

# NICE guideline (NG12) for recognition and referral of suspected cancer

Urgent suspected cancer referral: **1** Gynae **2** Lower GI **3** Haematology **4** Upper GI **5** Urology **6** Lung **7** Breast **8** Head and neck **9** Skin **10** Bone/sarcoma  
 ■ Urgent referral to dentist ● Urgent investigation (within two weeks) F FIT C CA125 P PSA + digital rectal examination  
 ▲ Full blood count + myeloma blood screen ▲ Urgent full blood count (48 hours)

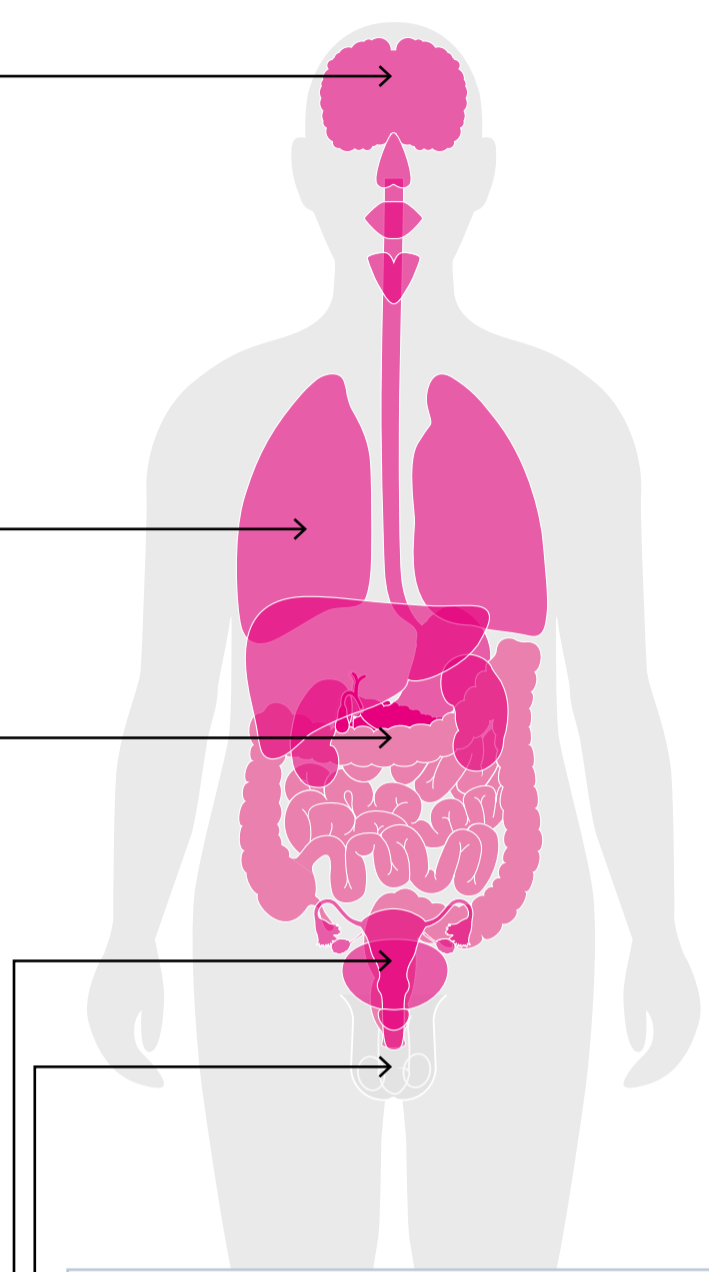
**Neurological**  
 ● MRI (CT if MRI contraindicated): loss of central neurological function (progressive, sub acute)

**Respiratory**  
 ● CXR: chest pain, cough or SOB, ≥40 yrs, ever-smoked or asbestos exposure  
 ● CXR: cough, chest pain, SOB (≥40 yrs) AND  
 • another respiratory symptom OR  
 • +1 of: fatigue, weight loss, appetite loss  
 ● CXR: chest signs consistent with lung or pleural cancer, ≥40 years  
 ● CXR: finger clubbing, ≥40 years  
 6 Haemoptysis, ≥40 years  
 6 CXR suspicious of lung cancer/mesothelioma  
 3 SOB + lymphadenopathy/splenomegaly  
 8 Persistent unexplained hoarseness, ≥45 years

