



Your guide to diagnosing lung cancer earlier



Lung cancer is the 3rd most common cancer in the UK and the most common cause of cancer death [1]

Lung cancer survival is highly dependent on the stage of diagnosis. In England, around 3 in 10 lung cancers are diagnosed at the earliest stage [2]. In Wales, this is slightly lower at around 2 in 10 [3].

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



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 [4,5].
- 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 [6]. People with an alternative explanation for their symptoms have been shown to experience a longer time to diagnosis [7].



Recognition and referral of suspected lung cancer

The [NICE NG12 guidelines](#) note that GPs should refer along an urgent suspected cancer pathway for people if:

- they are aged 40+ with unexplained haemoptysis
- chest x-ray findings suggest lung cancer

When to request an urgent direct access chest x-ray:

The following unexplained symptoms are risk stratified:

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

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 an urgent direct access chest x-ray in those aged 40+:

- Examination findings, chest signs of lung cancer, finger clubbing, supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
- Persistent/recurrent chest infection
- 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.



Download or **order** our free NICE NG12 Body Poster which summarises the guidelines



Robust safety netting is vital

Chest x-rays are usually an accessible first-line investigation in primary care, but they can miss cancers. Evidence suggests that a chest x-ray does not detect cancer in at least 20% of cases [8,9].

If someone has a negative chest x-ray, but ongoing, concerning symptoms, you could consider:

- repeat examinations and history taking
- an urgent suspected lung cancer referral for concerning, ongoing symptoms
- referral onto a non-specific symptoms pathway if appropriate
- significant pathology or cancers

If you send people for follow-up investigations or referrals in primary or secondary care, make sure to practice safety netting throughout the pathway.

Remember to:

- follow up until symptoms are explained or resolved
- be specific with advice on when people should represent to primary care, supported with written patient information

For more information, visit cruk.org/safetynetting

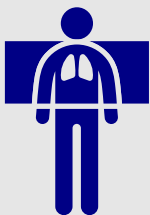


Consider lung cancer in people who've never smoked

- Around 1,700 people who have never smoked are diagnosed with lung cancer in England each year [11].
- Smoking is still the biggest cause of lung cancer in the UK. However, there are several other risk factors to consider when you are speaking to a patient, including occupational exposures such as asbestos and family history.
- People who've never smoked typically have low awareness of lung cancer risk or little urgency to seek help [12,13,14].
- Make sure you are aware of signs and symptoms of lung cancer in those who haven't smoked, and ask about other risk factors. It's important that you aren't reassured by a lack of smoking status, and safety net people with symptoms until they are explained or resolved.



For more information, visit our symptomatic lung cancer webpage for health professionals: cruk.org/HCPlungcancer



Lung cancer screening

Targeted lung cancer screening is being rolled out nationally in England and is currently being planned for in Wales, with rollout expected to start in 2028 [10].

For information on the programme and ways you can support screening please visit cruk.org/lungcancerscreening

If you have any comments or useful information about this guide, contact SEinbox@cancer.org.uk

References

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