GUIDELINES

Suspected cancer (part 2—adults): visual overview of updated NICE guidance

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It is generally believed that early diagnosis of cancer reduces mortality and morbidity. The National Institute for Health and Care Excellence (NICE) has updated its 2005 guidance on the recognition and referral from primary care of people with suspected cancer. This summary of the full guidance is in two parts: part 1 on recommendations for children (up to 15 years old) and young adults (16-24 years), and part 2 on those for adults. Separate recommendations have been made for adults and for children and young people to reflect that there are different referral pathways. However, in practice young people (aged 16–24) may be referred using either an adult or children’s pathway depending on their age and local arrangements.

Key changes in the updated guidance are:

- Reliance on new evidence derived from primary, rather than secondary, care.
- Explicit use of a threshold risk of cancer to underpin recommendations for urgent investigation—the first cancer guidance to do so.
- Assumes that patients will have had a full history, clinical examination, and appropriate initial blood tests.
- Recommends urgent investigation in adults with a 3% or higher cancer risk, but uses a lower threshold for children and young people and when primary care testing is available.
- Relies on evidence mainly from moderate quality observational studies. The evidence base for each recommendation is incorporated in the full guidance, but has been omitted here for ease of reading.
- Will increase the number of investigations or referrals in some cancer sites; the use of direct access testing should reduce the costs of this, but will require organisational change.
- Asks clinicians to continue to trust their clinical experience where there are particular reasons that the guidance isn’t relevant to a patient’s specific presentation.

**THE BOTTOM LINE**

- In possible lung cancer, someone aged 40 or over with haemoptysis is recommended for urgent referral for suspected cancer, within two weeks
- In possible breast cancer, women aged 30 years or over with an unexplained breast lump or aged 50 years or over with nipple changes are recommended for urgent referral for suspected cancer, within two weeks
- In possible colorectal cancer, patients who do not meet criteria for suspected cancer referral should be offered testing for occult blood in faeces
- Clinicians should trust their clinical experience where there are particular reasons that this guidance does not pertain to the specific presentation of the patient

**Recommendations**

The figures list symptoms of possible cancer in adults, the cancers that may underlie these symptoms, and the recommended investigations or referral.

Cancer referral:

- Pink—refer, using suspected cancer pathway (within 2 weeks)
- Orange—refer to a specialist non-urgently

Primary care investigation:
- Purple—very urgent investigation (within 48 hours)
- Blue—urgent investigation (within 2 weeks)
- Green—non-urgent investigation
Assessing and referring adult cancers

**Abdominal features (discomfort or pain)**

- Abdominal pain
  - + Rectal bleeding
  - + Weight loss, age 40+ or age 50+
  - + Weight loss, age 60+ (colorectal cancer excluded)

- Upper abdominal pain, age 55+
  - + Weight loss
  - + Anaemia
  - + Thrombocytosis
  - + Nausea
  - + Vomiting

- Dyspepsia, age 55+
  - + Weight loss
  - + Treatment resistant
  - + Thrombocytosis
  - + Nausea
  - + Vomiting

- Rectal or abdominal mass
  - + Gall bladder
  - + Liver
  - + Stomach

- Upper abdominal mass, consistent with enlarged:
  - + Gall bladder
  - + Liver
  - + Stomach

**Hepatosplenomegaly**

- Splenomegaly
  - + Fever
  - + Night sweats
  - + Breathlessness
  - + Pruritus
  - + Weight loss

- Abdominal distension, persistent or frequent, esp age 50+

- Ascites, +/- pelvic/abdominal mass, not obviously uterine fibroids

**Women**

- Irritable bowel syndrome symptoms in last 12 months, age 50+
  - + Change in bowel habit, unexplained, age 50+

**Abdominal features (bowel transit symptoms)**

- Change in bowel habit, unexplained, age 60+
  - + Rectal bleeding, age 60+
  - + Diarrhoea
  - + Constipation

- Weight loss, age 60+
  - + Weight loss, age 60+
  - + Nausea
  - + Vomiting
  - + Thrombocytosis
  - + Weight loss, age 60+

