

# NICE guidelines for suspected cancer (NG12): interactive symptoms guide

May 2026

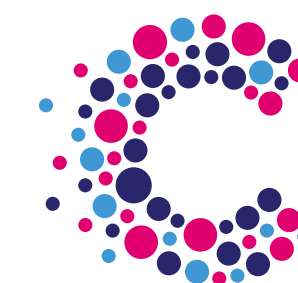


Your guide to following the NICE guidelines for suspected cancer (NG12) in primary care.



**Click below for guidance on the management of relevant symptoms groups.**  
**You'll also find information on investigations, safety netting and patient resources.**

Information presented is based on [NICE NG12 guidelines](#) as of May 2026.  
Local pathways may vary, and clinical judgement should be used in decision-making.  
Produced by Cancer Research UK, reviewed and approved by NICE.



**CANCER  
RESEARCH  
UK**

**NICE**  
National Institute  
for Health and  
Care Excellence®

# Abdominal symptoms – part 1

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
<b>Abdominal/pelvic mass</b>	Suggestive of ovarian pathology (which is not obviously uterine fibroids)		Gynaecology		
	Rectal mass		Lower GI		
	Abdominal mass				FIT
	Splenomegaly		Haematology		
	Upper abdomen (consistent with liver/gall bladder cancer)			Direct access USS	
	Upper abdomen (consistent with stomach cancer)			Upper GI	
	Hepatosplenomegaly (consistent with leukaemia)	FBC			
<b>Abdominal distension</b>	Persistent or >12 times per month in women <40			USS	
	Persistent or >12 times per month in women 40+				CA-125
<b>Abdominal/pelvic pain</b>	Abdominal pain with weight loss in 40+				FIT
	Abdominal pain with rectal bleeding in <50				FIT
	Abdominal pain in 50+				FIT
	Upper abdominal pain with weight loss in 55+		Upper GI		
	Upper abdominal pain with any of: anaemia, $\uparrow$ platelets, nausea, vomiting in 55+				Routine OGD
	Abdominal/pelvic pain persistent or >12 times/month in women <40			USS	
	Abdominal/pelvic pain persistent or >12 times/month in women 40+				CA-125
	Abdominal pain with weight loss in 60+			CT/USS	
IBS symptoms within 12 months in women 50+				CA-125	

## Glossary of terms

$\wedge$ : Raised  
 40+: Age above 40 etc  
 <50: Age below 50 etc  
 CA<sup>2</sup>: Calcium  
 FBC: Full blood count  
 FIT: Faecal immunochemical test  
 IBS: Irritable bowel syndrome  
 OGD: Upper GI endoscopy  
 USC: Urgent suspected cancer referral  
 USS: Ultrasound scan

## Additional information

**Urgent CT/USS** for symptoms suggestive of pancreatic cancer – if direct access to CT scans is not available then opt for an abdominal ultrasound. Be aware that pancreatic cancers can be missed by ultrasounds, particularly if the tumour is small.

# Abdominal symptoms – part 2

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
<b>Ascites +/- or pelvic or abdominal mass</b>	In women (not obviously uterine fibroids)		Gynaecology		
<b>Change in bowel habit</b>					FIT
	In women				FIT
	In women <40			USS	
	In women 40+				CA-125
	Diarrhoea or constipation with weight loss 60+			CT/USS	
	IBS symptoms within 12 months in women 50+				CA-125
<b>Dysphagia</b>			Upper GI		
<b>Reflux</b>	With weight loss in 55+		Upper GI		
	With ^platelets/nausea/vomiting 55+				Routine OGD
<b>Dyspepsia</b>	With weight loss in 55+		Upper GI		
	Treatment resistant 55+				Routine OGD
	55+ with ^platelets/nausea/vomiting				Routine OGD
<b>Nausea or vomiting</b>	With weight loss 60+			CT/USS	
	With ^platelets/weight loss/reflux/dyspepsia/upper abdominal pain in 55+				Routine OGD
<b>Rectal mass/examination</b>	Anal mass or ulceration		Lower GI		
<b>Rectal examination</b>	Prostate feels malignant		Urology		
<b>Rectal bleeding</b>	With abdominal pain or weight loss <50				FIT
	50+				FIT

## Glossary of terms

^: Raised

40+: Age above 40 etc

<50: Age below 50 etc

CA<sup>2</sup>: Calcium

FBC: Full blood count

FIT: Faecal immunochemical test

OGD: Upper GI endoscopy

USC: Urgent suspected cancer referral

USS: Ultrasound scan

## Additional information

**Urgent CT/USS** for symptoms suggestive of pancreatic cancer – if direct access to CT scans is not available then opt for an abdominal ultrasound. Be aware that pancreatic cancers can be missed by ultrasounds, particularly if the tumour is small.

**FIT test** – NICE Quantitative FIT guidance for primary care (**DG56**) was published August 2023. Be aware that a past negative screening test does not rule out cancer in symptomatic patients. Find more guidance on our **[FIT symptomatic web page](#)**.

