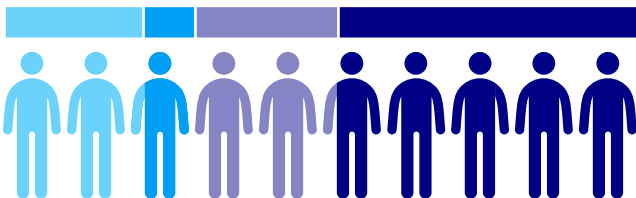


Why is early diagnosis of lung cancer so important?

Earlier diagnosis can lead to better treatment options and outcomes for patients, so acting as soon as you suspect lung cancer is vital.

Nearly half (47%) of lung cancer cases with a known stage are diagnosed at stage 4 in Scotland [1].

Stage 1	Stage 2	Stage 3	Stage 4
24%	8%	22%	47%



Your involvement is key

Primary care clinicians play a vital role in identifying and promptly investigating people with signs and symptoms of lung cancer. Make sure to consider lung cancer when people present with:

- non-specific symptoms, such as weight loss and fatigue, particularly in people who smoke [2,3,4]
- new or changing respiratory symptoms (e.g. cough), as both patients and clinicians may misattribute symptoms to other common conditions or comorbidities such as asthma and COPD [5].

Plans are being developed to inform implementation of a lung cancer screening programme in Scotland, as recommended by the UK National Screening Committee in 2022 [8].



Recognition and referral of suspected lung cancer

The SRG notes that GPs should request an **urgent suspicion of cancer (USC)** referral to a Respiratory Service for people with:

- unexplained haemoptysis (request a chest x-ray at the same time)
- a chest x-ray or CT scan which indicates lung cancer

When to request a USC priority chest x-ray

The following unexplained symptoms lasting over three weeks are risk stratified:

- | | |
|------------------------------------|-----------------------|
| - A new cough or change in a cough | - Weight loss |
| - Breathlessness | - Loss of appetite |
| - Chest or shoulder pain | - Fatigue |
| | - Constant hoarseness |

For people who have ever smoked or been exposed to asbestos, one of the above symptoms warrants investigation. For everyone else, two or more symptoms warrants investigation.

Signs which warrant a chest x-ray in any patient:

- Examination findings, such as focal chest signs, new finger clubbing or supraclavicular lymphadenopathy
- A chest infection/exacerbation of airways disease that doesn't resolve after two antibiotic courses
- Thrombocytosis

Guidance shouldn't override your clinical judgement, informed by patient history and examination. Make sure you're also aware of local guidance and pathways.



Robust safety netting is vital

Chest x-rays are usually an accessible first-line investigation in primary care, but they're not 100% accurate [6,7]. Prompt ordering of an urgent chest x-ray should be accompanied by safety netting for potentially false negative results.

If you still suspect cancer following a normal chest x-ray, you should:

- repeat examinations and history taking
- consider a USC lung referral for concerning symptom combinations noted in the SRG
- consider direct access to a CT scan if available or Rapid Cancer Diagnostic Service when appropriate
- follow up until symptoms are explained or resolved
- advise people to contact the practice if their symptoms change

If you send people for follow-up investigations or referrals in primary or secondary care, make sure to practice safety netting throughout the pathway. For more information, visit cruk.org/safetynetting



Lung cancer in people who've never smoked

Smoking is still the biggest cause of lung cancer in the UK. This association can mean people who've never smoked have low awareness of lung cancer risk or little urgency to seek help [9,10,11]. It's important that clinicians aren't reassured by a lack of smoking history too.

Make sure you're aware of signs and symptoms of lung cancer in non-smokers and ask about other risk factors such as occupational exposures or family history [12]. Safety net people with symptoms until they're explained or resolved.

If you have any comments on this guide, please contact SEinbox@cancer.org.uk

Case study

Denise, 72, has never smoked. She presents with chest pain and a dry cough she's had for at least a month.



Would you order a USC chest x-ray?

You should order a USC chest x-ray as, although Denise is a non-smoker, she's presented with two unexplained respiratory symptoms lasting over three weeks.

The chest x-ray result is normal. What are your next steps?

Ask if she's experiencing any other symptoms and consider alternative diagnoses or routine referral through local pathways. Advise her to return if her symptoms don't resolve after 6–8 weeks since they began, or earlier if her symptoms worsen or additional symptoms develop.

Two months later, Denise presents again with the same symptoms, as well as weight loss. Follow-up blood test results reveal thrombocytosis. What should you do?

An urgent suspicion of cancer referral should be considered for people who present with weight loss and thrombocytosis, even after a negative chest x-ray. Exercise your clinical judgement and seek advice from respiratory services to support your decision-making.

A USC referral was made and a chest CT confirmed lung cancer.

Denise's case highlights the importance of safety netting and being alert to the risk of lung cancer in all people with respiratory and non-specific symptoms.

References

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10. [Os et al. Psycho-Oncology, 2021.](#)
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