Suspected Cancer: recognition and referral
Implementing NICE guidelines NG12
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Suspected Cancer: recognition and referral

- The guidance is both
  - By site of cancer and
  - By symptoms and findings of primary care investigations
Lung Cancer

- 2 week referral if,
  1. CXR suggests lung cancer.
  2. Aged over 40 with haemoptysis.

- Investigate further by urgent CXR if,
  1. Over 40 and have 2 or more unexplained symptoms from cough, fatigue, shortness of breath, chest pain, weight loss or appetite loss.
  2. Over 40 and they have ever smoked and 1 or more unexplained symptoms from cough, fatigue, shortness of breath, chest pain, weight loss or appetite loss.

- Consider further investigation by urgent CXR if,
  1. Persistent or recurrent chest infection.
  2. Finger clubbing
  3. Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
  5. Thrombocytosis
**Lung Cancer; Mesothelioma**

- Same as lung cancer except additional
- Investigate further by urgent CXR if,
  1. Over 40 and they have been exposed to asbestos and 1 or more unexplained symptoms from cough, fatigue, shortness of breath, chest pain, weight loss or appetite loss.
Breast Cancer

- 2 week referral,
  1. Aged over 30 with an unexplained breast lump (with or without pain).
  2. Aged over 50 with unilateral nipple discharge, retraction, other changes of concern.

- Consider 2 week referral,
  1. Skin changes that suggest breast cancer. *(eg colour dimpling puckering or reddening)*
  2. Aged over 30 with unexplained lump in axilla.

- Consider non urgent referral,
  1. in patients under 30 with an unexplained breast lump (with or without pain).

- *No longer the advice to review lumps after next period*
Urology
Prostate Cancer

- 2 week referral for an abnormal prostate on palpation.
- PSA (prostate specific antigen) and Digital rectal examination if:
  1. Lower urinary tract symptoms, nocturia, frequency, hesitancy, urgency or retention.
  2. Erectile dysfunction.
- 2 week referral if the PSA level is above the age specific reference range.
Urology
Bladder / Renal Cancer

► 2 week referral if,

1. Aged over 45 and have an unexplained Visible Haematuria without urinary tract infection.
2. Aged over 45 and have Visible Haematuria that recurs or persists after successful treatment of urinary tract infection.
3. Aged over 60 and have unexplained non-visible haematuria and either dysuria or a raised white cell count on blood test.

► Non urgent referral for people over 60 with recurrent or persistent unexplained urinary tract infection.

► For renal cancer a 2 week referral if aged over 45

1. Visible haematuria without urinary tract infection
2. Visible Haematuria persists or recurs after successful treatment of urinary tract infection.
Colorectal cancer

- 2 Week Referral if,
- Aged 40 and over with unexplained weight loss and abdominal pain.
- Aged 50 and over with unexplained rectal bleeding.
- Aged 60 and over with iron deficiency anaemia.
- Aged 60 and over with change in bowel habit.
- Positive test for occult blood in their stool, in recommended groups listed below.
Colorectal cancer

- Consider 2 week referral if
  1. Rectal or abdominal mass
  2. Aged under 50 with rectal bleeding and one of,
     - Abdominal pain
     - Change in bowel habit
     - Weight loss
     - Iron deficiency anaemia

- Offer faecal occult blood testing patients without rectal bleeding and
  - Aged 50 and over with unexplained abdominal pain or weight loss
  - Aged under 60 with change in bowel habit or iron deficiency anaemia.
  - Aged 60 and over with anaemia even in the absence of iron deficiency.
Upper Gastro-intestinal tract Cancers

Oesophageal

- 2 week referral (direct assess upper gastrointestinal endoscopy)
  1. Dysphagia
  2. Aged 55 with weight loss and upper abdominal pain or, reflux or dyspepsia

- Consider 2 week referral (direct assess upper gastrointestinal endoscopy)
  1. Haematemesis
  2. Aged over 55 with one of
     - Treatment resistant dyspepsia
     - Upper abdominal pain with low Hb
     - Raised platelet count with either, nausea or vomiting or weight loss or reflux or dyspepsia or upper abdominal pain
     - Nausea or Vomiting with either weight loss or reflux or dyspepsia or upper abdominal pain
Upper Gastro-intestinal tract Cancers

Stomach.

