NICE National Institute for Health and Care Excellence

NICE Pathways

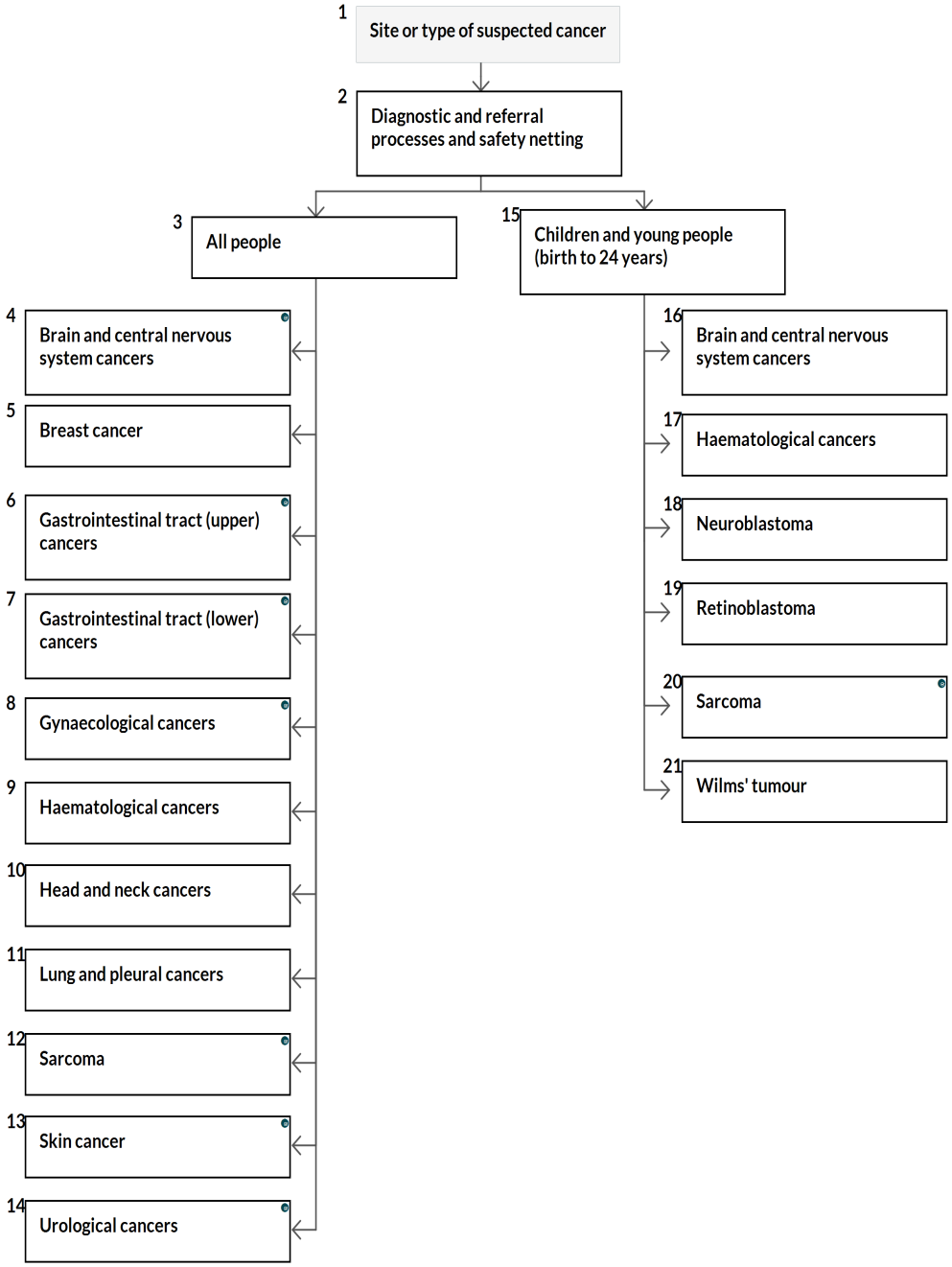
Suspected cancer recognition and referral: site or type of cancer

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: 07 December 2021

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



1 Site or type of suspected cancer

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 All people

In this guidance 'people' applies to all ages, and 'men' and 'women' to people 16 and over.

