

LUNG & MESOTHELIOMA

2ww referral:

- chest X-ray findings that suggest lung cancer or mesothelioma
- ≥40yrs with unexplained haemoptysis

Offer an urgent chest X-ray (to be performed within 2 weeks): GP

- ≥40yrs with 2 or more of the following unexplained symptoms **OR**
- ≥40yrs if they have ever smoked with 1 or more of the following unexplained symptoms **OR**
- ≥40yrs and have been exposed to asbestos with 1 or more of the following unexplained symptoms:
 - cough
 - chest pain
 - fatigue
 - weight loss
 - shortness of breath
 - appetite loss

Consider an urgent chest X-ray (to be performed within 2 weeks): GP

- ≥40yrs with any of the following:
 - persistent or recurrent chest infection
 - finger clubbing
 - supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
 - chest signs consistent with lung cancer or pleural disease
 - thrombocytosis

UPPER GI

Stomach & Oesophageal cancer

Consider 2ww referral:

- abdominal mass consistent with stomach cancer

Offer urgent direct access upper gastrointestinal endoscopy (to be performed within 2 weeks):

- dysphagia at any age
- ≥55yrs with weight loss **AND** any of the following:
 - upper abdominal pain
 - reflux
 - dyspepsia

Consider non-urgent direct access upper gastrointestinal endoscopy:

- haematemesis at any age
- ≥55yrs with any of the following:
 - treatment-resistant dyspepsia **OR**
 - upper abdominal pain with low haemoglobin levels **OR**
 - raised platelet count with any of the following:
 - nausea
 - reflux
 - vomiting
 - dyspepsia
 - weight loss
 - upper abdominal pain
 - nausea or vomiting with any of the following:
 - weight loss
 - reflux
 - dyspepsia
 - upper abdominal pain

Gall bladder cancer

Consider an urgent direct access ultrasound scan (to be performed within 2 weeks): GP

- upper abdominal mass consistent with an enlarged gall bladder

Liver cancer

Consider an urgent direct access ultrasound scan (to be performed within 2 weeks): GP

- an upper abdominal mass consistent with an enlarged liver

Pancreatic cancer

Refer 2ww:

- ≥40yrs with jaundice

Consider an urgent direct access CT scan (to be performed within 2 weeks), or an urgent ultrasound scan if CT is not available: GP

- ≥60yrs with weight loss **AND** any of the following:
 - diarrhoea
 - nausea
 - back pain
 - vomiting
 - abdominal pain
 - constipation
 - new onset diabetes

BREAST

Refer 2ww (male or female):

- ≥30yrs and have an unexplained breast lump with or without pain
- ≥50yrs with any of the following symptoms in one nipple only:
 - discharge
 - retraction
 - other changes of concern

Consider 2ww referral:

- skin changes that suggest breast cancer
- ≥30yrs with an unexplained lump in the axilla

Consider non-urgent referral <30yrs with an unexplained breast lump with or without pain

COLORECTAL

Colorectal cancer

Refer 2ww:

- ≥40yrs with unexplained weight loss and abdominal pain
- ≥50yrs with unexplained rectal bleeding
- ≥60yrs with:
 - iron-deficiency anaemia **OR** changes in their bowel habit
- tests show occult blood in their faeces*

Consider 2ww referral:

- rectal or abdominal mass
- <50yrs with rectal bleeding **AND** any of the following unexplained symptoms:
 - abdominal pain
 - weight loss
 - change in bowel habit
 - iron-deficiency anaemia

***Offer FOB or FIT test** if no rectal bleeding: GP

- ≥50yrs with unexplained abdominal pain **OR** weight loss
- <60yrs with changes in their bowel habit **OR** iron-deficiency anaemia
- ≥60yrs with anaemia even in the absence of iron deficiency

Anal cancer

Consider 2ww referral for anal cancer in people with an unexplained anal mass or unexplained anal ulceration

GYNAECOLOGY

Ovarian cancer (>18yrs), from CG122, 2011

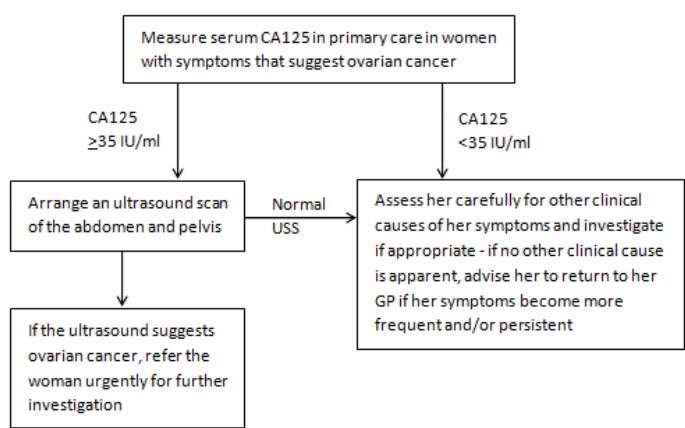
Refer 2ww: if physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids)

Carry out tests in primary care: GP

- any woman ≥50yrs with IBS type symptoms in last 12 months (because IBS rarely presents for the first time in women of this age)
- if a woman (especially if ≥50yrs) reports having any of the following symptoms on a persistent or frequent basis – particularly more than 12 times per month:
 - persistent abdominal distension (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 (consider colorectal cancer) GP

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



Endometrial cancer

Refer 2ww:

- ≥55yrs with post-menopausal bleeding (unexplained vaginal bleeding >12 months after menstruation has stopped because of menopause)

Consider 2ww referral:

- <55yrs with post-menopausal bleeding

Consider a direct access ultrasound scan if ≥55yrs with: GP

- unexplained symptoms of vaginal discharge **AND:**
 - are presenting with these symptoms for the first time **OR** have thrombocytosis **OR** report haematuria
- visible haematuria **AND:**
 - low haemoglobin levels **OR** thrombocytosis **OR** high blood glucose levels (diabetes)