- Consider a 2 week referral for a upper abdominal mass.
- 2 week referral (direct assess upper gastrointestinal endoscopy)
  1. Dysphagia
  2. Aged 55 with weight loss and upper abdominal pain or, reflux or dyspepsia
- Consider 2 week referral (direct assess upper gastrointestinal endoscopy)
  1. Haematemesis
  2. Aged over 55 with one of
     - Treatment resistant dyspepsia
     - Upper abdominal pain with low Hb
     - Raised platelet count with either, nausea or vomiting or weight loss or reflux or dyspepsia or upper abdominal pain
     - Nausea or Vomiting with either weight loss or reflux or dyspepsia or upper abdominal pain
Upper Gastro-intestinal tract Cancers
Pancreatic Cancer

- 2 week referral if aged 40 or over with jaundice.
- Consider an urgent CT scan (or urgent u/s if CT not available) if aged 60 or over with weight loss and any of the following.
  1. Diarrhoea
  2. Back pain
  3. Abdominal pain
  4. Vomiting
  5. Constipation
  6. Or new onset diabetes
Upper Gastro-intestinal tract Cancers
Pancreatic Cancer

How do you order an urgent (2-week) CT scan?
Upper Gastro-intestinal tract Cancers
Gallbladder or Liver Cancer

- Consider urgent ultrasound (within 2 weeks) if there is an upper abdominal mass.
Gynaecological cancers
Ovarian cancer

- Refer the woman urgently if physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids).
- Carry out tests in primary care if a woman (especially if 50 or over) reports having any of the following symptoms on a persistent or frequent basis—particularly more than 12 times per month:
  - persistent abdominal distension (women often refer to this as 'bloating')
  - feeling full (early satiety) and/or loss of appetite
  - pelvic or abdominal pain
  - increased urinary urgency and/or frequency.
- Consider carrying out tests in primary care if a woman reports unexplained weight loss, fatigue or changes in bowel habit.
- Advise any woman who is not suspected of having ovarian cancer to return to her GP if her symptoms become more frequent and/or persistent.
Gynaecological cancers

Ovarian cancer

- Carry out appropriate tests for ovarian cancer in any woman of 50 or over who has experienced symptoms within the last 12 months that suggest irritable bowel syndrome (IBS), because IBS rarely presents for the first time in women of this age.

- Measure serum CA125 in primary care in women with symptoms that suggest ovarian cancer.

- If serum CA125 is 35 IU/ml or greater, arrange an ultrasound scan of the abdomen and pelvis.

- If the ultrasound suggests ovarian cancer, refer the woman urgently for further investigation.

- For any woman who has normal serum CA125 (less than 35 IU/ml), or CA125 of 35 IU/ml or greater but a normal ultrasound:
  - 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.
Gynaecological cancers
Endometrial cancer

- Refer women using a suspected cancer pathway referral 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.
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.

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.

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.
Brain and central nervous system cancers

- Adults
  - 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.

- Children and young people
  - 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.
Guidelines for GPs requesting MRI for suspected “brain cancer”

Indications:
- Progressive neurological deficit (e.g. unilateral weakness, hemianopia).
- Progressive cognitive deficit or personality change (if atypical for dementia or mood disorder).
- New onset focal seizures (with or without secondary generalisation).

NOT for: isolated headache with normal examination

MRI: If brain tumour refer to neuro-oncology MDT. If normal patient should be referred to either first seizure or neurology clinic

For further advice please contact naomi.warren@nuth.nhs.uk or tim.williams@nuth.nhs.uk

Healthcare at its very best - with a personal touch
Skin cancers
Malignant melanoma of the skin

- Refer people using a suspected cancer pathway referral 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): 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.
Consider routine referral for people if they have a skin lesion that raises the suspicion of a basal cell carcinoma.

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.

For those doing minor surgery;

Follow the NICE guidance on improving outcomes for people with skin tumours including melanoma: the management of low-risk basal cell carcinomas in the community (2010 update) for advice on who should excise suspected basal cell carcinomas. [www.nice.org.uk/guidance/csg8](http://www.nice.org.uk/guidance/csg8)
Skin cancers
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.

- Helpful websites
- Dermnet New Zealand [www.dermnetnz.org](http://www.dermnetnz.org)
- Primary care dermatology society [www.pcds.org.uk/](http://www.pcds.org.uk/)
Skin cancers
Primary care dermatology society
Haematological cancers
Leukaemia

- In Adults 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.
- 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.
Haematological cancers

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.
Haematological cancers
Non-Hodgkin's lymphoma

- In Adults consider a suspected cancer pathway referral for non-Hodgkin's lymphoma in adults 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.

