

Cancer Care Kenya

Notes for General Practitioners:

Site specific symptoms for detecting cancers at an early stage is given below.
Please refer patients for detailed work up.

1. Brain /CNS tumors:

- Sub acute progressive neurological deficits developing over days to weeks (e.g. weakness, sensory loss, dysphasia, ataxia)
- New onset seizures characterized by one or more of the following:
 1. Focal seizures
 2. Prolonged post ictal focal deficit (longer than 1 hr)
 3. Status epilepticus
 4. Associated inter ictal focal deficit
- Patients with papilloedema
- Cranial nerve palsy (eg.diplopia,visual failure including optician defined visual field loss, unilateral sensori-neural deafness)

2. Breast Cancer

- Discrete lump, clinically suspicious
- Other definite signs
 1. ulceration
 2. skin nodules
 3. skin distortion/nipple deformity /peu de orange

3. Colorectal cancer

- any patient aged 50+ presenting with a change of bowel habit persistent for at least 6 weeks +/- rectal bleeding
- Lower abdominal mass

4. ENT cancer

- Neck lump /thyroid lump unresolving >3 weeks
- Parotid and sub mandibular mass
- Hoarseness persisting >4 weeks
- Non healing mouth/throat ulcer>2 weeks
- Pain on swallowing
- True dysphagia
- Other head/neck mass

5. Stomach cancer

- Any age
 1. Dysphagia
 2. Dyspepsia with one or more of the following :
 1. Weight loss
 2. Anemia
 3. Vomiting

- Aged 55+ with one of the following high risk factors:
 1. Dyspepsia of less than 1 year's duration
 2. Continuous symptoms lasting longer than 6 weeks
 3. Family history of upper GI cancer in 2 or more first degree relatives
 4. Barrett's esophagus
 5. Pernicious anemia
 6. Gastric surgery over 20 years ago
 7. Dysplasia ,atrophic gastritis, intestinal metaplasia

6. Gynecological cancer

Cervical/Vulval:

Lesions suspicious of cancer on cervix or vagina on speculum examination

Lesion suspicious of cancer on clinical examination of vulva

NB: Post coital bleeding aged >35 yrs that persists for more than 4 weeks should be referred for colposcopy.

Ovarian:

- Palpable pelvic mass not obviously fibroid
- Suspicious pelvic mass on pelvic ultrasound

Uterine:

- More than a single episode of post menopausal bleeding in women who are not on hormone replacement therapy
- Un expected or prolonged bleeding persisting for more than 4 weeks after stopping hormone replacement therapy

Other referrals:

- Family history of gynecological malignancy
- Abnormal endometrial biopsy

7. Hematological cancer :

- Blood count /film reported as suggestive of acute leukemia or chronic leukemia
- Lymphadenopathy (>1cm) persisting 6 weeks -(those patients in whom primary haematological malignancy is suspected should first be referred to oncologist)
- Hepatosplenomegali
- Bone X ray suggestive of multiple myeloma
- Constellation of 3 or more of the following:

Fatigue	Night sweats	Weight loss
Itching	Breathlessness	Bruising
Bone pain	Recurrent infections	

8. Lung cancer:

- Haemoptysis
- New cough in a smoker aged 40+
- Unexplained or persistent weight loss
- Chest infection lasting more than 2 weeks
- Chest signs and pains
- Dyspnoea

9. Oral and Maxillo-facial cancer:

- Non healing mouth /throat ulcer > 2weeks
- Non healing lip ulcer
- White or speckled mucosal patch
- Non healing tooth socket >2 weeks
- Neck lump
- Salivary gland tumors

10. Esophageal cancer:

- All dysphagia should be treated as urgent and referred immediately.

11. Eye cancer:

- Blurred vision
- Distorted vision
- Lid lesion or ulcers
- Proptosis

12. Orthopedic cancers:

- Persistent bone pain
- Recurrent fractures
- Visible deformities
- Suspecting primary or secondary musculo-skeletal malignancies

13. Pancreatic cancer:

- All painless jaundice should be treated as urgent and referred immediately

14. Skin cancer:

Malignant melanoma:

- Pigmented lesions on any part of the body which have one or more of the following features:
 1. Growing in size
 2. Changing in shape/irregular outline
 3. Changing/mixed color
 4. Ulceration/crusting/bleeding
 5. Inflammation

Squamos Cell Carcinoma:

- Slowly growing , non healing lesions with a significant induration on palpation (commonly on face,scalp,back of hand) with documented expansion over a period of 1-2 months
- Patients in whom a squamos cell carcinoma has been diagnosed from a biopsy from a general practice
- Patients who are immuno suppressed
- Patients who have high levels of ultraviolet exposure ,e.g. living abroad, previous PUVA/UVB

15. Urological cancer:

- Haematuria
- Raised PSA
- Any suspected penile growth
- Painless swelling in testicle
- Solid renal mass

16. Palliative care:

- Patients with life limiting illnesses whose symptoms are not manageable.