**Abdominal**  
 ● Abdominal distension, persistent or frequent, especially ≥40 years  
 4 Dyspepsia/reflux + weight loss, ≥55 years  
 4 Dysphagia  
 ● CT\*\*: nausea/vomiting + weight loss, ≥60 years  
 2 Anal ulceration  
**Masses**  
 ▲ Hepatosplenomegaly  
 3 Splenomegaly  
 F Abdominal mass  
 2 Anal/rectal mass  
 4 Upper abdominal mass consistent with stomach cancer  
 ● U/S: upper abdominal mass consistent with an enlarged gall bladder or liver  
 1 Ascites, and/or pelvic or abdominal mass which is not obviously uterine fibroids  
**Abdominal pain**  
 F Abdominal pain, ≥50 years  
 F Abdominal pain + unexplained weight loss, ≥40 years  
 F Abdominal pain + rectal bleeding, <50 years  
 C Abdominal/pelvic pain, persistent or frequent, especially ≥50 years  
 4 Upper abdominal pain + weight loss, ≥55 years  
 ● CT\*\*: abdominal pain + unexplained weight loss, ≥60 years  
**Change in bowel habit**  
 C IBS symptoms, women ≥50 years  
 C Change in bowel habit (women), ≥40 years  
 F Change in bowel habit (all)  
 ● CT\*\*: diarrhoea/constipation + weight loss, ≥60 years

**Gynaecological**  
 1 Appearance of cervix consistent with cervical cancer  
 1 Vaginal mass  
 1 Vulval lump, bleeding or ulceration  
 ● U/S, if unexplained vaginal discharge ≥55 years, +1 of:  
 • first presentation  
 • thrombocytosis  
 • haematuria  
 ● U/S, if raised age-specific CA125\*  
 1 Ultrasound suggestive of ovarian cancer  
 ● U/S: persistent symptoms that suggest ovarian cancer\*, <40 years

**Urological**  
 P LUTS: nocturia, frequency, hesitancy, urgency, retention  
 P Erectile dysfunction  
 P Visible haematuria  
 5 Raised age-specific PSA\*  
 5 Non-painful enlargement, change in shape or texture of testis  
 ● U/S: unexplained or persistent testicular symptoms  
 5 Unexplained visible haematuria, ≥45 years, +1 of:  
 • without UTI  
 • persists or recurs after UTI treatment  
 5 Unexplained non-visible haematuria, ≥60 years +1 of:  
 • dysuria  
 • raised white cell count  
 ● U/S pelvis: if visible haematuria ≥55 years (women), +1 of:  
 • low haemoglobin  
 • thrombocytosis  
 • high blood glucose  
 • unexplained vaginal discharge  
 C Urinary urgency/frequency, especially ≥40 years, women



**Non-specific symptoms**

**Appetite loss**  
 ● CXR: appetite loss, ever-smoked or asbestos exposure, ≥40 years  
 ● CXR: appetite loss, ≥40 years, +1 of:  
 • chest pain  
 • fatigue  
 • SOB  
 • weight loss  
 • cough  
 C Appetite loss/early satiety, frequent or persistent, (women), ≥40 years  
**Unexplained weight loss**  
 C Weight loss (unexplained), (women), ≥40 years  
 F Weight loss, ≥50 years  
 F Weight loss + abdominal pain, ≥40 years  
 F Weight loss + rectal bleeding, <50 years  
 ● CXR: weight loss, never-smoked, ever-smoked or asbestos exposure, ≥40 years  
 ● CXR: weight loss, ≥40 years, +1 of:  
 • chest pain  
 • fatigue  
 • SOB  
 • appetite loss  
 • cough  
 3 Weight loss + splenomegaly/lymphadenopathy  
 4 Weight loss, ≥55 years, +1 of:  
 • reflux  
 • dyspepsia  
 • upper abdominal pain  
 ● CT\*\*: weight loss, ≥60 years, +1 of:  
 • diarrhoea  
 • back pain  
 • abdominal pain  
 • nausea/vomiting  
 • constipation  
 • new onset diabetes  
**Fatigue**  
 ▲ Fatigue (persistent)  
 C Fatigue (unexplained), (women), ≥40 years  
 ● CXR: fatigue, ever-smoked or asbestos exposure, ≥40 years  
 ● CXR: fatigue, ≥40 years, +1 of:  
 • chest pain  
 • weight loss  
 • SOB  
 • appetite loss  
 • cough  
**Fever**  
 ▲ Fever (unexplained)  
 3 Fever + splenomegaly/lymphadenopathy  
**Other**  
 ▲ Infection (unexplained)  
 3 Night sweats + splenomegaly/lymphadenopathy  
 For unexplained weight loss ≥60 years, appetite loss or deep vein thrombosis, refer via most suitable route following assessment for additional symptoms.

