NICE: SUSPECTED CANCER RECOGNITION AND REFERRAL - SYMPTOM REFERENCE GUIDE

KEY

No time specified · 2WW · Routine · Within 2 weeks · Urgent · Within 48h

1 2ww breast
2 2ww CRC
3 2ww gynae
4 2ww head and neck
5 2ww haematology
6 2ww lung
7 2ww OGD
8 2ww Sarcoma
9 2ww skin
10 2ww urology
11 2ww via Upper GI pathway
12 Abdominal and pelvic USS
13 Appointment with dentist within 2w
14 Assess for other symptoms/signs
15 CA-125
16 Consider Paed referral
17 CT/MRI within 2w
18 CT/USS within 2w
19 CXR
20 CXR within 2w
21 Direct access USS <2w
22 Fbc within 48 hours
23 Fbc, Ca++ + ESR/PV
24 FOBt
25 Gynae USS
26 Immediate referral to Paediatrician
27 Non-urgent referral via urology pathway
28 Paediatrician appointment within 48h
29 PSA + DRE
30 Routine OGD
31 Routine referral
32 Routine USS
33 Urgent CT/USS
34 Urgent OGD
35 Urine protein electrophoresis and BJP within 48h
36 USS within 48h
37 Xray within 48h

KEY

^: raised; **2ww:** 2 week wait; **40+:** 40 and over etc; **BCC:** basal cell carcinoma; **CRC:** colorectal cancer; **CXR:** chest Xray; **ESR/PV:** Erythrocyte sedimentation rate or plasm viscosity; **Fbc:** full blood count; **FOBt:** Faecal occult blood test; **GOR:** Gastro-oesophageal reflux; **LUTS:** Lower urinary tract symptoms; **N/V:** nausea/ vomiting **OGD:** upper GI endoscopy; **SCC:** squamous cell carcinoma; **SOB:** shortness of breath; **USS:** ultrasound scan; **wbc:** white blood cell.

RECOMMENDATIONS FOR SPECIFIC SYMPTOMS AND SIGNS

ABDOMINAL DISTENSION
(persistent and >12 times per month): 15

ABDOMINAL/PELVIC/RECTAL MASS
Suggestive of ovarian pathology: 3
Abdominal/rectal: 2
Splenomegaly: 5
Upper abdomen (consistent with liver/gall bladder/stomach mass): 21
Hepatosplenomegaly: 22

ABDOMINAL/PELVIC PAIN
50+: 24
With weight loss in 40+: 2
With rectal bleeding in <50: 2
With rectal bleeding in 50+: 24
Upper abdominal pain with weight loss in 55+: 7
Upper abdominal pain with any of: anaemia, ^platelets, nausea, vomiting in 55+: 30
Abdominal/pelvic pain 12+ times per month in 50+: 30
With weight loss in 60+: 33
IBS symptoms 12+ times per month in 50+: 15

ASCITES +/OR PELVIC OR ABDOMINAL MASS 3

BLEEDING
Unexplained bruising, bleeding, petechiae: 22
Haematemesis: 30
Haemoptysis 40+: 6
Post-menopausal: 3
Rectal bleeding with abdominal pain/change in bowel habit/weight loss, IDA <50: 2
Rectal 50+: 2
Vulval: 3

CHANGE IN BOWEL PATTERN
Unexplained 60+: 2
Unexplained with rectal bleeding <50: 2
Unexplained without rectal bleeding <60: 24
Unexplained in females: 15
With weight loss: 33
IBS symptoms 12+ times per month in 50+: 15

DYSPEPSIA
With weight loss in 55+: 7
Treatment resistant 55+: 30
55+ with ^platelets/N/V: 7

DYSPHAGIA 34

GYNAECOLOGICAL
Cervix - cancerous appearance: 3
Vaginal discharge – first presentation/^platelets/haematuria in 55+: 32
Vaginal mass in or at entrance to vagina: 3
Vulval bleeding/lump/ulceration: 3

LUMPS/MASSES
Anal: 2
Axillary 30+: 1
Breast 30+: 1
Breast <30: 31
Lip/oral cavity: 13*
Lump increasing in size: 8
Neck (unexplained) 45+: 4
Neck (persistent and unexplained): 4
Penile (STI excluded): 10
Thyroid: 4
Vaginal/vulval (unexplained): 3

