For health professionals

GP Insight
March 2020

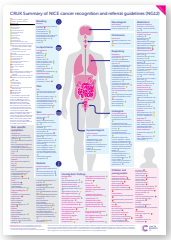
CANCER RESEARCH UK

Together we will beat cancer

Managing patients with non-specific signs or symptoms of cancer

Information for GPs in England and Wales

Inside: poster summarising guidelines for suspected cancer by organ system



The majority (at least 65%) of cancer patients are diagnosed via primary care, therefore GPs play a fundamental role in diagnosing cancer promptly[1].

How can NG12 support your urgent referral decisions?

Use of NICE NG12 cancer referral guidelines is recommended to aid assessment of signs and symptoms presenting to primary care and can help guide cancer referral decisions. It includes information on a whole range of symptoms linked to cancer, from well known 'red flags' to the vague and non-specific. The referral threshold for specialist advice has been set at 3% to help support the earlier diagnosis of cancer and the threshold for tests and in children and young people is even lower.

> NG12 can help clinicians identify which patients are most likely to have cancer and therefore require further investigation, but also indicate when patients are less likely to have cancer and where safety-netting remains important. Recommendations are not in place to override clinical judgement, which should remain an important factor in deciding when to urgently refer a patient.

Dr Anne-Marie Eliades, Wellspring Medical Centre, Newport

NG12 aims to give GPs more flexibility to manage and refer patients

- Low risk threshold for referral
- Presented by cancer site and symptoms
- Specific safety-netting recommendations
- Direct to test where available
- Allows for adaptations to local pathways
- Encourages use of clinical acumen

A practical guide to managing patients with non-specific vague symptoms

Translating the myriad of cancer guidelines into practice can be challenging, but there are some key considerations that may be useful.

Refer at a low risk threshold

NG12 now recommend urgently referring patients at a **3% or more positive predictive value (PPV)** threshold, reduced from 5% previously[2]. An even lower threshold is recommended for children and young people and for primary care tests[2].

Use primary care investigations where available

Primary care investigations such as chest X-rays and blood tests are usually easily accessible and can help speed up cancer diagnosis. If you're unsure of what's available to you, contact your CCG or Health Board. bit.ly/NG12investigations

Practise robust safety netting

Monitor patients until signs and/or symptoms are explained or resolved. Book a follow-up appointment or encourage patients to book another appointment with you if their symptoms don't resolve or new symptoms develop.

- Use EMIS and SystmOne safety-netting templates, where available
- See our Safety Netting Cancer Insight for more information bit.ly/CRUKsafetynettingCI

> Safety netting for our patients with suspected cancer is crucial, especially those receiving investigations in primary care where multiple tests and diagnostics will be taking place without the oversight of secondary care tracking for an urgent referral.
>
> Documentation is also an important part of safety-netting, and all advice should be recorded in your notes. GPs can use customised leaflets for patients so they receive written advice, but this should not replace verbal communication.

Dr Debbie Harvey, CRUK GP, Cheshire and Merseyside Cancer Alliance

Use tools to make following the guidelines easier

There are several educational materials to support with decision making and navigation of the guidelines, find your preferred support tool below:

- Arrange free tailored support and training for your GP surgery with a Cancer Research UK Facilitator visit cruk.org/Facilitators[3]
- Download NG12 referral guideline summaries including desk easels and posters at cruk.org/NICEsummary
- Take the GatewayC module on improving the quality of referral (England only)[4]
- Electronic cancer decision support tools, such as QCancer[5] and Risk Assessment Tools, are often integrated into GP software and may aid with decision-making cruk.org/decisionsupporttool
- Cancer Maps is an interactive online tool based on the NG12, designed to be used during consultations bit.ly/CancerMapsNG12[6]

Remember to act on clinical suspicion

Guidelines can vary locally so it's also important to be aware of specific local guidance.

Rapid Diagnostic Centres (RDC)
Some GPs in England and South Wales will be able to send patients presenting with non-specific symptoms to an RDC. RDCs will provide alternative routes for these patients when GP's are unsure which site-specific route would be appropriate. Visit NHS England bit.ly/NHSEnglandRDCs or Wales Cancer Network bit.ly/WCN-RDC for more information.