**Skeletal**  
 ● CT\*\*: back pain + weight loss, ≥60 years  
 ▲ Back or bone pain, persistent, ≥60 years  
 ▲ Fracture, unexplained, ≥60 years

**Lumps or masses**  
 2 Unexplained anal/rectal mass  
 7 Unexplained breast or axillary lump, ≥30 years  
 8 Lip/oral cavity lump  
 8 Unexplained oral ulceration 3+ weeks  
 8 Unexplained neck lump, ≥45 years  
 8 Neck lump, persistent and unexplained  
 5 Penile mass (STI excluded, or persistent following STI treatment)  
 8 Unexplained thyroid lump  
 1 Unexplained vaginal/vulval lump  
 3 Unexplained lymphadenopathy  
 ▲ Lymphadenopathy (generalised)  
 ● CXR: lymphadenopathy (supraclavicular or persistent cervical), ≥40 years  
 ● U/S: unexplained lump, increasing in size

**Skin**  
 ▲ Bruising  
 ▲ Pallor  
 ▲ Unexplained petechiae  
 8 Unexplained oral cavity red or red + white patch  
 7 Skin changes that suggest breast cancer  
 7 Unilateral nipple discharge/retraction, ≥50 years  
 5 Penile ulceration (STI excluded, or persistent following STI treatment)  
 5 Penile symptoms affecting the foreskin or glans (unexplained or persistent)  
 3 Pruritus + unexplained splenomegaly/lymphadenopathy  
 4 Jaundice, ≥40 years  
 9 Pigmented lesion with a weighted 7-point score ≥3\*  
 9 Skin lesion that suggests nodular melanoma, squamous cell carcinoma, high-risk basal cell carcinoma  
 1 Unexplained vulval ulceration  
 2 Unexplained anal ulceration

**Glossary**  
 CXR: chest x-ray  
 DVT: deep vein thrombosis  
 GI: gastrointestinal  
 IBS: irritable bowel syndrome  
 LUTS: lower urinary tract symptoms  
 SOB: shortness of breath  
 U/S: ultrasound  
 UTI: urinary tract infection

**Bleeding**  
 ▲ Bleeding, bruising or petechiae  
 6 Haemoptysis, ≥40 years  
 1 Post-menopausal bleeding, not attributable to HRT  
 1 Vulval bleeding  
 F Rectal bleeding, ≥50 years  
 F Rectal bleeding, <50 years, +1 of:  
 • abdominal pain  
 • weight loss  
 For haematuria, see 'Urological' section

**Pain**  
 3 Alcohol-induced lymph node pain + lymphadenopathy  
 ● CT\*\*: back pain + weight loss, ≥60 years  
 ▲ Back or bone pain, persistent, ≥60 years  
 ● CXR: chest pain, ever-smoked or asbestos exposure, ≥40 years  
 ● CXR: chest pain, ≥40 years, +1 of:  
 • cough  
 • fatigue  
 • SOB  
 • weight loss  
 • appetite loss  
 For abdominal or pelvic pain, see 'Abdominal' and 'Gynaecological' section

**Investigations**  
 F Iron deficiency anaemia  
 F Anaemia, ≥60 years  
 ● CXR: thrombocytosis, ≥40 years  
 9 Dermoscopy suggests melanoma  
 5 Prostate feels malignant on digital rectal examination  
 2 FIT ≥10µg/g  
 10 U/S suggests soft tissue sarcoma  
 10 X-ray suggests bone sarcoma  
 3 Hypercalcaemia, leukopenia, plasma viscosity, erythrocyte sedimentation, serum free light chain, Bence Jones or serum electrophoresis rate suggests myeloma

\*Check NG12 for more information  
 \*\*U/S if CT not available  
 Local pathways may vary and it does not replace clinical judgement.  
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