- Dyspepsia, upper abdominal pain, age 55+
  - + Nausea
  - + Vomiting

- Reflux, + weight loss, age 55+

**Bleeding**

- Rectal bleeding, unexplained, age 50+
  - + Abdominal pain
  - + Change in bowel habit
  - + Weight loss
  - + Iron deficiency anaemia

- Bruising
  - + Bleeding
  - + Petechiae, unexplained

- Haemoptysis, unexplained, age 40+

- Haematemesis

**Musculoskeletal**

- Back pain, age 60+
  - + Persistent
  - + Bone pain, persistent
  - + Unexplained fracture

- Weight loss

**Neurological**

- Loss of central neurological function, progressive/sub-acute

- Fatigue, persistent
  - + Fever, unexplained
  - + Infection, unexplained
  - + Pallor

- Fatigue, weight loss
  - + Appetite loss
  - + Ever smoked
  - + Exposed to asbestos

- Weight loss, unexplained
  - + Appetite loss, unexplained

- Deep vein thrombosis

- Jaundice, age 40+

**Non-specific features of cancer**

- Weight loss, age 60+
  - + Diarrhoea
  - + Back pain
  - + Abdominal pain

- Nausea
  - + Vomiting
  - + Constipation
  - + New onset diabetes

**Multiple possibilities**

Assess for additional features to clarify most likely cancers
Possible cancers

- Non-Hodgkin’s lymphoma
- Colorectal
- Stomach
- Ovarian
- Oesophageal
- Gall bladder
- Liver
- Pancreatic
- Oesophageal
- Leukaemia
- Mesothelioma
- Myeloma
- Brain/CNS
- Lung
- Colon/rectum
- Stomach
- Liver
- Pancreas
- Ovarian
- Lung
- Mesothelioma

Primary care investigation

- Non-urgent
- Testing for occult blood in faeces
- CT scan within 2 weeks
- Ultrasound within 2 weeks
- Upper GI endoscopy within 2 weeks
direct access
- Ultrasound within 2 weeks
- Full blood count within 48 hours
- Measure serum CA125 non-urgent
- Chest x ray within 2 weeks
- Full blood count within 2 weeks
- Blood tests calcium
- erythrocyte sedimentation rate
- plasma viscosity
- MRI scan within 2 weeks
- CT scan within 2 weeks

Refer using suspected cancer pathway
Non-urgent specialist referral
Possible cancers

- Breast
- Laryngeal
- Soft tissue sarcoma
- Thyroid
- Vaginal
- Vulval
- Cervical
- Prostate
- Testicular
- Penile
- Anal
- Basal cell carcinoma
- Squamous cell carcinoma
- Melanoma
- Squamous cell carcinoma
- Oral
- Endometrial
- Leukaemia
- Soft tissue sarcoma
- Lymphoma
- Bladder
- Renal
- Oral lesions
- Gynaecological
- Skin or surface
- Hoarseness
- Fatigue
- Chest signs consistent with Lung cancer Pleural disease
- Chest pain
- Thrombocytosis
- Haematuria
- Vaginal discharge
- Appearance of cervix consistent with cervical cancer
- Postmenopausal bleeding
- Skin changes that suggest breast cancer
- Dermoscopy findings that suggest melanoma
- Suspected cancer referral for concerning lesion site or size
- Anaemia
- Thrombocytosis
- Alcohol induced lymph node pain
- Weight loss
- Pruritus
- Fever
- Night sweats
- Breathlessness
- Cough
- Finger clubbing
- Weight loss
- Appetite loss
- Breathlessness
- Lung/mesothelioma
- Testicular
- Prostate
- Dental referral
- Chest x ray

Primary care investigation

- within 48 hours: Full blood count
- within 2 weeks: Ultrasound
- direct access: Ultrasound
- direct access: Ultrasound
- Prostate specific antigen test + Digital rectal examination
- within 2 weeks: Dental referral
- within 2 weeks: Chest x ray