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

4 Brain and central nervous system cancers

Consider an urgent direct access MRI scan of the brain (or CT scan if MRI is contraindicated) (to be performed within 2 weeks) to assess for brain or central nervous system cancer in adults with progressive, sub-acute loss of central neurological function.

See the NICE Pathway on brain tumours and metastases.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Suspected cancer

1. Direct access to diagnostic tests

Brain tumours (primary) and brain metastases in adults

1. GP direct access to MRI

5 Breast cancer

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for breast cancer if they are:

- aged 30 and over and have an unexplained breast lump with or without pain **or**
- aged 50 and over with any of the following symptoms in one nipple only:
  - discharge
  - retraction
  - other changes of concern.

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for breast cancer in people:

- with skin changes that suggest breast cancer **or**
- aged 30 and over with an unexplained lump in the axilla.

Consider non-urgent referral in people aged under 30 with an unexplained breast lump with or without pain. See also diagnostic and referral processes and safety netting for information about seeking specialist advice.

See the NICE Pathways on advanced breast cancer and early and locally advanced breast cancer. For the referral of people at risk of familial breast cancer see the NICE Pathway on familial breast cancer.

6 Gastrointestinal tract (upper) cancers

Oesophageal cancer

Offer urgent direct access upper gastrointestinal endoscopy (to be performed within 2 weeks) to assess for oesophageal cancer in people:

- with dysphagia **or**
- aged 55 and over with weight loss **and** any of the following:
  - upper abdominal pain
  - reflux
  - dyspepsia.

Consider non-urgent direct access upper gastrointestinal endoscopy to assess for oesophageal cancer in people with haematemesis. (For information on managing acute upper gastrointestinal bleeding see the NICE Pathway on acute upper gastrointestinal bleeding.)

Consider non-urgent direct access upper gastrointestinal endoscopy to assess for oesophageal cancer in people aged 55 or over with:

- treatment-resistant dyspepsia **or**
- upper abdominal pain with low haemoglobin levels **or**
- raised platelet count with any of the following:
  - nausea
  - vomiting
  - weight loss
  - reflux

- dyspepsia
- upper abdominal pain, **or**

- nausea or vomiting with any of the following:
  - weight loss
  - reflux
  - dyspepsia
  - upper abdominal pain.

NICE has published a medtech innovation briefing on Cytosponge for detecting abnormal cells in the oesophagus.

Pancreatic cancer

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for pancreatic cancer if they are aged 40 and over and have jaundice.

Consider an urgent direct access CT scan (to be performed within 2 weeks), or an urgent ultrasound scan if CT is not available, to assess for pancreatic cancer in people aged 60 and over with weight loss **and** any of the following:

- diarrhoea
- back pain
- abdominal pain
- nausea
- vomiting
- constipation
- new-onset diabetes.

See the NICE Pathway on pancreatic cancer.

Stomach cancer

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with an upper abdominal mass consistent with stomach cancer.

Offer urgent direct access upper gastrointestinal endoscopy (to be performed within 2 weeks) to assess for stomach cancer in people:

- with dysphagia **or**

- aged 55 and over with weight loss **and** any of the following:
    - upper abdominal pain
    - reflux
    - dyspepsia.

Consider non-urgent direct access upper gastrointestinal endoscopy to assess for stomach cancer in people with haematemesis. (For information on managing acute upper gastrointestinal bleeding see the NICE Pathway on acute upper gastrointestinal bleeding.)

Consider non-urgent direct access upper gastrointestinal endoscopy to assess for stomach cancer in people aged 55 or over with:

- treatment-resistant dyspepsia **or**
- upper abdominal pain with low haemoglobin levels **or**
- raised platelet count with any of the following:
    - nausea
    - vomiting
    - weight loss
    - reflux
    - dyspepsia
    - upper abdominal pain, **or**
- nausea or vomiting with any of the following:
    - weight loss
    - reflux
    - dyspepsia
    - upper abdominal pain.

