GUIDELINES

Suspected cancer (part 1—children and young adults): visual overview of updated NICE guidance

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This is one of a series of *BMJ* summaries of new guidelines based on the best available evidence; they highlight important recommendations for clinical practice, especially where uncertainty or controversy exists.

It is generally believed that early diagnosis of cancer reduces mortality and morbidity. The National Institute for Health and Care Excellence (NICE) has updated its 2005 guidance on the recognition and referral from primary care of people with suspected cancer.[1] This summary of the full guidance is in two parts: part 1 on recommendations for children (up to 15 years old) and young adults (16-24 years), and part 2 on those for adults. Separate recommendations have been made for adults and for children and young people to reflect that there are different referral pathways. However, in practice young people (aged 16–24) may be referred using either an adult or children's pathway depending on their age and local arrangements. The full guidance will be available on thebmj.com.

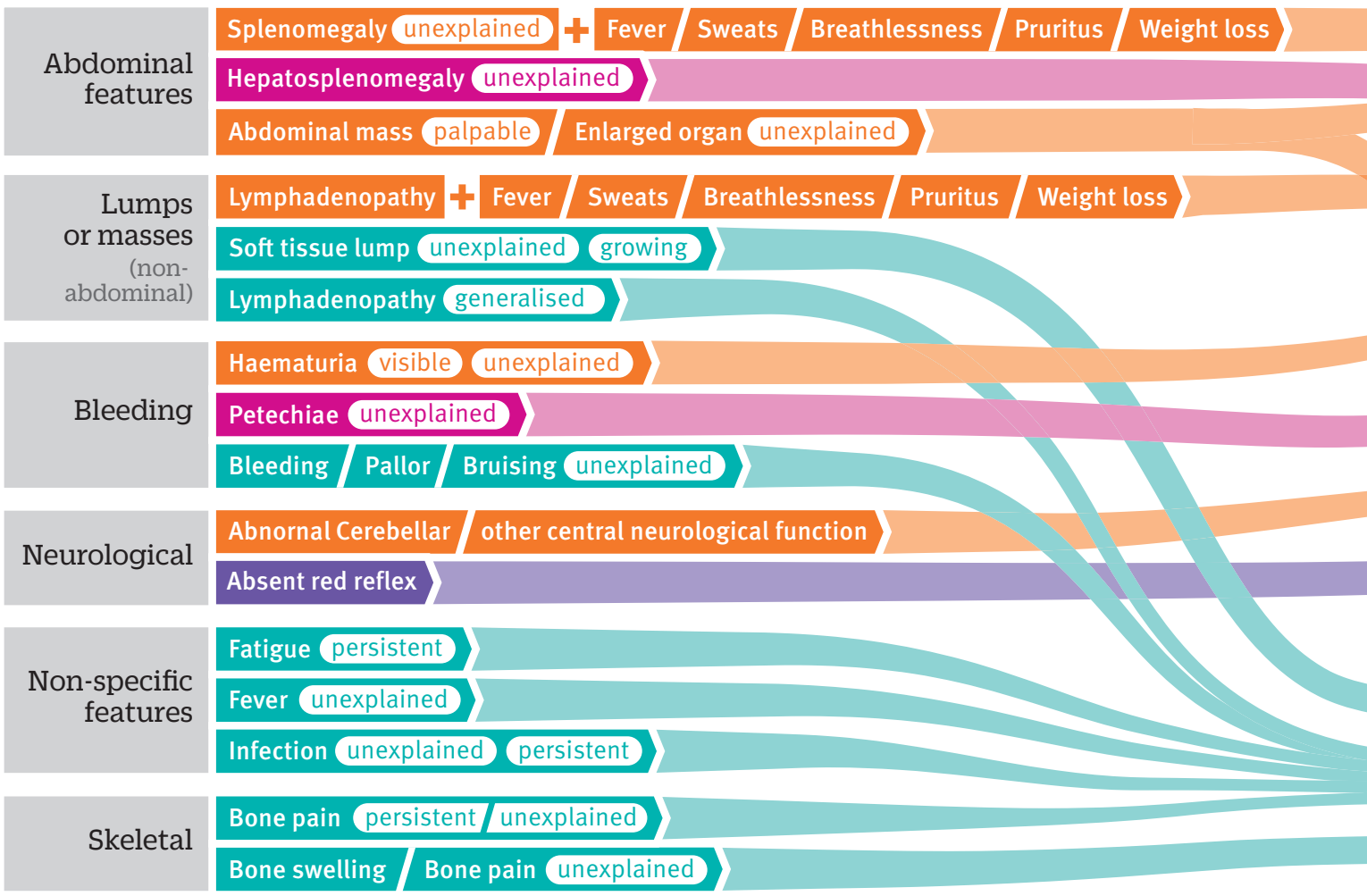
Key changes in the updated guidance are:

- Reliance on new evidence derived from primary, rather than secondary, care
- Explicit use of a threshold risk of cancer to underpin recommendations for urgent investigation—the first cancer guidance to do so.[2]

HOW PATIENTS WERE INVOLVED

Committee members involved in this guideline update included lay members who contributed to the formulation of the recommendations summarised here.

Assessing and referring childhood cancers



WILL STAHL-TIMMINS

This guidance:

- Assumes that patients will have had a full history, clinical examination, and appropriate initial blood tests
- Recommends urgent investigation in adults with a 3% or higher cancer risk, but uses a lower threshold for children and young people and when primary care testing is available
- Relies on evidence mainly from moderate quality observational studies. The evidence base for each recommendation is incorporated in the full guidance, but has been omitted here for ease of reading.
- Will increase the number of investigations or referrals in some cancer sites; the use of direct access testing should reduce the costs of this, but will require organisational change
- Asks clinicians to continue to trust their clinical experience where there are particular reasons that the guidance isn't relevant to a patient's specific presentation.

Recommendations

The figure lists symptoms of possible childhood cancer, the cancers that may underlie these symptoms, and the recommended investigations or referral.

1) Turquoise—primary care investigation
2) Purple—referral to be seen within two weeks
3) Orange—referral to be seen within 48 hours
4) Pink—immediate referral

THE BOTTOM LINE

- Nearly all possible childhood cancers require referral for investigation, as primary care testing is only of use in sarcomas (very urgent ultrasound or x ray) and leukaemias (full blood counts)
- Abnormal primary care tests for cancer all warrant urgent referral

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Read more NICE guidelines in The *BMJ* at http://www.bmj.com/specialties/guideline-summaries