NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Suspected cancer: recognition and management of suspected cancer in children, young people and adults

1.1 Short title

Suspected cancer

2 The remit

This is a partial update of 'Referral guidelines for suspected cancer' (NICE clinical guideline 27).

This update is being undertaken as part of the guideline review cycle.

3 Clinical need for the guideline

3.1 Epidemiology

a) There were 309,527 people diagnosed with cancer in the UK in 2008. More than 1 in 3 people will develop some form of cancer in their lifetime.

b) On average less than 10% of peoplereferred from primary care with suspected cancerare foundto have cancer after definitive investigation. The proportion of suspected cancers that are actually diagnosed as cancer varies with the site, from over 50% for prostate cancer to less than 10% for laryngeal cancer. This reflects how specific theinitial symptoms, examination findings and GP investigations are for identifying cancer at these two sites.

c) Cancer diagnosis is difficult, as the symptoms of cancer can also be the symptoms of benign conditions. No diagnostic tests or guidance can achieve 100% sensitivity (identifying all cancers) or 100% specificity (correctly identifying al those without cancer).

3.2 Current practice

a) In February 2011 NICE completed its review of 'Referral guidelines for suspected cancer'(NICE clinical guideline 27) and concluded that it needed to be updated. The reasons for this include the publication of new evidence since 2005 on signs and symptoms associated with a range of cancer types and new evidence on initial investigation. Also stakeholders highlighted a variation in the level of implementation of the recommendations and a desire for a more symptom-based guideline.

b) Other reasons why the original clinical guideline has not proved to be as successful as was hoped include the following:

- The symptoms of cancer are very common in primary care and usually due to non-cancer diagnoses (for example, less than 5% of people with symptoms of haemoptysis have lung cancer).
- Many people with suspected cancer are referred from primary care to secondary care using the criteria set out in 'Referral guidelines for suspected cancer' (NICE clinical guideline CG27). However this guideline was structured around cancer type rather than presenting signs and symptoms so the guideline user had to first think in terms of cancer, then consider the site and finally compare the person’s symptoms with those in the guideline.

c) The Department of Health Cancer Reform Strategy, published in December 2007, highlighted that cancer survival in England compares poorly with that of comparable countries. One reason for this is that symptomatic patients in England are believed to present to the health service when their disease is more advanced, which

has an impact on the potential for successful treatment, on patient outcomes, and on resources.

d) Based on analyses of 5-year survival rates in Europe, it has been estimated that up to 10,000 deaths could be avoided per year in England ifthe best survival rates in Europe were achieved.

e) The Department of Health initiative on early diagnosis of cancer – The National Awareness and Early Diagnosis Initiative (NAEDI) – aims to enable health professionals to diagnose cancer earlier. It does this through:

- public awareness campaigns, so that people become more aware of cancer symptoms
- GP developments to improve quality, such as the national cancer GP diagnosis audit
- improving GP access to diagnosticinvestigations, such as scans
- research including international comparisons.

f) The updatedclinical guideline will support NAEDI, and will be structured around the symptoms that patients present with, whichcomplements the public awareness work of NAEDI.

g) Because the likelihood of cancer is low for individual symptoms, this guideline will advise on symptom clusters. In addition, there will be advice on 'safety netting'when the initial evidence for immediate referral is inadequate.

h) New evidence on cancer risk based on symptom clusters should allow the development of a more practical guideline that will aid rapid diagnosis of people with suspected cancer.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, ‘Further information’).

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

a) Children(from birth to 15 years), young adults (aged 16–24 years)and adults (aged 25 years and over) presenting to primary care with signs or symptoms of suspected cancer.

b) Subgroups that are identified as needing specific consideration will be considered during development but may include:

- older people
- people with cognitive impairment
- people with multiple morbidities
- people from lower socioeconomic groups.

4.1.2 Groups that will not be covered

a) Peoplewho have been referred to secondary care for specialist management.

b) People who present for the first time outside of the primary care setting.

4.2 Healthcare setting

a) All primary care settings in which NHS care is delivered. This includes general practice, NHS dental services, community pharmacies and opticians carrying out NHS work.

4.3 Clinical management

4.3.1 Key clinical issues that will be covered

The intention is to produce a guideline structured around signs and symptoms that should prompt consideration of the likelihood of cancer in a person presenting to NHS staff in primary care.

Areas from the original guideline that will be updated

a) Cancer in children and young people.

b) The initial investigations that contribute to the assessment of patients prior to, or in association with, referral for suspected cancer, where clinical responsibility is retained by primary care.

c) Immediate referral to secondary care using the existing fast-track (2-week wait) referral system.

d) Signs and symptoms that indicate the possibility of a cancer diagnosis, including:

- abdominal distension
- abdominal pain
- abnormal bleeding (including, haemoptysis, haematuria, gastrointestinal and vaginal bleeding)
- appetite loss
- bone or skeletal pain
- breast signs and symptoms
- changing skin lesions
- chest wall or rib pain
- confusion
- constipation
- cough
- diarrhoea
- dysphagia
- dyspnoea

- epigastric pain (including dyspepsia)
- fatigue
- focal neurological signs
- headache
- heartburn
- hoarseness
- imbalance
- infections suggesting immunocompromise
- jaundice
- lower urinary tract symptoms
- lumps (including breast, neck, abdominal, bony and soft-tissue masses, unexplained lymphadenopathy)
- pain at multiple sites
- pathological fracture
- pelvic mass
- pelvic pain
- persistent mouth ulceration
- personality disturbance
- seizures
- shortness of breath
- thromboembolism
- visual disturbance
- vomiting
- weight loss.

e) Abnormal blood test results that indicate the possibility of a cancer diagnosis,including:

- anaemia
- abnormal liver function tests
- hypercalcaemia
- raised levels of inflammatory markers
- thrombocytosis.

f) Information needs of:

- patients who are referred for suspected cancer, and their family and carers
- patients who are being monitored in primary care, and their family and carers.