- In Children and Young People consider a very urgent referral for specialist assessment for non-Hodgkin's lymphoma in children and young people 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.
Haematological cancers
Hodgkin's lymphoma

- In Adults consider a suspected cancer pathway referral 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.

- In Children and Young People 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.
Head and neck cancers
Laryngeal cancer and Thyroid

- Consider a suspected cancer pathway referral for laryngeal cancer in people aged 45 and over with:
  - persistent unexplained hoarseness or
  - an unexplained lump in the neck

- Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for thyroid cancer in people with an unexplained thyroid lump
Head and neck cancers

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.

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.
Erythroplakia

Taken from www.oralmedicinelondon.co.uk/
Leuoplakia
From www.pcds.org.uk/clinical-guidance/oral-lesions
Sarcoma

- **Bone Sarcoma**
  - Consider urgent (within 48 hours) xray for bone sarcoma.
  - Xray suggestive of bone sarcoma in children and young people: very urgent appointment (within 48 hours).
  - Xray suggestive of bone sarcoma in adults: 2 week referral.

- **Soft tissue Sarcoma**
  - Consider very urgent ultrasound (within 48 hours) for children and young people with an unexplained lump that is increasing in size.
  - If ultrasound suggests sarcoma in children or young people: very urgent appointment (within 48 hours).
  - Consider urgent ultrasound (within 2 weeks) for adults with an unexplained lump that is increasing in size.
  - If ultrasound suggests sarcoma in adults: 2 week referral.
Children (0-15 years) and young people (16-24 years)

- Parents know their children best, persistent parental anxiety should be sufficient reason to investigate and/or referral.
- Those children whose symptoms do not resolve as expected or who are seen repeatedly without a diagnosis being made should be treated seriously.
- Referrals should be very urgent (within 48 hours). This is best done by phoning your local hospital and asking for on call consultant for paediatric cancer. The consultants are happy to discuss concerns.
- 35% of childhood cancers are leukaemia
- 20% are central nervous system
- 9% are renal cancers
Children (0-15 years) and young people (16-24 years)

- **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.

- **Retinoblastoma**
  - Consider urgent referral (for an appointment within 2 weeks) for ophthalmological assessment for retinoblastoma in children with an absent red reflex.

- **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.
Symptoms; Unexplained weight loss

- Could indicate many cancers.
- Think colorectal if, aged over 40 with abdominal pain or aged over or if has rectal bleeding (if aged under 50 without rectal bleeding for FOB).
- Think lung (or mesothelioma) cancer if smoked or exposed to asbestosis or aged over 50 years and never smoked with cough or fatigue or shortness of breath or chest pain or appetite loss.
- Think lymphoma if splenomegaly or unexplained lymphadenopathy.
- Think oesophageal or stomach if aged 55 with upper abdominal pain or reflux or dyspepsia or nausea or vomiting or a raised platelet count.
- Think pancreatic if aged over 60 with diarrhoea or back pain or abdominal pain or nausea or vomiting or constipation or new onset diabetes
- Think ovarian cancer in women.
Symptoms; Unexplained weight loss

- Could indicate several cancers including colorectal, oesophageal, lung, prostate, pancreatic, and urological.
- History examination.
- Investigations including CXR, full blood count, liver function tests, urinalysis, prostate specific antigen (men) and CA125 (women).
- Further investigation: FOBs, ultrasound, CT scan, endoscopy.
- If diagnostic uncertainty consider “Qcancer”.
Symptoms; Unexplained weight loss

Qcancer
Symptoms; unexplained appetite loss

- Is a symptom of several cancers including lung, oesophageal, stomach, colorectal, pancreatic, bladder and renal cancer:
- carry out an assessment for additional symptoms, signs or findings that may help to clarify which cancer is most likely and
- offer urgent investigation or a suspected cancer pathway referral (for an appointment within 2 weeks).
Deep Vein thrombosis

- Can be associated with several cancers including Breast, Urogenital, Colorectal or Lung.
- Carry out an assessment for additional symptoms, signs or findings that may help to clarify which cancer is most likely and
- Consider urgent investigation or a suspected cancer pathway referral (for an appointment within 2 weeks).
Where are we now?

- NICE NG 12 Suspected cancer: recognition and referral
- www.nice.org.uk/guidance/ng12

- FOBs are not available at this time!
- Urgent ultrasound CT and MRI are available.