

Managing metastatic malignant disease of unknown primary origin

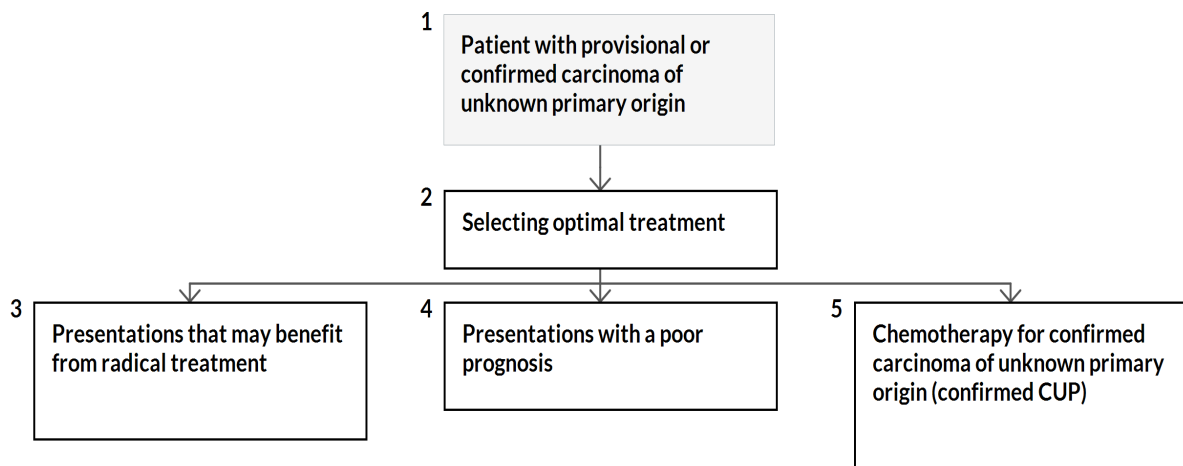
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/metastatic-malignant-disease-of-unknown-primary-origin>

NICE Pathway last updated: 04 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Patient with provisional or confirmed carcinoma of unknown primary origin

No additional information

2 Selecting optimal treatment

Take into account the patient's prognostic factors, particularly performance status, liver metastases, lactate dehydrogenase levels and serum albumin, when deciding about further investigations and treatment.

Discuss prognostic factors with patients and their relatives or carers if appropriate to help them make informed decisions.

Include prognostic factors in decision aids and other information about treatment options.

Do not use gene-expression-based profiling to decide which treatment to offer patients with confirmed CUP.

See what NICE says on [opioids for pain relief in palliative care](#).

3 Presentations that may benefit from radical treatment

Presentation	Action
Upper- or mid-neck squamous cell carcinoma	Refer to a head and neck MDT.
Adenocarcinoma involving the axillary nodes	Refer to a breast cancer MDT.

Squamous cell carcinoma confined to the inguinal nodes	<p>Refer to a specialist surgeon in an appropriate MDT to consider curative treatment.</p> <p>If the disease is operable offer:</p> <ul style="list-style-type: none"> • superficial lymphadenectomy and consider post-lymphadenectomy radiotherapy (if there are risk factors for residual disease, for example multiple involved nodes or extracapsular spread) or • simple excision of clinically involved nodes, followed by radiotherapy.
Solitary metastasis in the liver, brain, bone, skin or lung	Refer to the appropriate MDT to consider radical local treatment.

Consider that an apparent metastasis could be an unusual primary tumour. Do not investigate a tumour inappropriately because this may make radical treatment ineffective. For example, biopsy of a primary bone tumour may lead to more extensive surgery than usual and percutaneous biopsy of a potentially resectable liver metastasis may compromise outcome.

4 Presentations with a poor prognosis

Multiple metastases including brain involvement

After initial and special investigations refer patients with apparent brain metastases as the only sign of malignant disease to a neuro-oncology MDT.

For more information about investigations, see [investigations](#).

Do not offer chemotherapy except as part of a controlled clinical trial.

Inform patients and carers that there is:

- no evidence that any treatment offers improved survival
- limited evidence that surgery and/or whole brain radiotherapy improves neurological symptoms.

5 Chemotherapy for confirmed carcinoma of unknown primary origin (confirmed CUP)

Offer chemotherapy directed at a specific treatable syndrome if patients have:

- clinical and/or laboratory features of a specific treatable syndrome **and**
- adequate performance status.

If patients do not have clinical features of a specific treatable syndrome, tell them about the potential benefits and risks of chemotherapy.

Offer patients the opportunity to enter clinical trials.

If chemotherapy is offered outside clinical trials, when deciding which treatment to use take into account:

- the clinical and pathological characteristics of the tumour
- the toxicity profile of the drugs, their ease of administration and response rate.

Glossary

Confirmed CUP

confirmed carcinoma of unknown primary origin is metastatic epithelial or neuro-endocrine malignancy identified on the basis of final histology, with no primary site detected despite a selected initial screen of investigations, specialist review and further specialised investigations as appropriate

MDT

multidisciplinary team

Sources

[Metastatic malignant disease of unknown primary origin in adults: diagnosis and management](#)
(2010) NICE guideline CG104

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in

their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.