Gall bladder cancer

Consider an urgent direct access ultrasound scan (to be performed within 2 weeks) to assess for gall bladder cancer in people with an upper abdominal mass consistent with an enlarged gall bladder.

Liver cancer

Consider an urgent direct access ultrasound scan (to be performed within 2 weeks) to assess for liver cancer in people with an upper abdominal mass consistent with an enlarged liver.

See the NICE Pathway on liver cancers.

Further information

See the NICE Pathways on gastrointestinal cancers and dyspepsia and gastro-oesophageal reflux disease.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Suspected cancer

1. Direct access to diagnostic tests

2. Urgent direct access endoscopy for oesophageal or stomach cancer

Dyspepsia and gastro-oesophageal reflux disease in adults: investigation and management

2. Urgent endoscopy

4. Discussion about referral for non-urgent endoscopy

7 Gastrointestinal tract (lower) cancers

Colorectal cancer

Refer adults using a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer if:

- they are aged 40 and over with unexplained weight loss and abdominal pain **or**
- they are aged 50 and over with unexplained rectal bleeding **or**
- they are aged 60 and over with:
    - iron-deficiency anaemia **or**
    - changes in their bowel habit, **or**
- tests show occult blood in their faeces.

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal

cancer in adults with a rectal or abdominal mass.

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer in adults aged under 50 with rectal bleeding **and** any of the following unexplained symptoms or findings:

- abdominal pain
- change in bowel habit
- weight loss
- iron-deficiency anaemia.

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 below) to assess for colorectal cancer in adults without rectal bleeding who:

- are aged 50 and over with unexplained:
  - abdominal pain, **or**
  - weight loss, **or**
- are aged under 60 with:
  - changes in their bowel habit, **or**
  - iron-deficiency anaemia, **or**
- are aged 60 and over and have anaemia even in the absence of iron deficiency.

Quantitative faecal immunochemical tests

The following recommendations are from NICE diagnostics guidance on quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care.

The OC Sensor, HM-JACKarc and FOB Gold quantitative faecal immunochemical tests are recommended for adoption in primary care to guide referral for suspected colorectal cancer in people without rectal bleeding who have unexplained symptoms but do not meet the criteria for a suspected cancer pathway referral outlined above.

Results should be reported using a threshold of 10 micrograms of haemoglobin per gram of faeces. Companies should provide advice about the performance characteristics of the assays to laboratories, and ensure standardisation of results.

Commissioning groups adopting the OC Sensor, HM-JACKarc and FOB Gold should audit their

outcomes and monitor the associated resource use (see section 6.1).

There is currently not enough evidence to recommend the routine adoption of the RIDASCREEN haemoglobin or the RIDASCREEN haemoglobin/haptoglobin assay in primary care to guide referral for suspected colorectal cancer in people without rectal bleeding who have unexplained symptoms but do not meet the criteria for a suspected cancer pathway referral outlined above.

Anal cancer

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for anal cancer in people with an unexplained anal mass or unexplained anal ulceration.

Further information

For recommendations on diagnosis and management see the NICE Pathway on colorectal cancer.

Quality standards

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

Suspected cancer

3. Testing for blood in faeces

8 Gynaecological cancers

Ovarian cancer

For recommendations on detecting ovarian cancer in primary care in women aged 18 and over see the NICE Pathway on ovarian cancer: detection in primary care.

For information on diagnosis and management, see the NICE Pathway on ovarian cancer.

Endometrial cancer

Refer women using a suspected cancer pathway referral (for an appointment within 2 weeks) for endometrial cancer if they are aged 55 and over with post-menopausal bleeding (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of

the menopause).

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for endometrial cancer in women aged under 55 with post-menopausal bleeding.

Consider a direct access ultrasound scan to assess for endometrial cancer in women aged 55 and over with:

- unexplained symptoms of vaginal discharge who:
  - are presenting with these symptoms for the first time **or**
  - have thrombocytosis **or**
  - report haematuria, **or**
- visible haematuria **and:**
  - low haemoglobin levels **or**
  - thrombocytosis **or**
  - high blood glucose levels.

Cervical cancer

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for women if, on examination, the appearance of their cervix is consistent with cervical cancer.

See the NICE Pathway on cervical cancer.

