

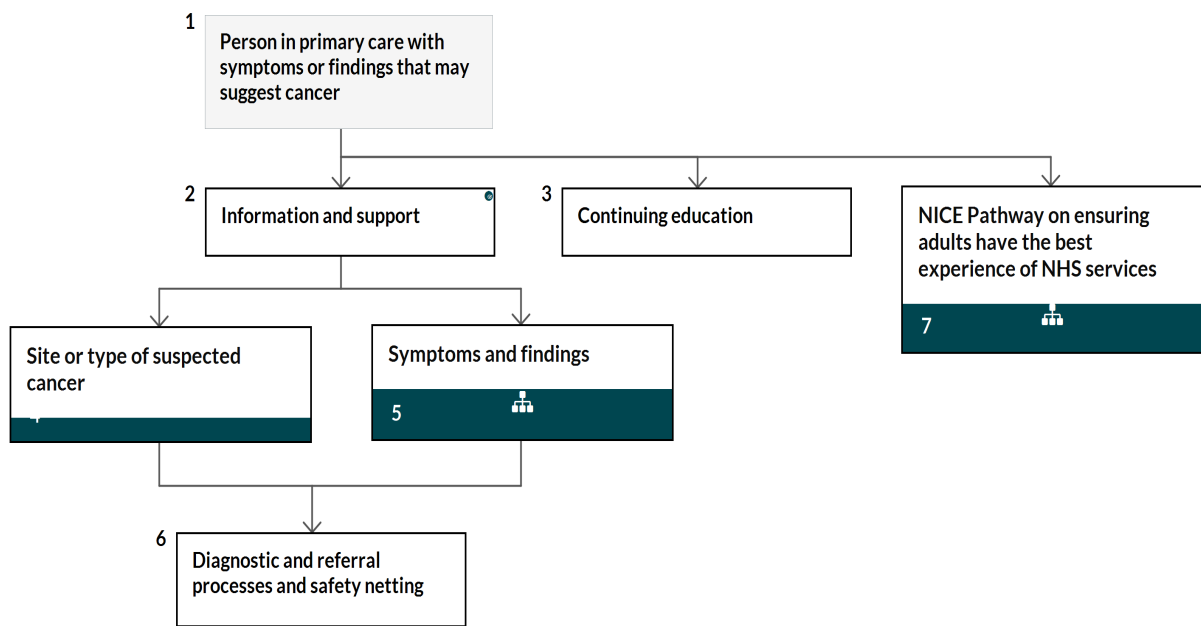
Suspected cancer recognition and referral overview

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/suspected-cancer-recognition-and-referral>
NICE Pathway last updated: 22 September 2020

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



1 Person in primary care with symptoms or findings that may suggest cancer

No additional information

2 Information and support

Discuss with people with suspected cancer (and their carers as appropriate, taking account of the need for confidentiality) their preferences for being involved in decision-making about referral options and further investigations including their potential risks and benefits.

When cancer is suspected in a child, discuss the referral decision and information to be given to the child with the parents or carers (and the child if appropriate).

Explain to people who are being referred with suspected cancer that they are being referred to a cancer service. Reassure them, as appropriate, that most people referred will not have a diagnosis of cancer, and discuss alternative diagnoses with them.

Give the person information on the possible diagnosis (both benign and malignant) in accordance with their wishes for information (see also what NICE says on [patient experience in adult NHS services](#)).

The information given to people with suspected cancer and their families and/or carers should cover, among other issues:

- where the person is being referred to
- how long they will have to wait for the appointment
- how to obtain further information about the type of cancer suspected or help before the specialist appointment
- what to expect from the service the person will be attending
- what type of tests may be carried out, and what will happen during diagnostic procedures
- how long it will take to get a diagnosis or test results
- whether they can take someone with them to the appointment
- who to contact if they do not receive confirmation of an appointment
- other sources of support.

Provide information that is appropriate for the person in terms of language, ability and culture,

recognising the potential for different cultural meanings associated with the possibility of cancer.

Have information available in a variety of formats on both local and national sources of information and support for people who are being referred with suspected cancer. For more information on information sharing, see what NICE says on [patient experience in adult NHS services: enabling patients to actively participate in their care](#).

Reassure people in the safety netting group (see [diagnostic and referral processes and safety netting \[See page 5\]](#)) who are concerned that they may have cancer that with their current symptoms their risk of having cancer is low.

Explain to people who are being offered safety netting (see [diagnostic and referral processes and safety netting \[See page 5\]](#)) which symptoms to look out for and when they should return for re-evaluation. It may be appropriate to provide written information.

When referring a person with suspected cancer to a specialist service, assess their need for continuing support while waiting for their referral appointment. This should include inviting the person to contact their healthcare professional again if they have more concerns or questions before they see a specialist.

If the person has additional support needs because of their personal circumstances, inform the specialist (with the person's agreement).

NICE has written information for the public on [suspected cancer: recognition and referral](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Suspected cancer

4. Encouraging attendance at cancer services

3 Continuing education

Take part in continuing education, peer review and other activities to improve and maintain clinical consulting, reasoning and diagnostic skills, in order to identify at an early stage people who may have cancer, and to communicate the possibility of cancer to the person.

4 Site or type of suspected cancer

See Suspected cancer recognition and referral / Suspected cancer recognition and referral: site or type of cancer

5 Symptoms and findings

See Suspected cancer recognition and referral / Suspected cancer recognition and referral: symptoms and findings

6 Diagnostic and referral processes and safety netting

Diagnostic and referral processes

Discussion with a specialist (for example, by telephone or email) should be considered if there is uncertainty about the interpretation of symptoms and signs, and whether a referral is needed. This may also enable the primary healthcare professional to communicate their concerns and a sense of urgency to secondary healthcare professionals when symptoms are not classical.

Put in place local arrangements to ensure that letters about non-urgent referrals are assessed by the specialist, so that the person can be seen more urgently if necessary.

Include all appropriate information in referral correspondence, including whether the referral is urgent or non-urgent.

Use local referral proformas if these are in use.

Once the decision to refer has been made, make sure that the referral is made within 1 working day.

Persistent parental concern and anxiety

Take into account the insight and knowledge of parents and carers when considering making a referral for suspected cancer in a child or young person. Consider referral for children if their parent or carer has persistent concern or anxiety about the child's symptoms, even if the symptoms are most likely to have a benign cause.

Waiting periods and missed appointments

Put in place local arrangements to ensure that there is a maximum waiting period for non-urgent referrals, in accordance with national targets and local arrangements.

Ensure local arrangements are in place to identify people who miss their appointments so that they can be followed up.

Safety netting

Safety netting is the active monitoring in primary care of people who have presented with symptoms. It has 2 separate aspects:

- timely review and action after investigations
- active monitoring of symptoms in people at low risk (but not no risk) of having cancer to see if their risk of cancer changes.

Review and action after investigations

Ensure that the results of investigations are reviewed and acted upon appropriately, with the healthcare professional who ordered the investigation taking or explicitly passing on responsibility for this. Be aware of the possibility of false-negative results for chest X-rays and tests for occult blood in faeces.

Active monitoring

Consider a review for people with any symptom that is associated with an increased risk of cancer, but who do not meet the criteria for referral or other investigative action. The review may be:

- planned within a time frame agreed with the person **or**
- patient-initiated if new symptoms develop, the person continues to be concerned, or their symptoms recur, persist or worsen.

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NICE Pathway on ensuring adults have the best experience of NHS services

[See patient experience in adult NHS services](#)

Sources

Suspected cancer: recognition and referral (2015, updated 2020) NICE guideline NG12

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.