Provincial Lymph Node Assessment Primary Care Clinical Pathway

Features of Lymphadenopathy Concerning for Lymphoma

On Clinical Examination

Presence of all three features below are indications for referral to the Lymphoma diagnosis Program

- Size >1cm supraclavicular, >2cm neck, >3cm axilla/groin
- Persistent or enlarging node(s) >2 weeks
- Nodes are not explained by signs or symptoms of:
  - Autoimmune disease (arthritis, morning stiffness, rash, Raynaud's)
  - Infection (chills, morning/afternoon fever, sore throat, nasal congestion, cough, diarrhea, skin ulcers/lesions, recent travel or other exposures)

Features particularly concerning for lymphoma

- Age >40 years
- Fixed or Matted (non-mobile)
- Supraclavicular location
- Lymphadenopathy that is only mildly- or non-tender
- Generalized lymphadenopathy (two or more regions involved)
- Systemic signs and symptoms: "B" symptoms (fever, drenching night sweats, >10% weight loss), hepatosplenomegaly, pruritis

On Imaging

(Assuming no other malignancy/condition to explain findings)

Presence of any features below are indications for biopsy

- Single enlarge lymph node >3cm short axis and abnormal morphology suggestive of lymphoma
- Multiple enlarged lymph nodes with abnormal morphology suggestive of lymphoma and with some nodes usually reaching a size ≥ 2cm in short axis
- A conglomerate nodal mass (neck, mediastinum, mesentery, retroperitoneum)
- A mass where the primary imaging concern is lymphoma
- Splenomegaly with multiple focal solid abnormalities

If patient is >18 years old

Essential Labs (CBCD, Lytes, Creatinine, LFTs, LDH) and Chest X-Ray (AP/Lateral)
AND
Refer to Lymphoma Diagnosis program for expedited access to urgent whole body CT scan, image-guided core biopsy (FNA strongly discouraged as it does not provide adequate tissue for diagnosis) and cancer center appointment

See referral guideline tab for details on process for referral to Lymphoma Diagnosis Programs.

If patient is <18 years old

Page Pediatric Oncologist on Call or send urgent referral.
See referral guideline tab for details.

BEWARE OF EMERGENT PRESENTATIONS: *NOT APPROPRIATE FOR OUTPATIENT LYMPHOMA DIAGNOSIS PROGRAM REFERRAL*

- **AIRWAY COMPROMISE or**
- **SUPERIOR VENA CAVA COMPRESSION:**

SEND TO EMERGENCY DEPARTMENT FOR STABILIZATION/URGENT ASSESSMENT BY THORACIC SURGERY FOLLOWING USUAL PROCEDURES*

CALGARY – ADVICE HEMATOLOGIST ON -CALL

- **SPINAL CORD COMPRESSION:**

SEND TO EMERGENCY DEPARTMENT FOR STABILIZATION/URGENT ADMISSION FOLLOWING USUAL PROCEDURES*

EDMONTON- ADVISE MALIGNANT HEMATOLOGY SERVICE AT CROSS CANCER INSTITUTE

CALGARY – ADVICE HEMATOLOGIST ON -CALL

*Family physicians communicate with Emergency when sending patients as per local standards