

¹University of Exeter, Exeter EX1 2LU. UK

²London Borough of Hillingdon, Uxbridge UB8 1UW. UK

³National Collaborating Centre for Cancer, Cardiff CF10 3AF, UK Correspondence to: W. Hamilton w.hamilton@exeter.ac.uk

Cite this as: *BMJ* 2015;350:h2418 doi: 10.1136/bmi.h2418

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.

HOW PATIENTS WERE INVOLVED

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

thebmi.com

- See more infographics at bmj.com/infographics
- See part 1 children and young adults www.bmj.com/ content/350/bmj.h3036

GUIDELINES

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

William Hamilton, ¹ Steve Hajioff, ² John Graham, ³ Mia Schmidt-Hansen ³

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 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

• 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

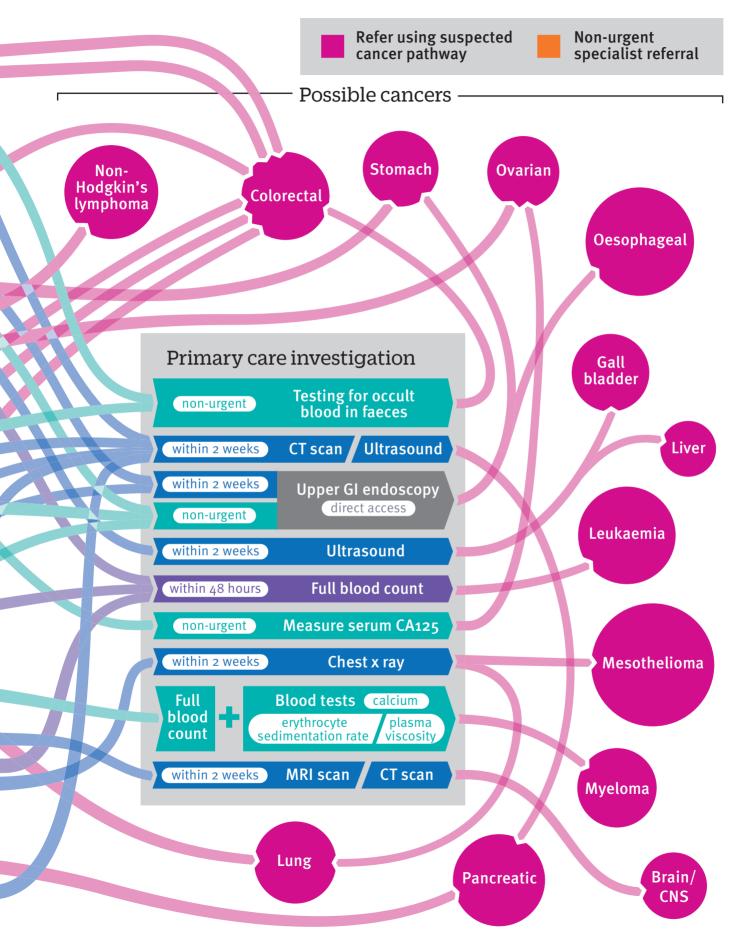
the **bmj** | 4 July 2015

Assessing and referring adult cancers

```
Rectal bleeding
                                     ₩eight loss (age 40+)
                      Abdominal pain
                                       age 50+
       Abdominal
                                     ₩eight loss (age 60+) (colorectal cancer excluded)
          features
                      Upper abdominal pain 🛨 Weight loss
         (discomfort
                                              Anaemia Thrombocytosis Nausea Vomiting
             or pain)
                                 Weight loss
                      Dyspepsia
                                   treatment resistant
                       age 55+
                                    Thrombocytosis Nausea Vomiting
                      Rectal or abdominal mass
                                               gall bladder
                      Upper abdominal mass,
                                               liver
                      consistent with enlarged:
       Abdominal
                                               stomach
           features
                     Hepatosplenomegaly
          (distension
            or mass)
                     Splenomegaly + Fever Night sweats Breathlessness Pruritus Weight loss
                             Abdominal distension (persistent / frequent) (esp age 50+)
                             Ascites pelvic/abdominal mass not obviously uterine fibroids
                            Irritable bowel syndrome symptoms (in last 12 months) (age 50+)
                      Women
                             Change in bowel habit unexplained age 50+
                                   Rectal bleeding
                      Change in
bowel habit
       Abdominal
                                   age 60+
                      unexplained
          features
                                    age under 60
       (bowel transit
                      Diarrhoea Constipation 

→ Weight loss age 60+
         symptoms)
                      Nausea / Vomiting + Thrombocytosis / Weight loss / Reflux
                                            Dyspepsia Upper abdominal pain (age 55+)
                     Nausea Vomiting + Weight loss age 60+
                      Reflux + Weight loss age 55+
                                      age 50+
                      Rectal bleeding
                       unexplained
                                     + Abdominal pain / Change in bowel habit
                                               Weight loss Iron deficiency anaemia
          Bleeding
                     Bruising | Bleeding | Petechiae | unexplained
                     Haemoptysis unexplained age 40+
                      Haematemesis
                      Back pain persistent Bone pain persistent Unexplained fracture
  Musculoskeletal
                       age 60+ Weight loss
     Neurological Loss of central neurological function progressive sub-acute
                     Fatigue persistent | Fever unexplained | Infection unexplained persistent | recurrent | Pallor
                     Fatigue / Weight loss / Appetite loss + Ever smoked / Exposed to asbestos + age 40+
                      Weight loss unexplained
                                                                                   Assess for additional
      Non-specific
                                                                  Multiple
                      Appetite loss unexplained
                                                                                  features to clarify most
          features
                                                                possibilities
                     Deep vein thrombosis
                                                                                       likely cancers
          of cancer
WILL STAHL-TIMMINS
                      Jaundice age 40+
                     Weight loss age 60+ Diarrhoea Back pain Abdominal pain
                                                  Nausea Vomiting Constipation New onset diabetes
```