Patient case study

Developed with Dr Tina George, Cancer Research UK GP & Clinical Lead for Early Diagnosis, Kent and Medway Cancer Alliance.

Tony is 72 years old and presents to his GP with appetite loss. He has diabetes and arthritis in his hands, which often makes it difficult for him to sleep and eat. Tony is a non-smoker and has had no exposure to asbestos.

The GP enquires if there are any additional symptoms, to understand if the appetite loss is related to Tony's difficulty sleeping or not.

- If chest pain, cough, fatigue, shortness of breath or weight loss is present then NG12 recommends offering an urgent chest X-ray

There are no additional symptoms, but the GP decides to request several blood tests for additional reassurance that nothing serious is going on.

Which blood tests would you order?

- Several tests could be done at this stage given the non-specificity of Tony's presentation, but the GP includes: FBC, haematinics, U&E, LFT, TFT, HBA1C, bone profile & ESR

The GP asks Tony to book another appointment in five day's time, when his blood test results are due back. Tony returns in five days and says he is becoming increasingly tired. The blood tests show iron deficiency anaemia, but everything else is normal.

What would you do next?

Ask Tony to return for another anaemia blood test in a week's time?

Refer on to an urgent suspected colorectal cancer pathway?

Complete a Faecal Immunochemical Test (FIT) and wait for the result to determine whether to make a colorectal urgent referral?

Having discussed the options with Tony, the GP refers him to the urgent referral pathway for suspected colorectal cancer without doing a FIT, as this is the NG12 recommendation for people over 60 with iron-deficient anaemia.[2]

Diagnosis: Colorectal cancer

1 National Cancer Registration and Analysis Service (NCRAS), Routes to Diagnosis (2016).
2 Suspected cancer: recognition and referral: NICE guideline [NG12]: NICE.org/NG12
3 CRUK. Training by Facilitators. Available at: cruk.org.uk/Facilitators
4 GatewayC. Courses. Available at: www.gatewayc.org.uk/courses
5 QCancer. 2013. Available at: qcancer.org
6 GatewayC Cancer Maps. Available at: www.gatewayc.org.uk/gwc-cancer-map

Version 3

CRUK Summary of NICE cancer recognition and referral guidelines (NG12)

Key
- No time specified
- 2WW
- Routine
- Within 2 weeks
- Within 48h

1 2ww breast
2 2ww lower GI
3 2ww gynae
4 2ww head and neck
5 2ww haematology
6 2ww lung
7 2ww sarcoma
8 2ww skin
9 2ww urology
10 2ww upper GI
11 Abdominal and pelvic USS
12 Appointment with dentist within 2w
13 Assess for other symptoms/ signs then 2ww referral/ further urgent investigation
14 Assess for other clinical causes/ monitor in primary care
15 CA-125
16 Consider Paediatrician referral
17 MRI/CT within 2w
18 CT/USS within 2w
19 CXR within 2w
20 Direct access USS within 2w
21 OGD within 2w
22 Fbc within 48 hours
23 Fbc, Ca2+ + ESR/PV
24 FIT
25 Gynae USS
26 Immediate referral to Paediatrician
27 Non-urgent referral via urology pathway
28 Ophthalmologist referral within 2w
29 Paediatrician appointment within 48h
30 PSA + DRE
31 Routine OGD
32 Routine referral
33 Routine USS
34 Urine protein electrophoresis and BJP within 48h
35 USS within 48h
36 Xray within 48h
37 CA-125 + FIT

^: raised; **2ww**: 2 week wait; **40+**: 40 and over etc; **BCC**: basal cell carcinoma; **BJP**: Bence-Jones protein urine test; **CXR**: chest Xray; **DRE**: digital rectal examination; **DVT**: deep vein thrombosis; **ESR/PV**: erythrocyte sedimentation rate or plasma viscosity; **Fbc**: full blood count; **FIT**: Faecal immunochemical test; **GI**: gastrointestinal; **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.

