NICE National Institute for Health and Care Excellence

Surveillance report (exceptional review) 2017 – Metastatic malignant disease of unknown primary origin in adults (2010) NICE guideline CG104

Surveillance report

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Surveillance decision

We will not update the guideline on metastatic malignant disease of unknown primary origin in adults at this time.

Reason for the decision

NICE received an enquiry relating to recommendation 1.2.2.7, which states "Use a panel of antibodies comprising cytokeratin 7 (CK7), CK20, thyroid transcription factor-1 (TTF-1), placental alkaline phosphatase (PLAP), oestrogen receptor (ER; women only) and prostate-specific antigen (PSA, men only) in all patients with adenocarcinoma of unknown origin". The enquiry indicated that clinical practice in this area may have changed since the guideline was developed.

The guideline lead clinician and a topic expert indicated that they agreed that the review question should be expanded to include additional immunohistochemistry tests, and that gene expression profiling should also be reassessed.

In response to the topic expert feedback, we undertook a focused search to identify new evidence in these areas, and included 36 studies covering immunohistochemistry, single-target RNA assays, and molecular gene expression tests. However, after reviewing the available evidence, it was considered to be insufficient to change recommendations in these areas at this time.

Evidence on biomarkers detected by immunohistochemistry did not indicate any testing strategy for diagnosing the type of adenocarcinoma likely to be more specific than the currently recommended set of tests. Gene expression profiling did not show clear benefits over immunohistochemistry. After reviewing the summary of evidence, the topic experts agreed with the decision not to update the guideline at this time.

Other clinical areas

This exceptional surveillance review was carried out to consider the impact of immunohistochemical analysis and gene expression profiling on the guideline recommendations. We did not search for new evidence relating to other clinical areas in the guideline.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the new evidence and views of topic experts, we decided that no update is necessary for this guideline.

See how we made the decision for further information.

How we made the decision

Exceptionally, significant new evidence may mean an update of a guideline is agreed before the next scheduled check of the need for updating. The evidence might be a single piece of evidence, an accumulation of evidence or other published NICE guidance.

For details of the process and update decisions that are available, see ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual.

New evidence

We found 36 studies in a focused search for studies addressing immunohistochemistry testing and gene expression profiling with no restrictions on the type of study.

See appendix A: summary of evidence from surveillance for details of all evidence considered, and references.

Views of topic experts

We were notified that clinical practice in immunohistochemistry markers and molecular profiling may have changed since the guideline was developed. The guideline lead clinician and another topic expert were contacted for their opinion on this question.

Views of stakeholders

Stakeholders are consulted only if we decide not to update the guideline following checks at 4 and 8 years after publication. Because this was an exceptional surveillance review, and the decision was not to update, we did not consult on the decision.

See ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual for more details on our consultation processes.

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The NICE project team would like to thank the topic experts who participated in the surveillance process.

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