16 4 July 2015 | the**bmj**

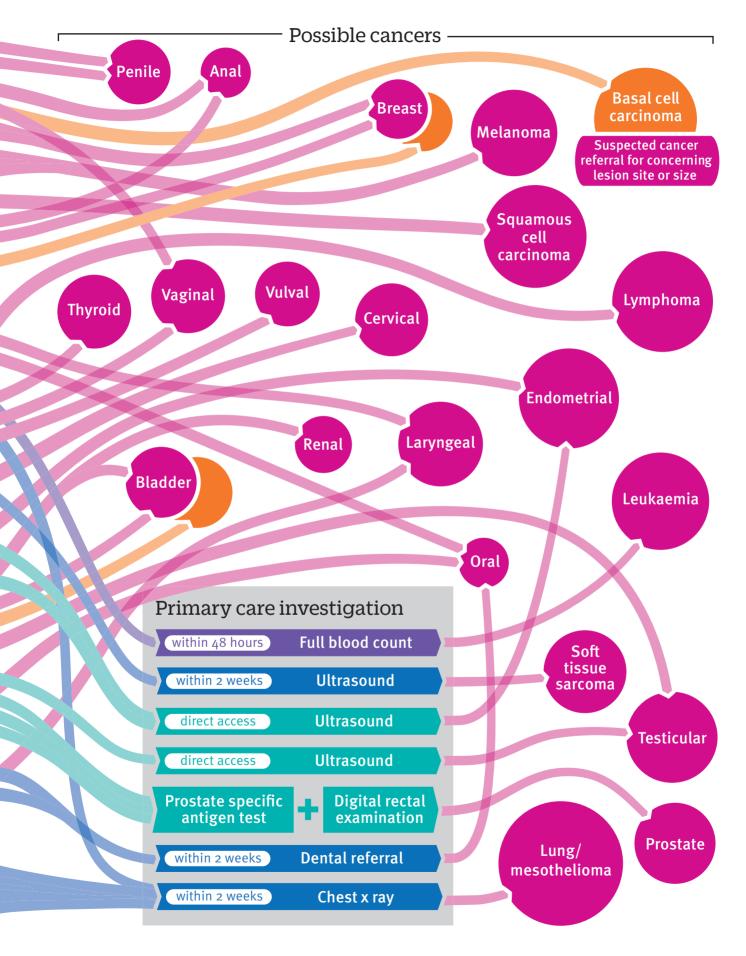


the**bmj** | 4 July 2015

```
Penile mass or lesion ulcerated STI excluded persistent after STI treatment
                              Penile symptoms affecting the foreskin or glans unexplained persistent
                      Anal or vulval ulceration unexplained
                      Skin lesion suspicious of a basal cell carcinoma
                      Nipple changes one nipple only including: discharge retraction age 50+
    Skin or surface
                      Skin changes that suggest breast cancer
                      Dermoscopy findings that suggest melanoma
                               suspicious pigmented weighted 7 point checklist score of 3 or more
                       Skin
                               suggests nodular melanoma
                       lesion
                               suspicious of a squamous cell carcinoma
                       Anal mass unexplained
                      Axillary lump unexplained age 30+
                                    age 30+
                       Breast lump
                       unexplained
                                     age under 30
                                     age 45+
                       Neck lump
                       <u>unexplained</u>
                                     persistent
          Lumps or
                                            generalised
            masses
                       Lymphadenopathy supraclavicular persistent cervical age 40+
                                         Fever Night sweats Breathlessness
                                   Pruritus | Weight loss | Alcohol induced lymph node pain
                      Soft tissue lump unexplained increasing in size
                      Thyroid lump unexplained
                              Vaginal mass unexplained palpable in or at entrance to vagina
                              Vulval mass
                              Vulval bleeding unexplained
                              Appearance of cervix consistent with cervical cancer
   Gynaecological Women
                              Vaginal discharge (unexplained) (age 55+) / Thrombocytosis / Haematuria
                              Postmenopausal bleeding
                              Haematuria visible age 55+ Anaemia / Thrombocytosis / Vaginal discharge
                                    visible age 45+ No urinary tract infection (UTI) Persisting after UTI
                       Haematuria
                                    non-visible (age 60+) + Dysuria / Raised white blood cell count
                      Urinary tract infection unexplained recurrent persistent age 60+
         Urological
                              Change in testis enlargement change in shape change in texture
                              Testicular symptoms unexplained persistent
                              Haematuria visible
                        Men
                             Erectile dysfunction
                              Nocturia Frequency Hesitancy Urgency Retention
                      Ulceration in oral cavity unexplained lasting 3+ weeks
        Oral lesions Patch in oral cavity (red / red and white ) consistent with : Erythroplakia / Erythroleukoplakia
                      Lip or oral cavity lump
                      Hoarseness unexplained persistent age 45+
                      Chest infection persistent recurrent age 40+
                                                               ever smoked exposed to asbestos
WILL STAHL-TIMMINS
       Respiratory
                       Chest pain / Cough / Breathlessness
                                                              2 or more of these symptoms
                             age 40+ unexplained

→ Fatigue / Weight loss / Appetite loss
                      age 40+) Chest signs consistent with: Lung cancer Pleural disease / Finger clubbing
```

18 4 July 2015 | the**bmj**



the**bmj** | 4 July 2015