Non-specific symptoms

Appetite loss
Unexplained: consider: lung, upper GI, lower GI, pancreatic, urological: 13
Ever smoked/asbestos exposed 40+: 19
With cough/fatigue/SOB/chest pain/weight loss 40+: 19
Or early satiety persistent/>12x per month in women especially in 50+: 15

DVT:
Consider urogenital/breast/lower GI/lung cancers: 13

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+: 19

Infection
Unexplained and persistent/recurrent 16+: 22

Night sweats
With unexplained splenomegaly/lymphadenopathy 16+: 5

Pallor: 22

Pruritus:
With unexplained splenomegaly/lymphadenopathy 16+: 5

Weight loss
Unexplained: consider: lung, upper GI, lower GI, pancreatic, urological: 13
Unexplained with abdominal pain 40+: 2
Unexplained with rectal bleeding <50: 2
Unexplained without rectal bleeding: 24
Ever smoked/asbestos exposed 40+: 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+: 21
Unexplained in women: 37
With diarrhoea/nausea/vomiting/constipation 60+: 18
With back pain/abdominal pain/new onset diabetes 60+: 18
With ^platelets/nausea/vomiting 55+: 31

Bleeding

Bleeding
Unexplained bruising, bleeding, petechiae: 22
Haematemesis: 31
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

Lumps/masses

Lumps/Masses
Anal: 2
Axillary 30+: 1
Breast 30+: 1
Breast <30: 32
Lip/oral cavity: 12*
Lump increasing in size: 20
Neck (unexplained) 45+: 4
Neck (persistent and unexplained): 4
Penile (STI excluded): 9
Thyroid: 4
Vaginal/vulval (unexplained): 3

Lymphadenopathy
Unexplained in adults: 5
Supraclavicular/persistent cervical 40+: 19
Generalised in adults: 22

Pain

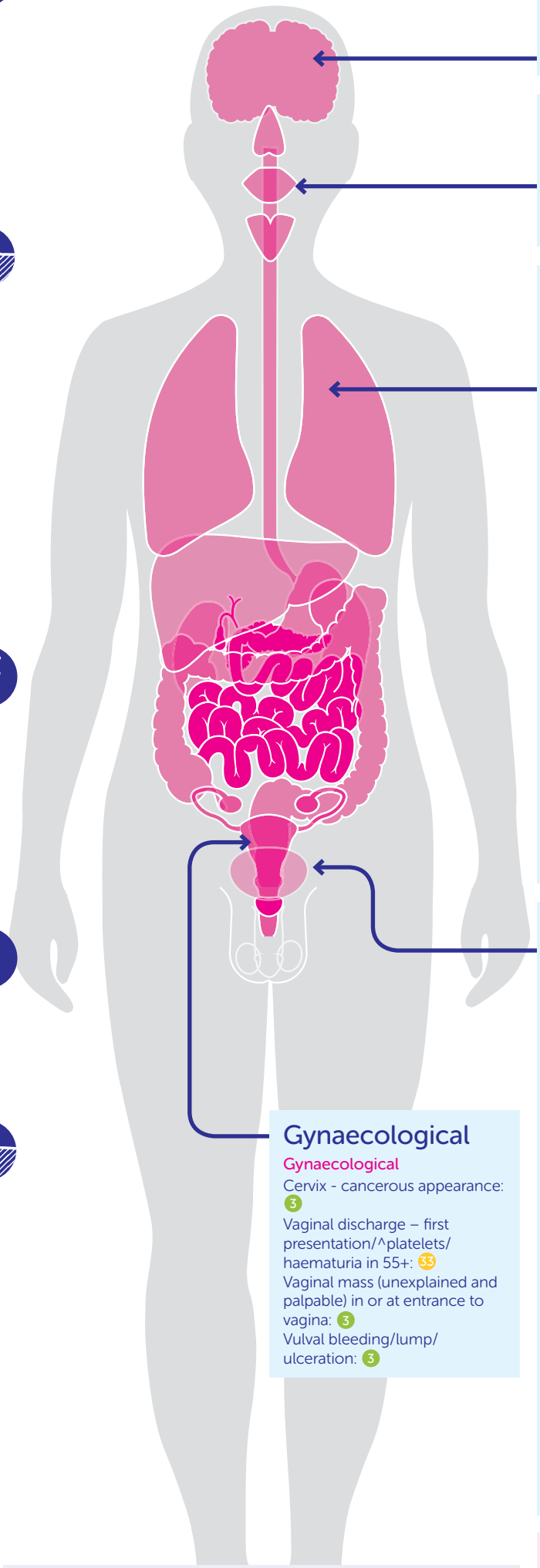
Pain
Alcohol induced lymph node pain with lymphadenopathy: 5
Back with weight loss 60+: 18
Back (persistent) 60+: 23
Chest (unexplained) 40+ ever smoked/asbestos exposed: 19
Chest (unexplained) with cough/fatigue/SOB/weight loss/appetite loss 40+: 19

