

GUIDELINES

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

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This is one of a series of *BMJ* summaries of new guidelines based on the best available evidence; they highlight important recommendations for clinical practice, especially where uncertainty or controversy exists. Further information about the guidance, a list of members of the guideline development group, and the supporting evidence statements are in the full version on [bmj.com](http://bmj.com).

**HOW PATIENTS WERE INVOLVED**

Committee members involved in this guideline update included lay members who contributed to the formulation of the recommendations summarised here

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- ▶ See more infographics at [bmj.com/infographics](http://bmj.com/infographics)
- ▶ See part 1 – children and young adults [www.bmj.com/content/350/bmj.h3036](http://www.bmj.com/content/350/bmj.h3036)

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.

**THE BOTTOMLINE**

- 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

- Explicit use of a threshold risk of cancer to underpin recommendations for urgent investigation—the first cancer guidance to do so.

This guidance:

- 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.

**Recommendations**

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

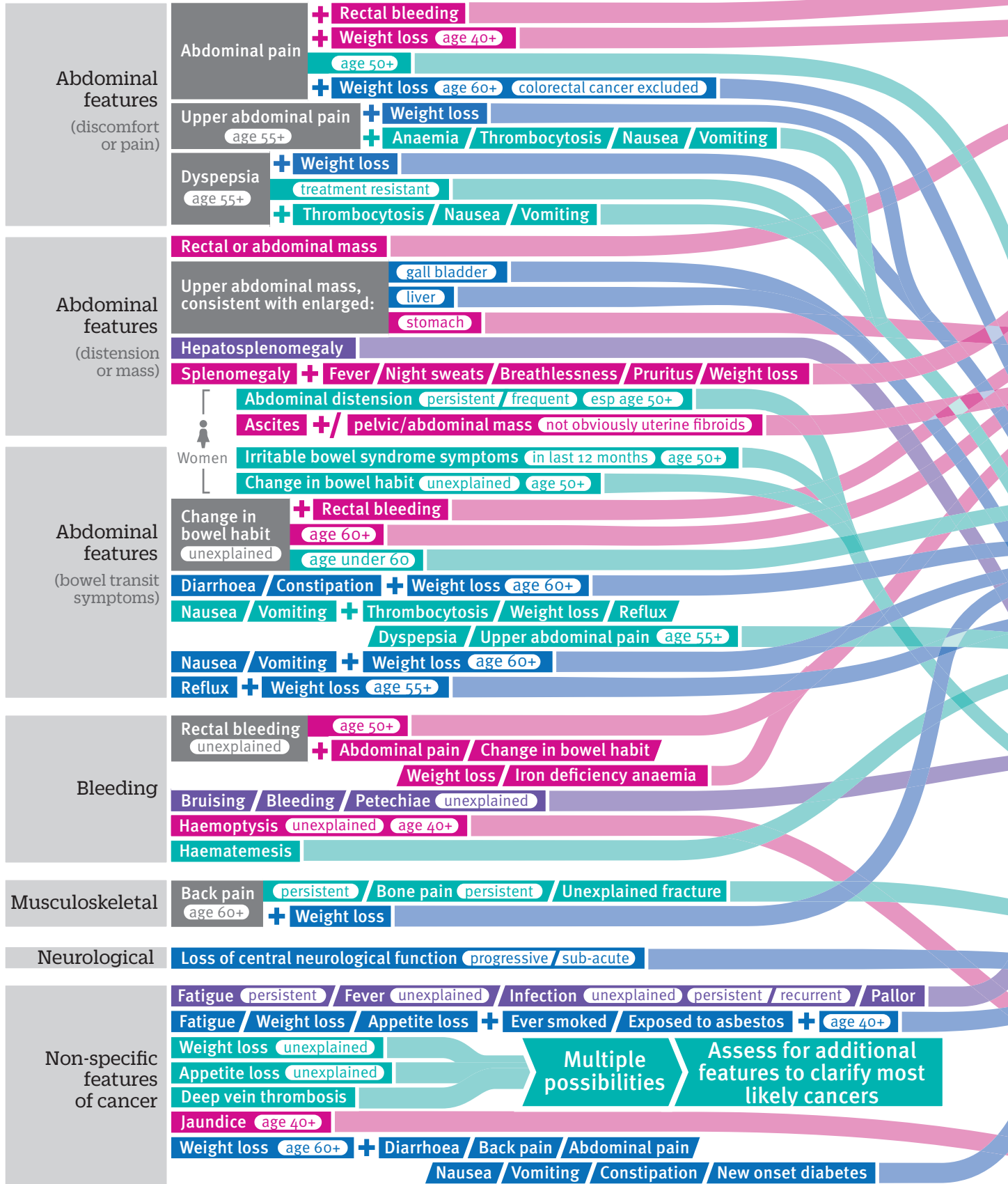
Cancer referral:

- 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

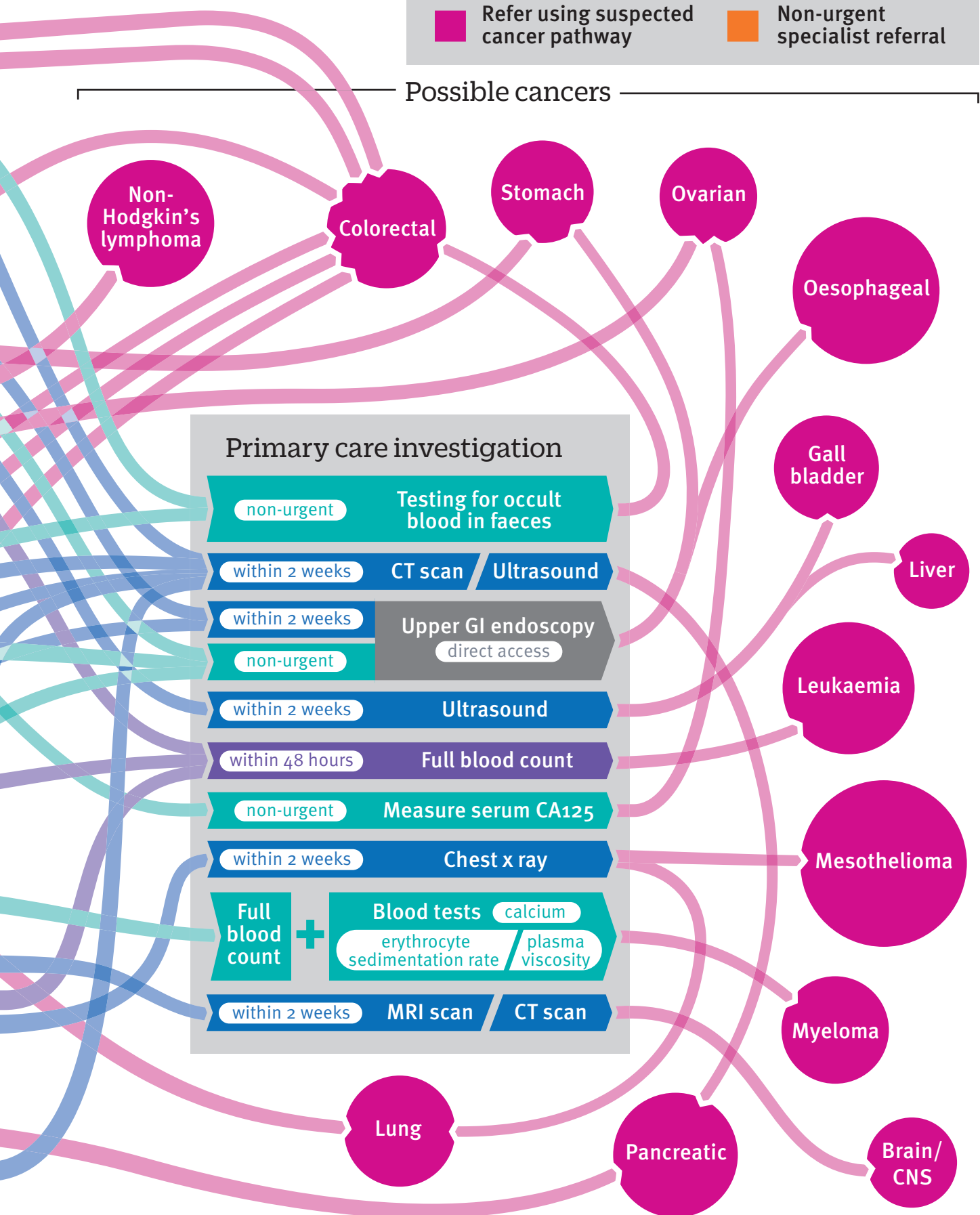


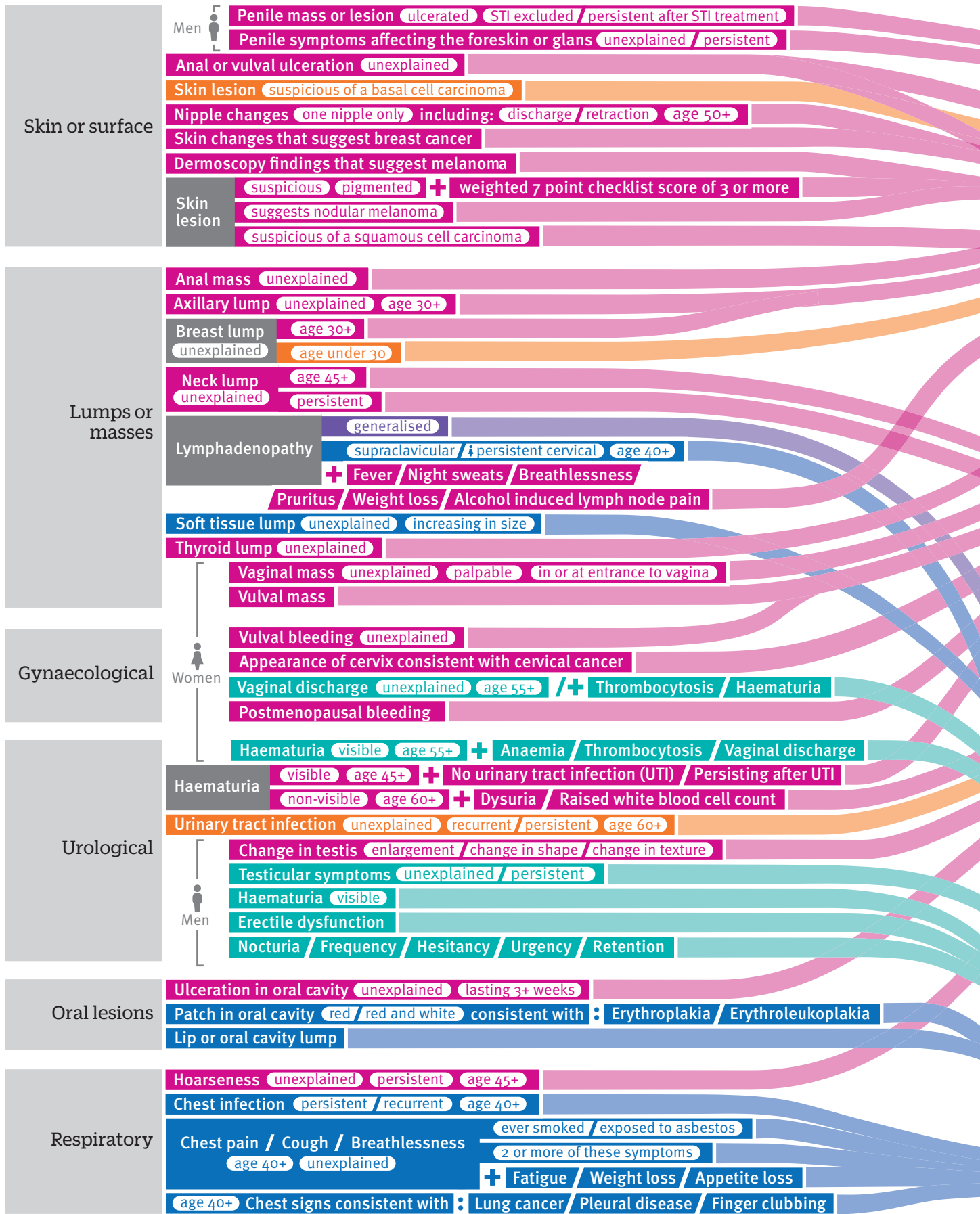
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Refer using suspected cancer pathway

Non-urgent specialist referral

Possible cancers





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