

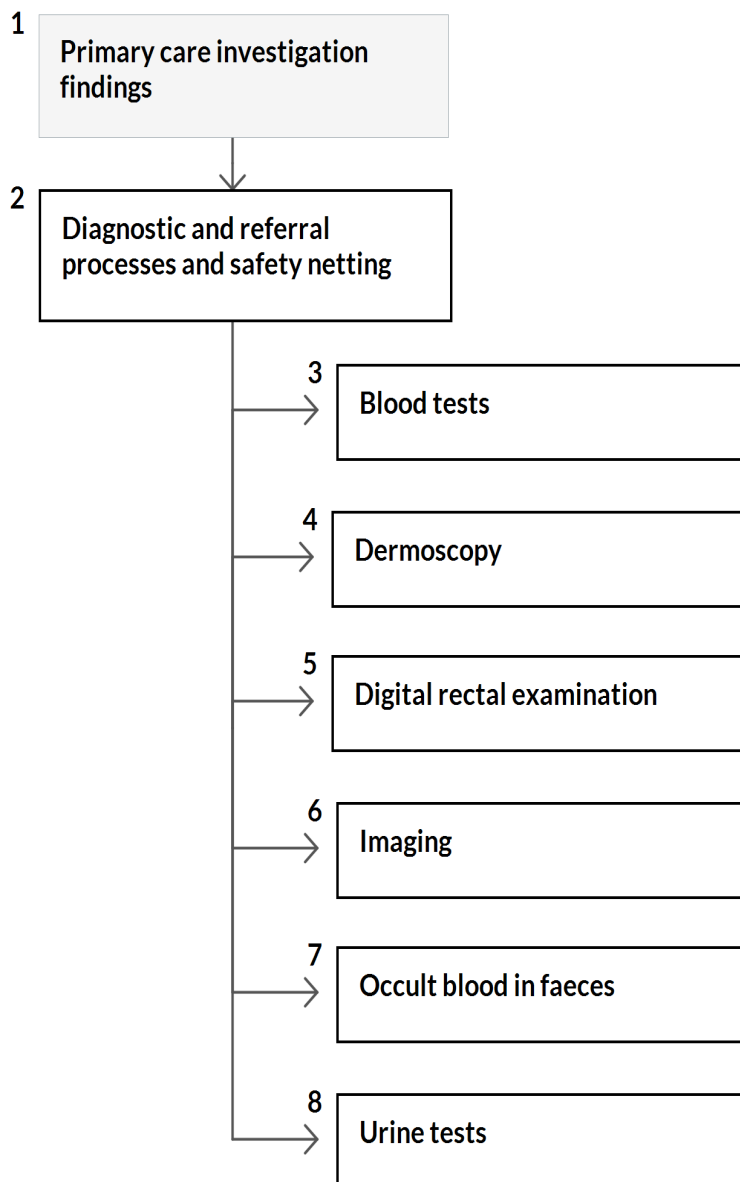
Suspected cancer recognition and referral: primary care investigation findings

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: 15 December 2021

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



1 Primary care investigation findings

No additional information

2 Diagnostic and referral processes and safety netting

Use the recommendations in this NICE Pathway to guide referrals.

- If still uncertain about whether a referral is needed, consider contacting a specialist.
- Consider a review for people with any symptom associated with increased cancer risk who do not meet the criteria for referral or investigative action.

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.

3 Blood tests

Findings and specific features	Possible cancer	Recommendations
Anaemia (iron-deficiency), 60 and over	Colorectal	Refer adults using a suspected cancer pathway referral (for an appointment within 2 weeks)
Anaemia (iron-deficiency, unexplained) with rectal bleeding in adults under 50	Colorectal	Consider a suspected cancer pathway referral (for an appointment within 2 weeks)
Anaemia (iron deficiency) without rectal bleeding, and criteria for a suspected cancer pathway referral not met	Colorectal	Offer testing with quantitative faecal immunochemical tests (see the NICE diagnostics guidance on quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care)
Blood glucose levels high with visible haematuria in women 55 and over	Endometrial	Consider a direct access ultrasound scan
Diabetes (new-onset) with weight loss, 60 and over	Pancreatic	Consider an urgent direct access CT scan (to be performed within 2 weeks), or an urgent ultrasound scan if CT is not available
Haemoglobin levels low with visible haematuria in women 55 and over	Endometrial	Consider a direct access ultrasound scan
Haemoglobin levels low with upper abdominal pain, 55 and over	Oesophageal or stomach	Consider non-urgent direct access upper gastrointestinal endoscopy