Skeletal

Skeletal Symptoms
Back pain with weight loss 60+: 18
Back pain (persistent) 60+: 23
Bone pain (persistent) 60+: 23
Fracture (unexplained) 60+: 23

Skin

Skin or surface symptoms
Anal ulceration: 2
Bruising: 22
Nipple: unilateral changes (including those "of concern") 50+: 1
Penile lesion/mass (STI excluded): 9
Penile symptoms affecting the foreskin/glans: 9
Petechiae (unexplained): 22
Skin change suggesting breast cancer: 1
Pigmented lesion with a weighted 7 point score 3+: 8
Lesion suggestive of nodular melanoma: 8
Lesion suggestive of SCC: 8
Lesion suggestive of BCC: 32
Lesion suggestive of BCC & concern that treatment delay may have a significant impact: 8
Vulval lump/ulceration (unexplained): 3



Neurological

Neurological
Loss of central neurological function (progressive): 17

Oral lesions

Oral lesions
Ulceration (unexplained, >3w): 4
Oral red / red & white patches: 12*

Respiratory

Respiratory
Chest infection (persistent or recurrent) 40+: 19
Chest pain (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+: 19
Finger clubbing 40+: 19

Shortness of breath
Ever smoked/asbestos exposed 40+: 19
With cough/fatigue/chest pain/weight loss/appetite loss 40+: 19
With unexplained lymphadenopathy: 5
With unexplained splenomegaly: 5

Urological

Urological Symptoms
Erectile dysfunction: 30
Haematuria (visible and unexplained) without UTI 45+: 9
Haematuria (visible and unexplained) with persistence/recurrence after treatment for UTI 45+: 9
Haematuria (non visible and unexplained) with dysuria/^blood test wbc 60+: 9
Haematuria (visible) with low Hb/ ^platelets / ^ blood glucose/ unexplained vaginal discharge in women 55+: 25**
Haematuria (visible) in men: 30
Testicular enlargement/shape change/texture change (non-painful): 9
Testicular symptoms (unexplained/persistent): 33
UTI (unexplained and recurrent/persistent) 60+: 27
LUTS in males: 30
Urinary urgency (persistent or >12x per month) in women especially 50+: 15

Gynaecological

Gynaecological
Cervix - cancerous appearance: 3
Vaginal discharge – first presentation/^platelets/haematuria in 55+: 33
Vaginal mass (unexplained and palpable) in or at entrance to vagina: 3
Vulval bleeding/lump/ulceration: 3

Abdominal

Abdominal distension
Persistent or >12 times per month in women especially 50+: 37

Abdominal/pelvic/rectal mass
Suggestive of ovarian pathology: 3
Abdominal/rectal: 2
Splenomegaly: 5
Upper abdomen (consistent with liver/gall bladder): 20
Upper abdomen (consistent with stomach cancer: 10
Hepatosplenomegaly: 22

Abdominal/pelvic pain
Abdominal pain with weight loss in 40+: 2
Abdominal pain with rectal bleeding in <50: 2
Abdominal pain without rectal bleeding: 24
Upper abdominal pain with weight loss in 55+: 21
Upper abdominal pain with any of: anaemia, ^platelets, nausea, vomiting in 55+: 31
Persistent or >12 times per month in women especially 50+: 37
Abdominal pain with weight loss in 60+: 18
IBS symptoms within 12 months in women 50+: 37

