



Summary of NICE Guidelines

Title	Suspected Cancer: recognition and referral
NICE Reference	NG12
Date of Review:	17/12/2015
Date of Publication	22 nd June 2015
Summary of Guidance (Max 250 words)	<p>This guidance covers practices surrounding the 30 most common adult cancers (plus any other cancers included in GC27, 2005, that are not in the current top 30) and childhood cancers. Evidence was gained from primary care studies published after August 2104.</p> <p>NG12 covers lung and pleural cancers, mesothelioma, upper gastrointestinal tract cancers, pancreatic cancer, stomach cancer, gall bladder cancer, liver cancer, lower GI cancers, breast cancer, gynaecological cancers (ovarian cancer guidance is taken from the 2011 guidelines CG122) , urological cancers, skin cancers, head and neck cancers, brain and central nervous system cancers, haematological cancers, sarcomas and childhood cancers.</p> <p>The recommended investigations and the time-frame for each cancer are explained. The follow-up investigations for suspected cancer are predominantly imaging (x-ray, ultrasound, endoscopy, CT scan, and MRI scan), but biochemical testing has a role.</p> <p>New to NG12:</p> <ul style="list-style-type: none">• Referral (with an appointment within 2 weeks) for prostate cancer if a patients' prostate feels malignant on examination, and/or a patients' PSA concentration is above the age-specific reference range.• Urgent protein electrophoresis and a Bence-Jones urine test within 48 hours to assess for myeloma in people aged over 60 presenting with hypercalcaemia or leukopenia, or if plasma viscosity, erythrocyte sedimentation rate and presentation is consistent with myeloma. A full blood count and blood tests for calcium and plasma viscosity or erythrocyte sedimentation rate will also be offered in people aged over 60 with persistent bone pain or unexplained fracture.• Faecal occult blood testing (FOBT) will be offered to assess for colorectal cancer in adults without rectal bleeding who are aged 50 and over with abdominal pain or weight loss, or in patients aged under 60 with changes in their bowel habit or iron-deficiency anaemia, or in those over 60 who have anaemia even in the absence of iron deficiency. Whether to use the guaiac smear method (gFOBT), or the faecal immunological test (FIT) is

	not specified in this guidance, nor in the most recent guidance issued by the British Society for Gastroenterology (Cairns <i>et al.</i> , 2010).
Impact on Lab (See below)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Important
Lab professionals to be made aware	<input type="checkbox"/> Laboratory Manager <input type="checkbox"/> Chemical Pathologist <input type="checkbox"/> Clinical Scientist <input type="checkbox"/> Biomedical Scientist
Please detail the impact of this guideline (Max 150 words)	<p>Whilst most of the impact of these guidelines will be centered on urgent imaging studies for patients with suspected cancer, biochemists may expect to see some changes, such as an increase in FOBT. However, this may cause issues; since the introduction of the national bowel screening programme, FOBT is no longer carried out at many hospital sites. Furthermore, numerous professional bodies including the ACB, the RCPATH and the British Society of Gastroenterology have contested the use of FOBT due to its limited perceived predictive value.</p> <p>Additionally, urology referral of a patient within 2 weeks of having a raised PSA may differ from site-specific guidelines on ruling out non-sinister causes of a raised PSA prior to referral.</p> <p>Finally, urgent requesting of protein electrophoresis and Bence-Jones protein for myeloma may have the largest impact, and laboratories should be aware that they will be expected to provide results in a shorter time frame than they may have been providing previously, notably because of the batch mode of analysis to optimise laboratory efficiency.</p>

Impact on Lab

- None:** This NICE guideline has no impact on the provision of laboratory services
- Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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<http://www.nice.org.uk/guidance/ng12/evidence/full-guidance-65700685>

Reference: Cairns *et al.*, (2010). Guidelines for colorectal cancer screening and surveillance in moderate and high risk groups (update from 2002). *Gut* 2010;59:666e690. doi:10.1136