LYMPHADENOPATHY
Unexplained in adults: 5
Persistent in supraclavicular/cervical: 20
Generalised in adults: 22

NAUSEA OR VOMITING
With weight loss 60+: 33
With ^platelets/weight loss/reflux/dyspepsia/upper abdominal pain in 55+: 30

NEUROLOGICAL (ADULTS)
Loss of central neurological function (progressive): 17

ORAL LESIONS
Ulceration (unexplained, >3w): 4
Oral red/ red-white patches: 13*

PAIN
Alcohol induced lymph node pain: 5
Back with weight loss 60+: 17
Back (persistent) 60+: 23
Chest (unexplained) 40+ ever smoked/asbestos exposed: 19
Chest (unexplained) with cough/fatigue/SOB/weight loss/appetite loss 40+: 19

RECTAL EXAMINATION
Prostate feels malignant or mass felt: 10

REFLUX
With weight loss in 55+: 7
With ^platelets/nausea/vomiting: 30

RESPIRATORY
Chest infection (persistent) 40+: 20
(Unexplained) 40+ ever smoked/asbestos exposed: 19
Chest pain (unexplained) with cough/fatigue/SOB/weight loss/appetite loss 40+: 19
Cough (unexplained) 40+ ever smoked/asbestos exposed: 19
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+: 20
Clubbing 40+: 20

SHORTNESS OF BREATH
Ever smoked/asbestos exposed: 19
With cough/fatigue/chest pain/weight loss/appetite loss 40+: 19
With unexplained lymphadenopathy: 5
With unexplained splenomegaly: 5

SKELETAL SYMPTOMS
Back pain with weight loss 60+: 17
Back pain (persistent) 60+: 23
Bone pain (persistent) 60+: 23
Fracture (unexplained) 60+: 23

SKIN OR SURFACE SYMPTOMS
Anal ulceration: 2
Bruising: 22
Nipple: unilateral changes (including those "of concern") 50+: 1
Penile skin of glans lesion/mass (STI excluded): 10
Petechiae (unexplained): 22
Skin change suggesting breast cancer: 1
Pigmented lesion with a weighted 7 point score >2: 9
Lesion suggestive of nodular melanoma: 9
Lesion suggestive of SCC: 9
Lesion suggestive of BCC: 31
Lesion suggestive of BCC concern that treatment delay may have a significant impact: 9
Vulval lump/ulceration (unexplained): 3

UROLOGICAL SYMPTOMS
Unexplained non-visible haematuria with dysuria 60+: 10
Unexplained non-visible haematuria with ^wbc 60+: 10
Erectile dysfunction: 29
Haematuria (visible and unexplained) without UTI: 10
Haematuria (visible and unexplained) with persistence/recurrence after treatment for UTI 45+: 10
Haematuria (non visible and unexplained) with dysuria/^blood test wbc 60+: 25**
Haematuria (visible and unexplained) with low Hb/^platelets /^blood glucose 55+: 25**
Haematuria (visible and unexplained) with vaginal discharge 55+: 25**
Haematuria (visible) in men: 29
Testicular enlargement/shape change/texture change (non-painful): 10
Testicular symptoms (unexplained/persistent): 32
UTI (unexplained and recurrent/persistent) 60+: 27
LUTS in males: 29
Urinary urgency (persistent or >12x per month) especially if 50+: 15

NON-SPECIFIC SYMPTOMS RECOMMENDED PATHWAYS

APPETITE LOSS
Unexplained: consider: lung, upper GI, CRC, pancreatic, urological: 14
Ever smoked/asbestos exposed 40+: 19
With cough/fatigue/SOB/chest pain/weight loss 40+: 19
(or early satiety) persistent/>12x per month female 50+: 15

DVT:
consider urogenital/breast/CRC/lung cancers: 14

DIABETES
New onset with weight loss 60+: 18

FATIGUE
Ever smoked/asbestos exposed 40+: 19
With cough/SOB/chest pain/weight loss/appetite loss (unexplained) 40+: 19
Persistent 16+: 22
Unexplained in women: 15

