CRUK summary of NICE cancer recognition and referral guidelines (NG12)

Key

■ No time specified ■ Routine
■ Suspected cancer referral
■ Within 2 weeks ■ Within 48h

2 Lower GI*
Gynae
Head and neck

6 Haematology LungSarcoma

Skin

Urology
 Urology
 Upper GI
 Abdominal and pelvic USS
 Appointment with dentist within 2w
 Assess for other symptoms/ signs

then suspected cancer referral/ further urgent investigation

further urgent investigation

Assess for other clinical causes/
monitor in primary care

CA-125

Consider Paediatrician referral

MRI/CT within 2W

CT/USS within 2W

CXR within 2W

OCR within 2W

OCR within 2W

@ OGD within 2w Ebc within 48 hours

Fbc, Ca2+ + ESR/PV
FIT*

Gynae USS
Immediate referral to Paediatrician
Non-urgent referral via urology

pathway

Ophthalmologist referral within 2w
Paediatrician appointment within

@ PSA + DRF

 Urine protein electrophoresis and BJP within 48h USS within 48h

6 Xrav within 48h ☐ CA-125 + FIT

^: raised; 2w: 2 weeks; 40+: 40 and "A raised; Zw. 2 weeks; 404: 40 and over etc; BCC basal cell carcinoma, BJP. Bence-Jones protein urine test; CXR: chest Xray; DRE: digital rectal examination; DVT: deep vein thrombosis; ESR/PV: erythrocyte sedimentation rate or plasma viscosity; Fbc: full blood count; IT: Seezal immunochemical test: FIT: Faecal immunochemical test; GI: gastrointestinal: GOR: gastro-Gl: gastrointestinal; GOR: gastro-oesophageal reflux; IDA: iron deficiency anaemia; LUTS: lower urinary tract symptoms; NV: nauseal/ vonitting; OGD: upper Gl endoscopy; PSA: prostate specific antigen; SCC: squamous cell carcinoma; SOB: shortness of breath; USS: ultrasound scan; wbc: white blood cell.

Non-specific symptoms

Appetite loss

Unexplained: consider: lung, upper GI, lower GI, pancreatic, urological:

Ever smoked/asbestos exposed

With cough/fatigue/SOB/chest pain/weight loss 40+:
Or early satiety persistent/>12x per month in women especially

Consider urogenital/breast/ lower GI/lung cancers: 19 Diabetes

New onset with weight loss

Fatigue

Ever smoked/asbestos exposed With cough/SOB/chest pain/

weight loss/appetite loss (unexplained) 40+: 09 Persistent 16+: 29 Unexplained in women: 45

Unexplained: 22 Unexplained with splenomegaly/ lymphadenopathy 16+: 6

Finger clubbing 40+: (9)

Infection Unexplained and persistent/ recurrent 16+: 22

Night sweats With unexplained splenomegaly/

lymphadenopathy 16+: 5 Pallor: 22

Pruritus

With unexplained splenomegaly/ lymphadenopathy 16+: 5

Weight loss

Unexplained: consider: lung,

Bleeding

Bleeding Unexplained bruising, bleeding, petechiae: Haematemesis: ³¹ Haemoptysis 40+: ⁶

Post-menopausal: 3
Rectal bleeding with abdominal pain/weight loss <50: 24 Rectal 50+: 2

Lumps/masses

Lumps/Masses Anal: 😢 Axillary 30+: 1 Breast 30+: 1 Breast <30: Lip/oral cavity: Lump increasing in size: 40 Neck (unexplained) 45+: 41 Neck (persistent and unexplained): 4 Penile (STI excluded): 9 Thyroid: 4

Vaginal/vulval (unexplained): 6 Lymphadenopathy

Unexplained in adults: 5
Supraclavicular/persistent cervical 40+: 66 Generalised in adults: 22

Pain

Alcohol induced lymph node pain with lymphadenopathy.