Cervical cancer

Consider 2ww referral if, on examination, the appearance of their cervix is consistent with cervical cancer

Vulval cancer

Consider 2ww referral in women with an unexplained vulval lump, ulceration or bleeding

Vaginal cancer

Consider 2ww referral in women with an unexplained palpable mass in or at the entrance to the vagina

UROLOGY

Prostate cancer

Refer 2ww:

- prostate feels malignant on digital rectal examination
- PSA levels are above the age-specific reference range

Consider a prostate-specific antigen (PSA) test **AND** digital rectal examination:

- any lower urinary tract symptoms, such as nocturia, urinary frequency, hesitancy, urgency or retention **GP**
- erectile dysfunction
- visible haematuria

Bladder & Renal cancer

Refer 2ww:

- ≥45yrs unexplained visible haematuria without urinary tract infection **OR** visible haematuria that persists or recurs after successful treatment of urinary tract infection
- ≥60yrs and have unexplained non-visible haematuria **AND** either dysuria **OR** a raised white cell count on a blood test

Consider **non-urgent referral** ≥60yrs with recurrent or persistent unexplained urinary tract infection

Testicular cancer

Consider 2ww referral:

- non-painful enlargement **OR** change in shape **OR** texture of the testis

Consider a direct access ultrasound scan:

- unexplained or persistent testicular symptoms **GP**

Penile cancer

Consider 2ww referral (after exclusion and / or treatment of sexually transmitted infection):

- a penile mass **OR** ulcerated lesion
- a persistent penile lesion
- unexplained or persistent symptoms affecting the foreskin or glans

DERMATOLOGY

Melanoma

Refer 2ww:

- dermoscopy suggests melanoma of the skin
- suspicious pigmented skin lesion with a weighted 7-point checklist score of 3 or more

Major features of the lesions (2 points each):	Minor features of the lesions (1 point each):
<ul style="list-style-type: none"> • change in size • irregular shape • irregular colour 	<ul style="list-style-type: none"> • largest diameter ≥7 mm • inflammation • oozing • change in sensation

Consider 2ww referral:

- pigmented or non-pigmented skin lesion that suggests nodular melanoma

Squamous cell carcinoma

Consider 2ww referral if skin lesion that raises the suspicion of squamous cell carcinoma

Basal cell carcinoma

Consider routine referral if skin lesion that raises the suspicion of a basal cell carcinoma

Consider 2ww referral if skin lesion that raises the suspicion of a basal cell carcinoma **AND** if there is particular concern that a delay may have a significant impact, because of factors such as lesion site or size

HEAD AND NECK

Laryngeal cancer

Consider 2ww referral ≥45yrs:

- persistent unexplained hoarseness **OR** an unexplained lump in the neck

Oral cancer

Consider 2ww referral:

- unexplained ulceration in the oral cavity lasting for more than 3 weeks **OR** a persistent and unexplained lump in the neck

Consider 2ww referral to a dentist:

- 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.

Dental surgeon to refer 2ww if concluded to be consistent with oral cancer; 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

Thyroid cancer

Consider 2ww referral people with an unexplained thyroid lump

BRAIN AND CNS

Consider an urgent direct access MRI scan of the brain (within 2 weeks): **GP**

- progressive, sub-acute loss of central neurological function (or CT scan if MRI is contraindicated)

HAEMATOLOGY

Leukaemia

Consider a very urgent full blood count (within 48 hours): **GP**

- pallor
- persistent fatigue
- unexplained fever
- unexplained persistent or recurrent infection
- generalised lymphadenopathy
- unexplained bruising
- unexplained bleeding
- unexplained petechiae
- hepatosplenomegaly

Myeloma

Offer blood tests for full blood count, calcium and ESR: **GP**

- ≥60yrs 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): **GP**

- ≥60yrs 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): **GP**

- raised ESR and presentation consistent with possible myeloma

Refer 2ww:

- results of protein electrophoresis or a Bence-Jones protein urine test suggest myeloma

Non-Hodgkin's lymphoma

Consider 2ww referral:

- unexplained lymphadenopathy **OR** splenomegaly (when considering referral, take into account any associated symptoms, particularly fever, night sweats, shortness of breath, pruritus or weight loss)

Hodgkin's lymphoma

Consider 2ww referral:

- 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)

SARCOMA

Bone sarcoma

Consider 2ww referral:

- an X-ray suggests the possibility of bone sarcoma

Soft tissue sarcoma

Consider an urgent direct access ultrasound scan (to be performed within 2 weeks): **GP**

- an unexplained lump that is increasing in size

Consider 2ww referral:

- ultrasound scan findings that are suggestive of soft tissue sarcoma
- if ultrasound findings are uncertain and clinical concern persists

CANCER OF UNKNOWN PRIMARY

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: **GP**

- unexplained weight loss (symptom of several cancers including colorectal, gastro-oesophageal, lung, prostate, pancreatic and urological cancer)
- unexplained appetite loss, (symptom of several cancers including lung, oesophageal, stomach, colorectal, pancreatic, bladder and renal cancer)
- deep vein thrombosis (associated with several cancers including urogenital, breast, colorectal and lung cancer)

Disclaimer

This summary is a reproduction of NICE NG12 guidance and any clinical decisions made as a result of consulting it are done so at the user's risk.

For full details of National Guidance please see NG12.

This summary does not include childhood cancers.

NICE emphasises the importance of safety netting. Patients should be advised of which symptoms to look out for and when they should return for re-evaluation.

Key:

- GP** - Carry out tests in Primary Care. GP level testing.

Italicised text - Consider 2ww