Vulval cancer

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for vulval cancer in women with an unexplained vulval lump, ulceration or bleeding.

Vaginal cancer

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for vaginal cancer in women with an unexplained palpable mass in or at the entrance to the vagina.

Quality standards

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

Suspected cancer

1. Direct access to diagnostic tests

9 Haematological cancers

Leukaemia

Consider a very urgent full blood count (within 48 hours) to assess for leukaemia in adults with any of the following:

- pallor
- persistent fatigue
- unexplained fever
- unexplained persistent or recurrent infection
- generalised lymphadenopathy
- unexplained bruising
- unexplained bleeding
- unexplained petechiae
- hepatosplenomegaly.

Myeloma

Offer a full blood count, blood tests for calcium and plasma viscosity or erythrocyte sedimentation rate to assess for myeloma in people aged 60 and over with persistent bone pain, particularly back pain, or unexplained fracture.

Offer very urgent protein electrophoresis and a Bence-Jones protein urine test (within 48 hours) to assess for myeloma in people aged 60 and over with hypercalcaemia or leukopenia and a presentation that is consistent with possible myeloma.

Consider very urgent protein electrophoresis and a Bence-Jones protein urine test (within 48 hours) to assess for myeloma if the plasma viscosity or erythrocyte sedimentation rate and presentation are consistent with possible myeloma.

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) if the results of protein electrophoresis or a Bence-Jones protein urine test suggest myeloma.

See the NICE Pathway on myeloma.

Non-Hodgkin's lymphoma

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for non-Hodgkin's lymphoma in adults[1] presenting with unexplained lymphadenopathy or splenomegaly. When considering referral, take into account any associated symptoms, particularly fever, night sweats, shortness of breath, pruritus or weight loss.

See the NICE Pathway on non-Hodgkin's lymphoma.

Hodgkin's lymphoma

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for Hodgkin's lymphoma in adults presenting with unexplained lymphadenopathy. When considering referral, take into account any associated symptoms, particularly fever, night sweats, shortness of breath, pruritus, weight loss or alcohol-induced lymph node pain.

Further information

See the NICE Pathway on blood and bone marrow cancers.

10 Head and neck cancers

Laryngeal cancer

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for laryngeal cancer in people aged 45 and over with:

- persistent unexplained hoarseness **or**
- an unexplained lump in the neck.

Oral cancer

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for oral cancer in people with either:

- unexplained ulceration in the oral cavity lasting for more than 3 weeks **or**
- a persistent and unexplained lump in the neck.

[1] 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.

Consider an urgent referral (for an appointment within 2 weeks) for assessment for possible oral cancer by a dentist in people who have either:

- a lump on the lip or in the oral cavity **or**
- a red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia.

Consider a suspected cancer pathway referral by the dentist (for an appointment within 2 weeks) for oral cancer in people when assessed by a dentist as having either:

- a lump on the lip or in the oral cavity consistent with oral cancer **or**
- a red or red and white patch in the oral cavity consistent with erythroplakia or erythroleukoplakia.

Thyroid cancer

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for thyroid cancer in people with an unexplained thyroid lump.

Further information

See the NICE Pathways on upper aerodigestive tract cancer and endocrine cancers.

11 Lung and pleural cancers

Lung cancer

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for lung cancer if they:

- have chest X-ray findings that suggest lung cancer **or**
- are aged 40 and over with unexplained haemoptysis.

Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people aged 40 and over if they have 2 or more of the following unexplained symptoms, **or** if they have ever smoked **and** have 1 or more of the following unexplained symptoms:

- cough
- fatigue
- shortness of breath

- chest pain
- weight loss
- appetite loss.

Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people aged 40 and over with any of the following:

- persistent or recurrent chest infection
- finger clubbing
- supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
- chest signs consistent with lung cancer
- thrombocytosis.

See the NICE Pathway on lung cancer.

Mesothelioma

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for mesothelioma if they have chest X-ray findings that suggest mesothelioma.

Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for mesothelioma in people aged 40 and over, if:

- they have 2 or more of the following unexplained symptoms, **or**
- they have 1 or more of the following unexplained symptoms and have ever smoked, **or**
- they have 1 or more of the following unexplained symptoms and have been exposed to asbestos:
    - cough
    - fatigue
    - shortness of breath
    - chest pain
    - weight loss
    - appetite loss.

Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for mesothelioma in people aged 40 and over with either:

- finger clubbing or
- chest signs compatible with pleural disease.

12 Sarcoma

Bone sarcoma

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for adults[1] if an X-ray suggests the possibility of bone sarcoma.

Soft tissue sarcoma

Consider an urgent direct access ultrasound scan (to be performed within 2 weeks) to assess for soft tissue sarcoma in adults with an unexplained lump that is increasing in size.

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for adults if they have ultrasound scan findings that are suggestive of soft tissue sarcoma or if ultrasound findings are uncertain and clinical concern persists.

Further information

See the NICE Pathway on sarcoma.

Quality standards

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

Suspected cancer

1. Direct access to diagnostic tests

13 Skin cancer

Malignant melanoma of the skin

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for melanoma if they have a suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more.

Weighted 7-point checklist

Major features of the lesions (scoring 2 points each):

[1] 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.

- change in size
- irregular shape
- irregular colour.

Minor features of the lesions (scoring 1 point each):

- largest diameter 7 mm or more
- inflammation
- oozing
- change in sensation.

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) if dermoscopy suggests melanoma of the skin.

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for melanoma in people with a pigmented or non-pigmented skin lesion that suggests nodular melanoma.

Squamous cell carcinoma

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with a skin lesion that raises the suspicion of squamous cell carcinoma.

Basal cell carcinoma

Consider routine referral for people if they have a skin lesion that raises the suspicion of a basal cell carcinoma. Typical features of basal cell carcinoma include: an ulcer with a raised rolled edge; prominent fine blood vessels around a lesion; or a nodule on the skin (particularly pearly or waxy nodules).

Only consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with a skin lesion that raises the suspicion of a basal cell carcinoma if there is particular concern that a delay may have a significant impact, because of factors such as lesion site or size.

Follow the NICE guideline on improving outcomes for people with skin tumours including melanoma for advice on who should excise suspected basal cell carcinomas.

Further information

See the NICE Pathway on skin cancer.

Quality standards

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

Suspected cancer

3. Suspected cancer pathway referrals

14 Urological cancers

Prostate cancer

Refer men using a suspected cancer pathway referral (for an appointment within 2 weeks) for prostate cancer if their prostate feels malignant on digital rectal examination.

Consider a prostate-specific antigen test and digital rectal examination to assess for prostate cancer in men with:

- any lower urinary tract symptoms, such as nocturia, urinary frequency, hesitancy, urgency or retention **or**
- erectile dysfunction **or**
- visible haematuria.

Refer men using a suspected cancer pathway referral (for an appointment within 2 weeks) for prostate cancer if their prostate-specific antigen levels are above the age-specific reference range.

See the NICE Pathway on prostate cancer.

Bladder cancer

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for bladder cancer if they are:

- aged 45 and over and have:
    - unexplained visible haematuria without urinary tract infection **or**

- – visible haematuria that persists or recurs after successful treatment of urinary tract infection, **or**
- aged 60 and over and have unexplained non-visible haematuria and either dysuria or a raised white cell count on a blood test.

Consider non-urgent referral for bladder cancer in people aged 60 and over with recurrent or persistent unexplained urinary tract infection.

See the NICE Pathway on bladder cancer.

Renal cancer

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for renal cancer if they are aged 45 and over and have :

- unexplained visible haematuria without urinary tract infection **or**
- visible haematuria that persists or recurs after successful treatment of urinary tract infection.

See the NICE Pathway on renal cancer.

Testicular cancer

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for testicular cancer in men if they have a non-painful enlargement or change in shape or texture of the testis.

Consider a direct access ultrasound scan for testicular cancer in men with unexplained or persistent testicular symptoms.

Penile cancer

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for penile cancer in men if they have either:

- a penile mass **or** ulcerated lesion, where a sexually transmitted infection has been excluded as a cause, **or**
- a persistent penile lesion after treatment for a sexually transmitted infection has been completed.

