



## Summary of NICE Guidelines

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| Title                                  | Suspected cancer: recognition and referral  |
| NICE Reference                         | NG12  |
| Date of Review:                        | September 2018  |
| Date of Publication                    | June 2015 (Updated July 2017)   |
| Summary of Guidance<br>(Max 250 words) | <p>NG12 replaces CG27 (2005) and covers practices regarding the identification, appropriate investigations, and selection of patients for specialist referral for the most common cancers in adults, children and young people.</p> <p>The guideline's recommendations are divided into three sections:</p> <ol style="list-style-type: none"><li>1. Recommendations on patient support, safety netting and the diagnostic process</li><li>2. Recommendations organised by symptom and findings of primary care investigations</li><li>3. Recommendations organised by site of cancer, which covers cancer of the lung and pleural cavities, upper and lower gastrointestinal tract, breast &amp; gynaecological, urological, skin, head and neck, brain &amp; CNS, haematological, sarcomas, and childhood cancers.</li></ol> <p>The follow-up investigations for suspected cancer are predominantly imaging but include biochemical and haematological testing.</p> <p>New to NG12:</p> <ul style="list-style-type: none"><li>• Colorectal cancer: Recommendation 1.3.4 has been replaced by <a href="#">DG30</a> which recommends quantitative faecal immunochemical tests (qFIT) for people without rectal bleeding but with unexplained symptoms that do not meet the criteria (1.3.1 to 1.3.3) for the suspected cancer pathway referral (appointment within 2 weeks).</li><li>• Prostate cancer: PSA and digital rectal examination should be considered in men with any lower urinary tract symptoms, erectile dysfunction or visible haematuria. Men with PSA levels above the age-specific reference range should be referred using a suspected cancer pathway referral.</li><li>• Myeloma: Full blood count, calcium and plasma viscosity or erythrocyte sedimentation rate (ESR) should be offered to people aged <math>\geq 60</math> with persistent bone pain or unexplained fracture. Urgent protein electrophoresis (PE) and Bence-Jones protein (BJP) test (within 48 hours) should be offered to people aged <math>\geq 60</math> with hypercalcaemia or leukopenia and a presentation consistent with myeloma. Urgent PE and BJP should be considered if raised plasma viscosity or ESR, and presentation is consistent with myeloma.</li></ul> |
| Impact on Lab<br>(See below)           | <span style="color: yellow;">■</span> Moderate  |

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| Lab professionals to be made aware                         | <ul style="list-style-type: none"> <li>✓ Laboratory Manager</li> <li>✓ Chemical Pathologist</li> <li>✓ Clinical Scientist</li> <li>✓ Biomedical Scientist</li> </ul>  |
| Please detail the impact of this guideline (Max 150 words) | <p>This guideline is mainly aimed towards the identification of people in primary care with suspected cancer and provides information to healthcare professionals in secondary care on the services that should be offered to them. While most recommendations focus on referral for specialist assessment or imaging studies, laboratories should be aware of the potential for an increased demand for tests.</p> <p>Laboratories should be aware of the diagnostic guidance, DG30, which recommends the use of OC Sensor, HM-Jackarc and FOB Gold qFIT tests with a reporting threshold of 10 µg haemoglobin/gram of faeces.</p> <p>Laboratories should be aware of the reduced time frame in which they will be expected to return results for urgent PE and BJP requests for the investigation of myeloma. In some hospitals, serum free light chains may be used in place of BJP.</p> <p>Local guidelines for specialist referral may differ from those in the NICE guidance. For example, urology referral in cases of raised PSA may be contingent upon ruling out non-sinister causes first.</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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