Areas not in the original guideline that will be included in the update

g) Follow-up plans (including ‘safety-netting’) for patients whose care is managed in primary care without referral for definitive investigation.

Areas in the original guideline that will not be updated but will appear in the final guideline

h) The diagnostic process (recommendations 1.2.5–1.2.12).

4.3.2 Clinical issues that will not be covered

a) The organisation or effectiveness of screening programmes for cancer.

b) Referral for suspected recurrence or metastases in previously diagnosed cancer, or referral for palliative care.

4.4 Main outcomes

a) Health-related quality of life.

b) Sensitivity of symptoms/signs and diagnostic tests

c) Specificity of symptoms/signs and diagnostic tests

d) Positive predictive value of symptoms/signs and diagnostic tests

e) Negative predictive value of symptoms/signs and diagnostic tests

4.5 Economic aspects

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative

interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see ‘Further information’).

4.6 Status

4.6.1 Scope

This is the final scope.

4.6.2 Timing

The development of the guideline recommendations will begin in June 2012.

5 Related NICE guidance

5.1 Published guidance

5.1.1 NICE guidance to be updated

This guideline will update and replace the following NICE guidance:

- Referral guidelines for suspected cancer (NICE clinical guideline 27 (2005).

Depending on the evidence reviewed, this guideline mayupdate and replace parts of the following NICE guidance:

- Lung cancer. NICE clinical guideline 121 (2011). (Recommendations 1.1.1–1.1.6)

5.1.2 NICE guidance to be incorporated

This guideline will incorporate parts of the following NICE guidance:

- Ovarian cancer. NICE clinical guideline 122 (2011). (Recommendations 1.1.1.1–1.1.1.5 and 1.1.2.1–1.1.2.4).

5.1.3 Other related NICE guidance

- Ovarian cancer. NICE quality standard (2012)
- Lung cancer for adults. NICE quality standard (2012)Patient experience in adult NHS services. NICE clinical guideline 138. (2012).
- Breast cancer. NICE quality standard (2011)
- Colorectal cancer. NICE clinical guideline 131 (2011).
- Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas. NICE clinical guideline 118 (2011).
- Metastatic malignant disease of unknown primary origin. NICE clinical guideline 104 (2010).
- Lower urinary tract symptoms. NICE clinical guideline 97 (2010).
- Improving outcomes for people with skin tumours including melanoma. NICE cancer service guidance (2010).
- Advanced breast cancer. NICE clinical guideline 81 (2009).
- Early and locally advanced breast cancer. NICE clinical guideline 80 (2009).
- Metastatic spinal cord compression. NICE clinical guideline 75 (2008).
- Improving outcomes for people with skin tumours including melanoma. NICE cancer service guidance (2006).
- Improving outcomes for people with brain and other CNS tumours. NICE cancer service guidance (2006).
- Improving outcomes for people with sarcoma. NICE cancer service guidance (2006).
- Improving outcomes in children and young people with cancer. NICE cancer service guidance (2005).
- Improving supportive and palliative care for adults with cancer. NICE cancer service guidance (2004).
- Improving outcomes in head and neck cancers. NICE cancer service guidance (2004).
- Improving outcomes in colorectal cancer. NICE cancer service guidance (2004).

- Improving outcomes in haematological cancers. NICE cancer service guidance (2003).
- Improving outcomes in urological cancers. NICE cancer service guidance (2002).
- Improving outcomes in breast cancer. NICE cancer service guidance (2002).

- Guidance on commissioning cancer services: improving outcomes in lung cancer: the manual. Department of Health (1998).Available from: www.dh.gov.uk

- Improving outcomes in gynaecological cancers. Cancer service guidance (1999). Department of Health, National Cancer Guidance Steering Group.http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005385

- Improving outcomes in upper gastro-intestinal cancers. Cancer service guidance (2001). Department of Health.http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4010025

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5.2 Guidance under development

NICE is currently developing the following related guidance (details available from the NICE website):

- Neutropenic sepsis. NICE clinical guideline. Publication expected August 2012.
- Familial breast cancer (update). NICE clinical guideline.Publication expected April 2013.
- Prostate cancer (update). NICE clinical guideline. Publication date to be confirmed.
- Bladder cancer. NICE clinical guideline. Publication date to be confirmed.

6 Further information

Information on the guideline development process is provided in the following documents, available from the NICE website:

- 'How NICE clinical guidelines are developed: an overview for stakeholders the public and the NHS'
- 'The guidelines manual'.

Information on the progress of the guideline will also be available from the NICE website.