

NICE: SUSPECTED CANCER RECOGNITION AND REFERRAL – SYMPTOM REFERENCE GUIDE

KEY

^: raised; 2ww: 2 week wait; 40+: 40 and over etc; BCC: basal cell carcinoma; BJP: Bence-Jones protein urine test; CRC: colorectal cancer; CXR: chest X-ray; DRE: Digital rectal examination; DVT: Deep vein thrombosis; ESR/PV: Erythrocyte sedimentation rate or plasma viscosity; FBC: full blood count; FOBt: Faecal occult blood test; GOR: Gastro-oesophageal reflux; IDA: Iron deficiency anaemia; LUTS: Lower urinary tract symptoms; N/V: nausea/vomiting; OGD: upper GI endoscopy; PSA: Prostate specific antigen; SCC: squamous cell carcinoma; SOB: shortness of breath; USS: ultrasound scan; wbc: white blood cell.

2 WEEK WAIT										WITHIN 2 WEEKS				WITHIN 48 HOURS				NON-URGENT REFERRAL VIA UROLOGY PATHWAY		ROUTINE REFERRAL		ROUTINE USS							
BREAST	CRC	GYNAE	HEAD AND NECK	HAEMATOLOGY	LUNG	SARCOMA	SKIN	UPPER GI	UROLOGY	ABDOMINAL AND PELVIC USS	ASSESS FOR OTHER SYMPTOMS/SIGNS THEN 2WW REFERRAL/FURTHER URGENT INVESTIGATION	ASSESS FOR OTHER CLINICAL CAUSES/MONITOR IN PRIMARY CARE	CA-125	MRI/CT	CT/USS	CXR	DENTIST APPOINTMENT	DIRECT ACCESS USS	OGD	FBC	URINE PROTEIN ELECTROPHORESIS AND BJP	FBC, CA ¹²⁵ + ESR/PV	FOBt	GYNAE USS	NON-URGENT REFERRAL VIA UROLOGY PATHWAY	PSA + DRE	ROUTINE REFERRAL	ROUTINE OGD	ROUTINE USS

NON-SPECIFIC SYMPTOMS

Symptom	Description	BREAST	CRC	GYNAE	HEAD AND NECK	HAEMATOLOGY	LUNG	SARCOMA	SKIN	UPPER GI	UROLOGY	ABDOMINAL AND PELVIC USS	ASSESS FOR OTHER SYMPTOMS/SIGNS THEN 2WW REFERRAL/FURTHER URGENT INVESTIGATION	ASSESS FOR OTHER CLINICAL CAUSES/MONITOR IN PRIMARY CARE	CA-125	MRI/CT	CT/USS	CXR	DENTIST APPOINTMENT	DIRECT ACCESS USS	OGD	FBC	URINE PROTEIN ELECTROPHORESIS AND BJP	FBC, CA ¹²⁵ + ESR/PV	FOBt	GYNAE USS	NON-URGENT REFERRAL VIA UROLOGY PATHWAY	PSA + DRE	ROUTINE REFERRAL	ROUTINE OGD	ROUTINE USS				
APPETITE LOSS	Unexplained: consider: lung, upper GI, CRC, pancreatic, urological Ever smoked/asbestos exposed 40+ With cough/fatigue/SOB/chest pain/weight loss 40+ Or early satiety persistent/>12x per month in women especially 50+																																		
DVT	Consider urogenital/breast/CRC/lung cancers																																		
DIABETES	New onset with weight loss 60+																																		
FATIGUE	Ever smoked/asbestos exposed 40+ With cough/SOB/chest pain/weight loss/appetite loss (unexplained) 40+ Persistent 16+ Unexplained in women																																		
FEVER	Unexplained Unexplained with splenomegaly/lymphadenopathy 16+																																		
FINGER CLUBBING 40+																																			
INFECTION	Unexplained and persistent/recurrent 16+																																		
NIGHT SWEATS	With unexplained splenomegaly/lymphadenopathy 16+																																		
PALLOR																																			
PRURITUS	With unexplained splenomegaly/lymphadenopathy 16+																																		
WEIGHT LOSS	Unexplained: consider: lung, upper GI, CRC, pancreatic, urological Unexplained with abdominal pain 40+ Unexplained with rectal bleeding <50 Unexplained without rectal bleeding 50+ Ever smoked/asbestos exposed 40+ With cough/fatigue/SOB/chest pain/appetite loss 40+ never smoked With unexplained splenomegaly/lymphadenopathy 16+ With upper abdominal pain/GOR/dyspepsia 55+ Unexplained in women With diarrhoea/nausea/vomiting/constipation 60+ With back pain/abdominal pain/new onset diabetes 60+ With ^platelets/nausea/vomiting 55+																																		

