



Resource impact summary report

Resource impact

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This summary report is based on the NICE assumptions used in the [resource impact template](#). Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Guideline recommendations

See [NICE's recommendations on suspected cancer: recognition and referral](#).

The following recommendations represent a change to current practice:

- updated age and serum CA125 thresholds for ovarian cancer, may lead to increase in use of ultrasound and CA125 testing in women 50 and older and a reduction in use in women aged 39 and under (recommendations 1.5.6 to 1.5.9, and 1.5.11)
- post-menopausal bleeding in women using HRT in suspected endometrial cancer, may lead to a decrease in unnecessary referrals (recommendations 1.5.12, 1.5.14 and 1.5.15)
- non-site-specific weight loss may reduce the number of unnecessary referrals for people under 60 years old (recommendation 1.13.2).

Financial and capacity resource impact

The update addresses 3 areas of the guideline, ovarian cancer, endometrial cancer and unexplained weight loss. Of these, the updated recommendations on endometrial cancer and unexplained weight loss are expected to have only a small effect on practice leading to a reduction in referrals. The recommendations on ovarian cancer are expected to lead to an increase in the use of CA125 testing and ultrasound referrals in women aged 50 and over, no change in women aged 40 to 49 and a small reduction in women aged 39 and under. The net impact of the recommendations on ovarian cancer is expected to be an overall increase in resource use due to increased CA125 testing and increased ultrasound referrals.

Table 1 shows the estimated cash impact of 1,000 additional CA125 tests and ultrasound tests per year.

Table 1 Financial resource impact (cash items) per 1,000 additional CA125 and ultrasound tests in the population

Element	CA125 test, £	Ultrasound scan, £
Unit Cost	8.09	100
Increase for 1,000 investigations	8,090	100,000

The cost of the CA125 test is based on national cost collection for 2024/25 and the ultrasound cost is based on national tariff payment system for 2026/27 (HRG RD41Z).

The following assumptions have been used to calculate the financial impact:

- The current and expected future use of CA125 tests and ultrasound scans for suspected ovarian cancer is not known.
- The resource impact template has blank cells that can be populated with uptake figures locally to estimate the impact.

We expect that the resource impact of this update for:

- any single guideline recommendation in England will be less than £1 million per year (or about £1,700 per 100,000 people in the population, based on a population for England of 57.7 million people) **and**
- implementing the whole guideline in England will be less than £5 million per year (or about £8,700 per 100,000 people in the population, based on a population in England of 57.7 million people).

This is because the unit cost for the recommended interventions are small.

For further analysis or to calculate the financial and capacity impact from a commissioner (national) and provider (local) perspective, see the [resource impact template](#).

Population covered

The population covered by the guideline is people with suspected ovarian cancer, suspected endometrial cancer and people with unexplained weight loss.

Key information

Table 2 Key information

Speciality	Cancer
Disease area	Ovarian, endometrial, non-site specific
Programme budgeting category	02 cancers and tumours
Commissioner(s)	Integrated care boards
Provider(s)	Primary care, community care, NHS hospital trusts

About this resource impact summary report

This resource impact summary report accompanies the [NICE guideline on suspected cancer: recognition and referral](#) and should be read with it.