Ascites +/or pelvic or abdominal mass 3

Change in bowel habit
Unexplained 60+: 2
Unexplained with rectal bleeding <50: 2
Without rectal bleeding <60: 24
Unexplained in females: 37
Diarrhoea/constipation with weight loss 60+: 18
IBS symptoms within 12 months in women 50+ : 37

Dyspepsia
With weight loss in 55+: 21
Treatment resistant 55+: 31
55+ with ^platelets/N/V: 31

Dysphagia 21

Nausea or vomiting
With weight loss 60+: 18
With ^platelets/weight loss/reflux/dyspepsia/upper abdominal pain in 55+: 31

Rectal examination
Prostate feels malignant: 9

Reflux
With weight loss in 55+: 21
With ^platelets/nausea/vomiting 55+: 31

Investigation findings

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

Anaemia (normocytic)
Without rectal bleeding: 24
Visible haematuria women 55+: 25
Upper abdominal pain 55+: 31

BJP suggests myeloma: 5

^Blood glucose with visible haematuria in women 55+: 25

CA-125 35+IU/ML: 11

CA-125 <35IU/ml or >35IU/ml with normal ultrasound: 14

^CA2+/low wbc and consistent with myeloma 60+: 34

CXR suggests lung cancer/mesothelioma: 6

Dermoscopy suggests melanoma: 8

New onset diabetes with weight loss 60+: 18

DRE suggests prostate cancer: 9

^ESR/PV and consistent with myeloma: 34

FIT+ve: 2

Jaundice 40+: 10

^platelets with GOR/dyspepsia/upper abdominal pain 55+: 31

^platelets with nausea/vomiting/ weight loss 55+: 31

^platelets 40+: 19

^platelets with visible haematuria/unexplained vaginal discharge 55+: 25

PSA above age specific range: 9

Urine protein electrophoresis suggests myeloma: 5

USS suggests ovarian cancer: 3

USS suggests soft tissue sarcoma: 7

Xray suggests bone sarcoma: 7

Children and young people

Abdominal symptoms
Hepatosplenomegaly: 26
Abdominal mass or enlarged abdominal organ: 29
Splenomegaly: 29

Bleeding/bruising/rashes
Petechiae: (unexplained): 26
Bruising/bleeding (unexplained): 22

Lumps/masses
Lymphadenopathy (unexplained): 29
Lymphadenopathy (generalised): 22
Lump (unexplained) increasing in size: 35

Neurological
New abnormality of cerebellar or CNS function: 29

Non-specific symptoms
Fatigue (persistent): 22
Fever with lymphadenopathy/splenomegaly (unexplained): 29
Fever (unexplained): 22
Infection (unexplained and persistent): 22
Night sweats with lymphadenopathy/splenomegaly: 29
Pruritus with lymphadenopathy/splenomegaly: 29
Weight loss with lymphadenopathy/splenomegaly: 29
Parental concern (persistent): 16

Primary Care Investigations
USS/CXR suggest sarcoma: 29
Absent red reflex: 28

Respiratory
SOB with lymphadenopathy: 29
SOB with splenomegaly (unexplained): 29

Skeletal
Bone pain (persistent or unexplained): 22
Bone pain/swelling (unexplained): 36

Skin/surface
Bruising (unexplained): 22
Pallor: 22

Urological
Haematuria (visible and unexplained): 29

February 2020 - If you have any feedback or want more information please contact earlydiagnosis@cancer.org.uk
*CRUK's Oral Cancer Toolkit recommends 4
**If local direct referral route is not available, refer to specialist

This is a summary of the NICE guidelines for suspected cancer (NG12), updated to reflect the more recent NICE DG30 guidelines on the use of FIT in primary care to guide referral for patients without rectal bleeding who have unexplained symptoms but do not meet the criteria for a suspected cancer referral. The information in this summary is correct to the best of our knowledge, however local pathways may vary and it does not replace clinical judgement. The full guidelines can be found here: https://www.nice.org.uk/guidance/ng12

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