Hypercalcaemia or leukopenia and presentation consistent with possible myeloma, 60 and over	Myeloma	Offer very urgent protein electrophoresis and a Bence-Jones protein urine test (within 48 hours)
Plasma viscosity or erythrocyte sedimentation rate and presentation consistent with possible myeloma	Myeloma	Consider very urgent protein electrophoresis and a Bence-Jones protein urine test (within 48 hours)
Platelet count raised with nausea or vomiting or weight loss or reflux or dyspepsia or upper abdominal pain, 55 and over	Oesophageal or stomach	Consider non-urgent direct access upper gastrointestinal endoscopy
Prostate-specific antigen levels above the <u>age-specific PSA thresholds</u> [See page 12]	Prostate	Consider referring people with possible symptoms of prostate cancer <u>as specified in the recommendations on prostate cancer</u> using a suspected cancer pathway referral (for an appointment within 2 weeks)
Protein electrophoresis suggests myeloma	Myeloma	Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks)

Serum CA125 results¹	Ovarian	<p>If serum CA125 is 35 IU/ml or greater, arrange an ultrasound scan of the abdomen and pelvis</p> <p>Normal serum CA125 (less than 35 IU/ml), or CA125 of 35 U/ml or greater but a normal ultrasound:</p> <ul style="list-style-type: none"> • assess her carefully for other clinical causes of her symptoms and investigate if appropriate • if no other clinical cause is apparent, advise her to return to her GP if her symptoms become more frequent and/or persistent
Thrombocytosis, 40 and over	Lung	Consider an urgent chest X-ray (to be performed within 2 weeks)
Thrombocytosis with visible haematuria or vaginal discharge (unexplained) in women 55 and over	Endometrial	Consider a direct access ultrasound scan
White cell count raised on a blood test with unexplained non-visible haematuria, 60 and over	Bladder	Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks)

See the NICE Pathways on [myeloma](#), [bladder cancer](#), [gastrointestinal cancers](#), [prostate cancer](#), [lung cancer](#) and [ovarian cancer](#).

4 Dermoscopy

Findings and specific features	Possible cancer	Recommendation
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¹ The recommendations for ovarian cancer apply to women aged 18 and over.

Dermoscopy suggests melanoma of the skin	Melanoma	Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks)
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See [the NICE Pathway on melanoma](#).

5 Digital rectal examination

Findings and specific features	Possible cancer	Recommendations
Prostate feels malignant on digital rectal examination	Prostate	Refer men using a suspected cancer pathway referral (for an appointment within 2 weeks)

See [the NICE Pathway on prostate cancer](#).

6 Imaging

Findings and specific features	Possible cancer	Recommendation
Chest X-ray suggests lung cancer	Lung	Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks)
Chest X-ray suggests mesothelioma	Mesothelioma	Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks)

Ultrasound suggests ovarian cancer ¹	Ovarian	Refer urgently for further investigation. An urgent referral means that the woman is referred to a gynaecological cancer service within the national target in England and Wales for referral for suspected cancer, which is currently 2 weeks
Ultrasound normal with CA125 of 35 IU/ml or greater	Ovarian	Assess carefully for other clinical causes of her symptoms and investigate if appropriate If no other clinical cause is apparent, advise her to return to her GP if her symptoms become more frequent and/or persistent
Ultrasound suggests soft tissue sarcoma or is uncertain and clinical concern persists in adults ²	Soft tissue sarcoma	Consider a suspected cancer pathway referral (for an appointment within 2 weeks)
X-ray suggests the possibility of bone sarcoma in adults	Bone sarcoma	Consider a suspected cancer pathway referral (for an appointment within 2 weeks)

See the NICE Pathways on [lung cancer](#), [ovarian cancer](#) and [sarcoma](#).

7 Occult blood in faeces

Findings and specific features	Possible cancer	Recommendations
Occult blood in faeces	Colorectal	Refer adults using a suspected cancer pathway referral (for an appointment within 2 weeks)

See [the NICE Pathway on colorectal cancer](#).

8 Urine tests

Findings and specific features	Possible cancer	Recommendations
Bence-Jones protein urine results suggest myeloma	Myeloma	Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks)

See [the NICE Pathway on myeloma](#).

¹ The recommendations for ovarian cancer apply to women aged 18 and over.

² 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 to 24) may be referred using either an adult or children's pathway depending on their age and local arrangements

Age-specific PSA thresholds for people with possible symptoms of prostate cancer

Age (years)	Prostate-specific antigen (PSA) threshold (micrograms/litre)
Below 40	Use clinical judgement
40 to 49	2.5
50 to 59	3.5
60 to 69	4.5
70 to 79	6.5
Above 79	Use clinical judgement

Glossary

Anaemia (iron-deficiency)

(haemoglobin levels 12 g/dl or below for men and 11 g/dl or below for women)

Consistent with

(the finding has characteristics that could be caused by many things, including cancer)

Direct access

(when a test is performed and primary care retain clinical responsibility throughout, including acting on the result)

Persistent

(the continuation of specified symptoms and/or signs beyond a period that would normally be

associated with self-limiting problems; the precise period will vary depending on the severity of symptoms and associated features, as assessed by the healthcare professional)

Sources

Suspected cancer: recognition and referral (2015 updated 2021) 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.