Back with weight loss 60+: @ Back (persistent) 60+: @ Chest (unexplained) 40+ ever smoked/asbestos exposed: Chest (unexplained) with cough/fatigue/SOB/weight loss/appetite loss 40+:

(9)

Skeletal

Skeletal Symptoms

Back pain with weight loss 60+

Back pain (persistent) 60+: 23 Bone pain (persistent) 60+: Fracture (unexplained) 60+: 23

Skin or surface symptoms Anal ulceration: (2) Bruising:

Nipple: unilateral changes (including those "of concern") 50+: Penile lesion/mass (STI excluded): 9 Penile symptoms affecting the foreskin/glans: 9

Petechiae (unexplained): 22 Skin change suggesting breast cancer: 1 Pigmented lesion with a

weighted 7 point score 3+: 3 Lesion suggestive of nodular melanoma: 3 Inetanoma:
Lesion suggestive of SCC:
Lesion suggestive of BCC &
Lesion suggestive of BCC &
concern that treatment delay
may have a significant impact:

Vulval lump/ulceration (unexplained): 3

Unexplained with abdominal pain 40+: 20
Unexplained with rectal bleeding <50: 24 Unexplained 50+: 24 Ever smoked/asbestos exposed 40+: 69 40+: With cough/fatigue/SOB/chest pain/appetite loss 40+ never smoked: With unexplained

with unexplained splenomegaly/ lymphadenopathy 16+: 6 With upper abdominal pain/ GOR/dyspepsia 55+: 6 Unexplained in women: 9 With diarrhoea/nausea/ vomiting/constipation 60+: 6 With back pain/abdominal pain/new onset diabetes 60+

With ^platelets/nausea/ vomiting 55+: 60

Investigation findings

Anaemia (IDA) Unexplained IDA:
Without rectal bleeding <60: Anaemia (normocytic)

Unexplained anaemia 60+: 29

BJP suggests myeloma: 6 ^Blood glucose with visible CA-125 35+IU/ML: 1

with normal ultrasound: 🚇 ^CA2+/low wbc and consistent with myeloma 60+:

CXR suggests lung cancer/

New onset diabetes with weight loss 60+: 📵

DRE suggests prostate cancer: 9 ^ESR/PV and consistent with myeloma: 🚱

FIT+ve: 2 Jaundice 40+: 🕕

^platelets with GOR/

^platelets with nausea/ vomiting/ weight loss 55+: 60 ^platelets 40+: @

. haematuria/unexplained vaginal discharge 55+: @ PSA above age specific range:

Urine protein electrophoresis suggests myeloma: 6 USS suggests ovarian cancer: (3)

This is a summary of the NICE guidelines for suspected cancer (NG12). The information in this summary is correct to the best of our knowledge, however local pathways ma vary and it does not replace clinical judgement. The full guidelines can be found here

Neurological

Neurological Loss of central neurological function (progressive): 0

Oral lesions

Oral lesions

Ulceration (unexplained, >3w): Oral red / red & white patches:

Respiratory

Chest infection (persistent or recurrent) 40+: 19
Chest pain (unexplained) 40+ ever smoked/asbestos exposed: (1)
Chest pain (unexplained) with cough/fatigue/SOB/weight loss/appetite loss 40+:
Cough (unexplained) 40+ ever smoked/asbestos exposed: @ Cough (unexplained) with chest pain/fatigue/SOB/weight loss/appetite loss 40+: 19 Hoarseness (unexplained and persistent) 45+: 4 Chest signs consistent with cancer/pleural disease 40+:
Finger clubbing 40+:

Output

Description:

Shortness of breath Ever smoked/asbestos exposed

With cough/fatique/chest pain/ weight loss/appetite loss 40+

With unexplained lymphadenopathy: 5 With unexplained splenomegaly: 6

Urological

Frectile dysfunction: @ Haematuria (visible and unexplained) without UTI 45+:

Haematuria (visible and unexplained) with persistence/ recurrence after treatment for UTI 45+: 🧐

Haema turia (non visible and unexplained) with dysuria/^blood test wbc 60+:

Haematuria (visible) with low Hb/ ^platelets / ^ blood glucose/ unexplained vaginal discharge in women 55+: 49
Haematuria (visible) in men: 50
Testicular enlargement/shape change/texture change (non-painful): 9 Testicular symptoms (unexplained/persistent): 3
UTI (unexplained and

recurrent/persistent) 60+: 20
LUTS in males: 30 Urinary urgency (persistent or >12x per month) in women especially 50+: 69

Abdominal

Abdominal distension Persistent or >12 times per month in women especially 50+: 🚳

Abdominal/pelvic/rectal mass Suggestive of ovarian pathology: 3
Abdominal: 24
Rectal: 2

Splenomegaly: 5
Upper abdomen (consistent with liver/gall bladder): 4 Upper abdomen (consistent with stomach cancer: 0 Hepatosplenomegaly: 🙉

Abdominal/pelvic pain Abdominal pain with weight loss in 40+: 29 Abdominal pain with rectal bleeding in <50: @
Abdominal pain in 50+: @

Upper abdominal pain with weight loss in 55+:

Upper abdominal pain with any of: anaemia. ^platelets. nausea. vomiting in 55+: 60
Persistent or >12 times per month in women especially

50+: 🚳 Abdominal pain with weight loss in 60+: 00 IBS symptoms within 12 months in women 50+: Ascites +/or pelvic or

abdominal mass 🚯 Change in bowel habit

Unexplained: @ Unexplained with rectal bleeding <50: 29 Without rectal bleeding <60:

Unexplained in females: 🚳 Diarrhoea/constipation with weight loss 60+: 🐽 IBS symptoms within 12 months in women 50+: 30

Dyspepsia

With weight loss in 55+: (1)
Treatment resistant 55+: (1)
55+ with ^platelets/N/V: (1) Dysphagia 🐠

Nausea or vomiting

With weight loss 60+: 🐵 With ^platelets/weight loss/ reflux/dyspepsia/upper abdominal pain in 55+: 3 Rectal examination

Prostate feels malignant: 9 Reflux

With weight loss in 55+: 40 With ^platelets/nausea/ vomiting 55+: 🤨

Children and young people

Abdominal symptom Hepatosplenomegaly: 23 Abdominal mass or enlarged abdominal organ: 29 Splenomegaly: 49 Bleeding/bruising/rashes

Petechiae: (unexplained): 26 Bruising/bleeding (unexplained):

Lymphadenopathy (unexplained)

29 Lymphadenopathy (generalised): Lump (unexplained) increasing in size: 65

Neurological New abnormality of cerebellar or

CNS function: 29 Non-specific symptoms Fatigue (persistent): 22

Fever with lymphadenopathy, splenomegaly (unexplained): 29 Fever (unexplained): 22 Infection (unexplained and

persistent): 22 Night sweats with lymphadenopathy/ splenomegaly: ② Pruritus with lymphadenopathy/ splenomegaly: ② Weight loss with lymphadenopathy/ splenomegaly: 29 Parental concern (persistent): 16 Primary Care Investigations USS/CXR suggest sarcoma: 29

Absent red reflex: 28 Respiratory

SOB with lymphadenopathy: 29 SOB with splenomegaly (unexplained): 29

Skeletal Bone pain (persistent or unexplained): 22
Bone pain/swelling (unexplained):

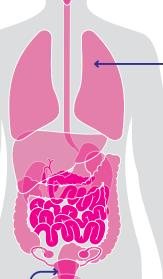
Skin/surface

Bruising (unexplained): 22 Pallor: 22

Urological Haematuria (visible and unexplained): 29

CANCER RESEARCH





Gynaecological

Cervix - cancerous appearance: Vaginal discharge – first presentation/^platelets/ haematuria in 55+: 33 Vaginal mass (unexplained and palpable) in or at entrance to

vagina: 🚯 Vulval bleeding/lump/

Gynaecological

ulceration: 3

Upper abdominal pain 55+: 60

CA-125 <35IU/ml or >35IU/ml

Dermoscopy suggests melanoma: (3)

dyspepsia/upper abdominal

^platelets with visible

USS suggests soft tissue

sarcoma: @ Xray suggests bone sarcoma: 0

nice.org.uk/quidance/ng12