INVESTIGATION FINDINGS

Investigation Finding	Description	BREAST	CRC	GYNAE	HEAD AND NECK	HAEMATOLOGY	LUNG	SARCOMA	SKIN	UPPER GI	UROLOGY	ABDOMINAL AND PELVIC USS	ASSESS FOR OTHER SYMPTOMS/SIGNS THEN 2WW REFERRAL/FURTHER URGENT INVESTIGATION	ASSESS FOR OTHER CLINICAL CAUSES/MONITOR IN PRIMARY CARE	CA-125	MRI/CT	CT/USS	CXR	DENTIST APPOINTMENT	DIRECT ACCESS USS	OGD	FBC	URINE PROTEIN ELECTROPHORESIS AND BJP	FBC, CA ¹²⁵ + ESR/PV	FOBt	GYNAE USS	NON-URGENT REFERRAL VIA UROLOGY PATHWAY	PSA + DRE	ROUTINE REFERRAL	ROUTINE OGD	ROUTINE USS				
ANAEMIA (IDA)	60+ With rectal bleeding <50 Without rectal bleeding <60																																		
ANAEMIA (NORMOCYTIC)	Without rectal bleeding 60+ Visible haematuria women 55+ Upper abdominal pain 55+																																		
BJP SUGGESTS MYELOMA																																			
^BLOOD GLUCOSE WITH VISIBLE HAEMATURIA IN WOMEN 55+																																			
CA-125 35+IU/ML																																			
CA-125 <35IU/ML OR >35IU/ML WITH NORMAL ULTRASOUND																																			
^CA ¹²⁵ /LOW WBC AND CONSISTENT WITH MYELOMA 60+																																			
CXR SUGGESTS LUNG CANCER/MESOTHELIOMA																																			
DERMOSCOPY SUGGESTS MELANOMA																																			
NEW ONSET DIABETES WITH WEIGHT LOSS 60+																																			
DRE SUGGESTS PROSTATE CANCER																																			
^ESR/PV AND CONSISTENT WITH MYELOMA:																																			
FOBt +ve																																			
JAUNDICE 40+																																			
^PLATELETS WITH GOR/DYSPEPSIA/UPPER ABDOMINAL PAIN 55+																																			
^PLATELETS WITH NAUSEA/VOMITING/WEIGHT LOSS 55+																																			
^PLATELETS 40+																																			
^PLATELETS WITH VISIBLE HAEMATURIA/UNEXPLAINED VAGINAL DISCHARGE 55+																																			
PSA ABOVE AGE SPECIFIC RANGE																																			
URINE PROTEIN ELECTROPHORESIS SUGGESTS MYELOMA																																			
USS SUGGESTS OVARIAN CANCER																																			
USS SUGGESTS SOFT TISSUE SARCOMA																																			
XRAY SUGGESTS BONE SARCOMA																																			

		WITHIN 48 HOURS		WITHIN 2 WEEKS	
		FBC	PAEDIATRICIAN APPOINTMENT	USS	XRAY

SYMPTOMS AND SIGNS IN CHILDREN AND YOUNG PEOPLE

Symptom/Sign	Description	FBC	PAEDIATRICIAN APPOINTMENT	USS	XRAY	OPHTHALMOLOGIST REFERRAL	CONSIDER PAEDIATRICIAN REFERRAL
ABDOMINAL SYMPTOMS	Hepatosplenomegaly Abdominal mass or enlarged abdominal organ Splenomegaly						
BLEEDING/BRUISING/RASHES	Petechiae (unexplained) Bruising/bleeding (unexplained)						
LUMPS/MASSES	Lymphadenopathy (unexplained) Lymphadenopathy (generalised) Lump (unexplained) increasing in size						
NEUROLOGICAL	New abnormality of cerebellar or CNS function						
NON-SPECIFIC SYMPTOMS	Fatigue (persistent) Fever with lymphadenopathy/splenomegaly (unexplained) Fever (unexplained) Infection (unexplained and persistent) Night sweats with lymphadenopathy/splenomegaly Pruritus with lymphadenopathy/splenomegaly Weight loss with lymphadenopathy/splenomegaly Parental concern (persistent)						
RESPIRATORY	SOB with lymphadenopathy SOB with splenomegaly (unexplained)						
PRIMARY CARE INVESTIGATIONS	USS/CXR suggest sarcoma Absent red reflex						
SKELETAL	Bone pain (persistent or unexplained) Bone pain/swelling (unexplained)						
SKIN/SURFACE	Bruising (unexplained) Pallor						
UROLOGICAL	Haematuria (visible and unexplained)						