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for penile cancer in men with unexplained or persistent symptoms affecting the foreskin or glans.

Quality standards

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

Suspected cancer

1. Direct access to diagnostic tests

15 Children and young people (birth to 24 years)

In this guidance children are aged from birth to 15 years and young people are aged 16 to 24 years.

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.

See also the NICE Pathway on babies, children and young people's experience of healthcare.

16 Brain and central nervous system cancers

Consider a very urgent referral (for an appointment within 48 hours) for suspected brain or central nervous system cancer in children and young people with newly abnormal cerebellar or other central neurological function.

See the NICE Pathway on brain tumours and metastases.

17 Haematological cancers

Leukaemia

Refer children and young people for immediate specialist assessment for leukaemia if they have unexplained petechiae or hepatosplenomegaly.

Offer a very urgent full blood count (within 48 hours) to assess for leukaemia in children and young people with any of the following:

- pallor
- persistent fatigue
- unexplained fever
- unexplained persistent infection
- generalised lymphadenopathy
- persistent or unexplained bone pain
- unexplained bruising
- unexplained bleeding.

Non-Hodgkin's lymphoma

Consider a very urgent referral (for an appointment within 48 hours) for specialist assessment for non-Hodgkin's lymphoma in children and young people[1] presenting with unexplained lymphadenopathy **or** splenomegaly. When considering referral, take into account any associated symptoms, particularly fever, night sweats, shortness of breath, pruritus or weight loss.

See the NICE Pathway on non-Hodgkin's lymphoma.

Hodgkin's lymphoma

Consider a very urgent referral (for an appointment within 48 hours) for specialist assessment for Hodgkin's lymphoma in children and young people presenting with unexplained lymphadenopathy. When considering referral, take into account any associated symptoms, particularly fever, night sweats, shortness of breath, pruritus or weight loss.

Further information

See the NICE Pathway on blood and bone marrow cancers.

18 Neuroblastoma

Consider very urgent referral (for an appointment within 48 hours) for specialist assessment for neuroblastoma in children with a palpable abdominal mass or unexplained enlarged abdominal organ.

For information on treatment, see neuroblastoma in the NICE Pathway on neurological conditions.

[1] 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.

19 Retinoblastoma

Consider urgent referral (for an appointment within 2 weeks) for ophthalmological assessment for retinoblastoma in children with an absent red reflex. If there is new-onset squint that occurs together with an absent red reflex, see the recommendations on squint in the NICE Pathway on suspected neurological conditions: recognition and referral in under 16s.

20 Sarcoma

Bone sarcoma

Consider a very urgent referral (for an appointment within 48 hours) for specialist assessment for children and young people[1] if an X-ray suggests the possibility of bone sarcoma.

Consider a very urgent direct access X-ray (to be performed within 48 hours) to assess for bone sarcoma in children and young people with unexplained bone swelling or pain.

Soft tissue sarcoma

Consider a very urgent direct access ultrasound scan (to be performed within 48 hours) to assess for soft tissue sarcoma in children and young people with an unexplained lump that is increasing in size.

Consider a very urgent referral (for an appointment within 48 hours) for children and young people if they have ultrasound scan findings that are suggestive of soft tissue sarcoma or if ultrasound findings are uncertain and clinical concern persists.

Further information

See the NICE Pathway on sarcoma.

Quality standards

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

Suspected cancer

1. Direct access to diagnostic tests

21 Wilms' tumour

Consider very urgent referral (for an appointment within 48 hours) for specialist assessment for Wilms' tumour in children with any of the following:

- a palpable abdominal mass
- an unexplained enlarged abdominal organ
- unexplained visible haematuria.

[1] 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.

Glossary

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)

Immediate

(an acute admission or referral occurring within a few hours, or even more quickly if necessary)

Iron-deficiency anaemia

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

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)

Raises the suspicion of

(a mass or lesion that has an appearance or a feel that makes the healthcare professional believe cancer is a significant possibility)

Unexplained

(symptoms or signs that have not led to a diagnosis being made by the healthcare professional in primary care after initial assessment (including history, examination and any primary care investigations))

Sources

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

Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care (2017) NICE diagnostics guidance DG30

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.