FEVER
Unexplained: 22
Unexplained with splenomegaly/lymphadenopathy 16+: 5

FINGER CLUBBING 40+: 20

INFECTION
(unexplained and persistent/recurrent) 16+: 22

JAUNDICE 40+: 18

NIGHT SWEATS
With unexplained splenomegaly/lymphadenopathy 16+: 5

PALLOR: 22

PRURITIS:
With unexplained splenomegaly/lymphadenopathy 16+: 5

WEIGHT LOSS
Unexplained: consider: lung, upper GI, CRC, pancreatic, urological: 14
Unexplained with abdominal pain 40+: 2
Unexplained with rectal bleeding <50: 2
50+: 24
Ever smoked/asbestos exposed: 19
With cough/fatigue/SOB/chest pain/appetite loss 40+ never smoked: 19
With unexplained splenomegaly/lymphadenopathy 16+: 5
With upper abdominal pain/GOR/dyspepsia 55+: 7
Unexplained in women: 15
With diarrhoea/nausea/vomiting/constipation 60+: 18
With back pain/abdominal pain/**new onset** diabetes 60+: 18
With ^platelets/nausea/vomiting 55+: 7

INVESTIGATION FINDINGS RECOMMENDED PATHWAYS

ANAEMIA (IDA)
60+: 2
With rectal bleeding 50+: 7
Without rectal bleeding <60: 24

ANAEMIA (NORMOCYTIC)
60+: 24
Visible haematuria women 55+: 25
Upper abdominal pain 55+: 30

BJP SUGGESTS MYELOMA: 5

^BLOOD GLUCOSE WITH VISIBLE HAEMATURIA IN WOMEN 55+: 25

CA-125 35+IU/ml: 12

^CA/LOW WBC AND CONSISTENT WITH MYELOMA 60+: 35

CXR SUGGESTS LUNG CANCER/ MESOTHELIOMA: 6

DERMOSCOPY SUGGESTS MELANOMA: 9

DIABETES WITH WEIGHT LOSS 60+: 18

DRE SUGGESTS PROSTATE CANCER: 10

^ESR/PV AND CONSISTENT WITH MYELOMA: 35

FOBt + ve: 2

JAUNDICE 40+: 11

^PLATELETS WITH GOR/DYSPEPSIA/UPPER ABDOMINAL PAIN: 30

^PLATELETS WITH NAUSEA/VOMITING/ WEIGHT LOSS: 30

^PLATELETS 40+: 20

^PLATELETS WITH VISIBLE HAEMATURIA/UNEXPLAINED VAGINAL DISCHARGE 55+: 25

PSA ABOVE AGE SPECIFIC RANGE: 10

URINE PROTEIN ELECTROPHORESIS SUGGESTS MYELOMA: 5

USS SUGGESTS OVARIAN CANCER: 3

USS SUGGESTS TISSUE SARCOMA: 8

XRAY SUGGESTS BONE SARCOMA: 8

CHILDREN AND YOUNG PEOPLE SYMPTOMS AND SIGNS

ABDOMINAL SYMPTOMS
Hepatosplenomegaly: 26
Abdominal mass or enlarged abdominal organ: 28
Splenomegaly: 28

BLEEDING/BRUISING/RASHES
Petechiae: (unexplained): 26
Bruising/bleeding (unexplained): 22

LUMPS/MASSES
Lymphadenopathy (unexplained): 28
Lymphadenopathy (generalised): 22
Lump (unexplained) increasing in size: 36

NEUROLOGICAL
New abnormality of cerebellar or CNS function: 28

NON-SPECIFIC SYMPTOMS
Fatigue (persistent): 22
Fever with lymphadenopathy/splenomegaly (unexplained): 28
Fever (unexplained): 22
Infection (unexplained and recurrent): 22
Lymphadenopathy (unexplained): 28
Lymphadenopathy (generalised): 22
Night sweats with lymphadenopathy/splenomegaly: 28
Pruritis with lymphadenopathy/splenomegaly: 28
Weight loss with splenomegaly: 28
Parental concern (persistent): 16

PRIMARY CARE INVESTIGATIONS
USS/CXR suggest sarcoma: 28
Absent red reflex: 28

RESPIRATORY
SOB with lymphadenopathy: 28
SOB with splenomegaly (unexplained): 28

SKELETAL
Bone pain (persistent and unexplained): 22
Bone pain/swelling (unexplained): 37

SKIN/SURFACE
Petechiae: 26
Bruising: 22
Pallor: 22

UROLOGICAL
Haematuria (visible and unexplained): 28

*CRUK's Oral Cancer Toolkit recommends 4
**If local direct referral route is not available, refer to specialist

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If you have any feedback or want more information please contact
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