## **GUIDELINES**

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

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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

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

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)

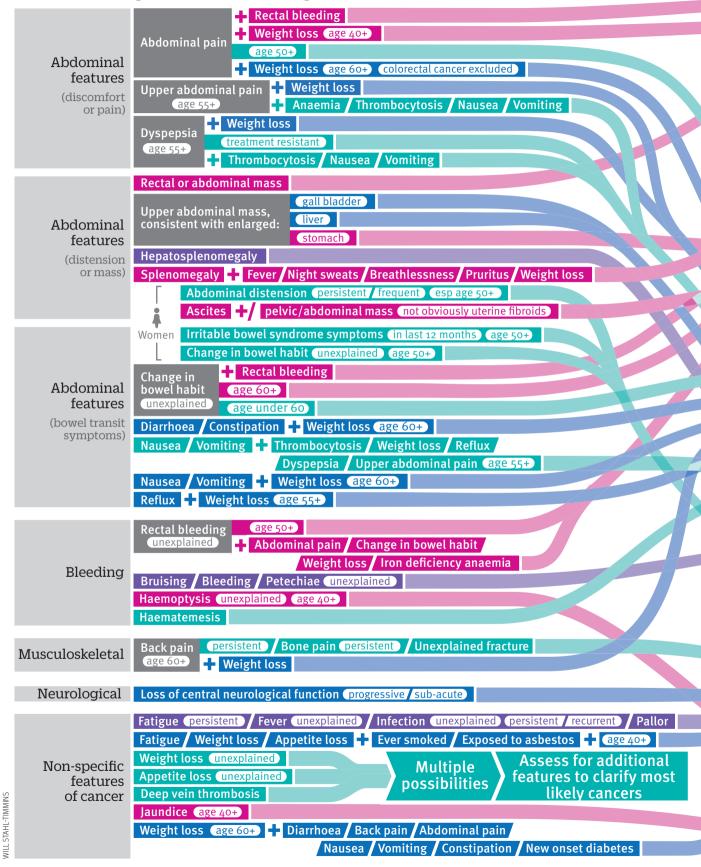
Orange-refer to a specialist non-urgently

#### Primary care investigation:

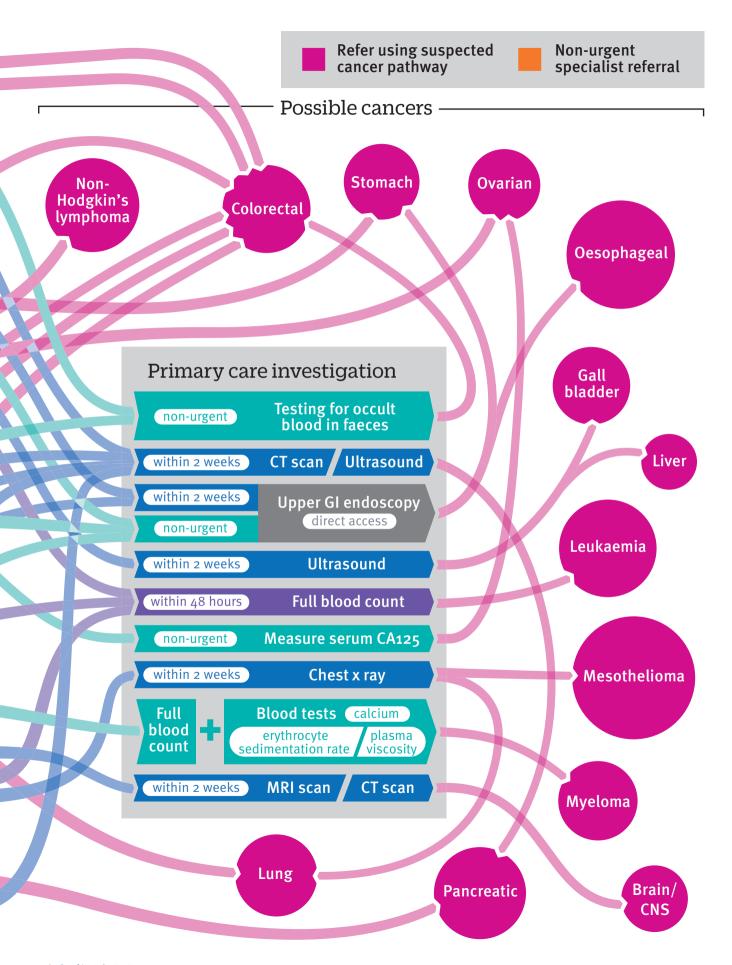
Purple—very urgent investigation (within 48 hours) Blue—urgent investigation (within 2 weeks) Green—non-urgent investigation

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# Assessing and referring adult cancers



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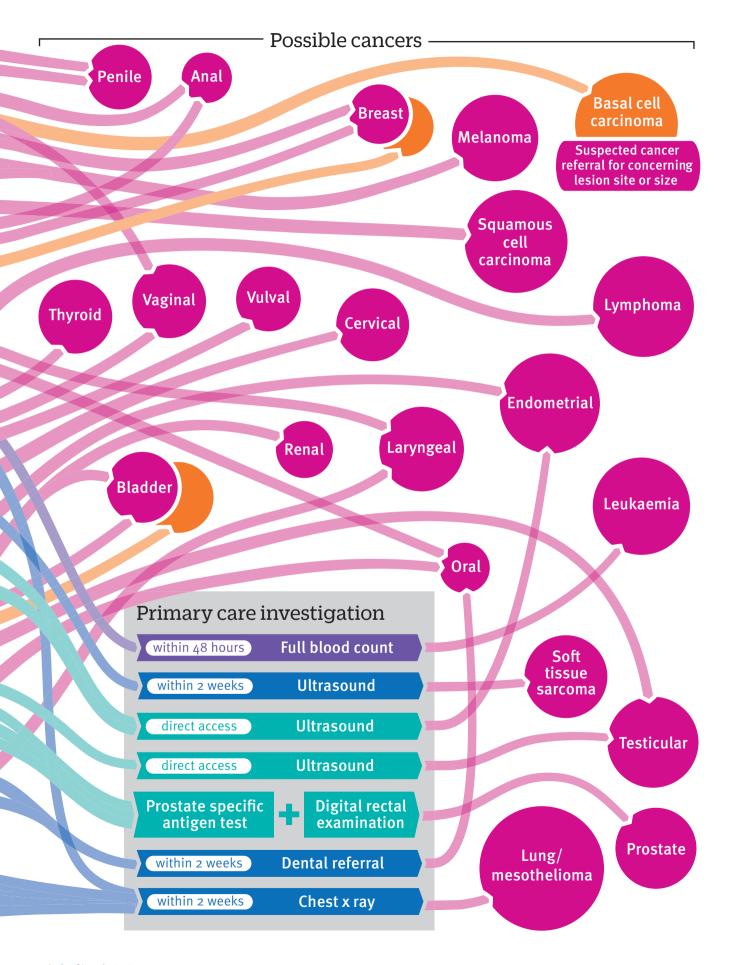


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WILL STAHL-TIMMINS

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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+
                   Breast lump
                                 age 30+
                   unexplained
                                 age under 30
                                 age 45+
                    Neck lump
                   unexplained
                                 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+ ho 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
   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
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