# Bleeding symptoms

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
<b>Bleeding</b>	Bruising, bleeding, petechiae	FBC			
	Haematemesis				Routine OGD
	Haemoptysis 40+		Lung		
	Post menopausal, not attributable to HRT, <55				Consider a suspected gynaecological cancer referral
	Post menopausal, not attributable to HRT, 55+		Gynaecology		
	Rectal with abdominal pain or weight loss <50				FIT
	Rectal 50+				FIT
	Vulval		Gynaecology		

## Glossary of terms

40+: Age above 40 etc

FBC: Full blood count

FIT: Faecal immunochemical test

USC: Urgent suspected cancer referral

## Additional information

**FIT test** - NICE Quantitative FIT guidance for primary care ([DG56](#)) was published August 2023. Be aware that a past negative screening test does not rule out cancer in symptomatic patients. Find more guidance on our [FIT symptomatic web page](#).

# Gynaecological symptoms

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
Gynaecological	Cervix – cancerous appearance		Gynaecology		
	Vaginal discharge – first presentation/Λplatelets/haematuria 55+			Direct access USS	
	Vaginal mass (palpable) in or at entrance to vagina		Gynaecology		
	Vulval bleeding/lump/ulceration		Gynaecology		
	Post menopausal bleeding, not attributable to HRT, <55				Consider a suspected gynaecological referral
	Post menopausal bleeding, not attributable to HRT, 55+			Gynaecology	

## Glossary of terms

Λ: Raised

40+: Age above 40 etc

CA<sup>2</sup>: Calcium

DRE: Digital rectal examination

LUTS: Lower urinary tract symptoms

PSA: Prostate specific antigen

USC: Urgent suspected cancer referral

USS: Ultrasound scan

UTI: Urinary tract infection

WBC: White blood cell

## Additional information

**Cervical cancer** – If cervix has a cancerous appearance, then refer on USC pathway without the need for a smear test.

# Lumps, masses and lymphadenopathy symptoms

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action	
<b>Lumps/masses</b>	Anal		Lower GI			
	Axillary 30+		Breast			
	Breast 30+		Breast			
	Breast <30				Routine referral	
	Lip/oral cavity			Dental appointment		
	Lump increasing in size			Direct access USS		
	Neck 45+ (consistent with laryngeal cancer)			Head + Neck		
	Neck (persistent and consistent with oral cancer)			Head + Neck		
	Penile (STI excluded)			Urology		
	Thyroid			Head + Neck		
Vaginal/vulval			Gynaecology			
<b>Lymphadenopathy</b>			Haematology			
	Supraclavicular/persistent cervical 40+			CXR		
	Generalised in adults	FBC				

## Glossary of terms

40+: Age above 40 etc

CXR: Chest X-ray

FBC: Full blood count

USC: Urgent suspected cancer referral

USS: Ultrasound scan

## Additional information

**Lip/oral cavity lump** – An urgent suspected cancer referral may be warranted by the GP for those with a lip/oral cavity lump which raises significant concern, and if attending a dentist appointment prior to referral may delay investigations. More guidance can be found in our [Head and Neck Cancer Toolkit](#) (access requires registration with Doctors.net.uk).

# Neurological, skeletal and pain symptoms

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
<b>Neurological</b>	Loss of central neurological function (progressive)			MRI/CT brain	
<b>Pain</b>	Alcohol induced lymph node pain with lymphadenopathy		Haematology		
	Back pain with weight loss 60+			CT/USS	
	Back pain (persistent) 60+				FBC, CA <sup>2+</sup> + ESR/PV + PP + FLC
	Bone pain (persistent) 60+				FBC, CA <sup>2+</sup> + ESR/PV + PP + FLC
	Chest 40+ someone who has ever smoked/asbestos exposed			CXR	
	Chest 40+ with cough/fatigue/SOB/weight loss/appetite loss			CXR	
<b>Skeletal symptoms</b>	Fracture 60+				FBC, CA <sup>2+</sup> + ESR/PV + PP + FLC

## Glossary of terms

40+: Age above 40 etc  
 CXR: Chest X-ray  
 CA<sup>2+</sup>: Calcium  
 ESR/PV: Erythrocyte sedimentation rate or plasma viscosity  
 FBC: Full blood count  
 FLC: free light chains  
 PP: paraproteins  
 SOB: Shortness of breath  
 USC: Urgent suspected cancer referral  
 USS: Ultrasound scan

## Additional information

**MRI/CT scan** – For neurological symptoms opt for an MRI scan. Use a CT scan if an MRI is contraindicated.

**CT/USS** – arrange urgent ultrasound scan if CT is not available.

# Non-specific symptoms – part 1

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
<b>Appetite loss</b>	Consider: lung, upper GI, lower GI, pancreatic, urological				Carry out assessment for additional symptoms, signs or findings that may help to clarify what investigation or referral is needed
	Someone who has ever smoked/asbestos exposed 40+			CXR	
	With cough/fatigue/SOB/chest pain/weight loss 40+			CXR	
	Or early satiety persistent/>12x per month in women <40			USS	
	Or early satiety persistent/>12x per month in women 40+				CA-125
<b>DVT</b>	Consider urogenital/breast/lower GI/lung cancers				Carry out assessment for additional symptoms, signs or findings that may help to clarify what investigation or referral is needed
<b>Diabetes</b>	New onset with weight loss 60+			CT/USS	
<b>Fatigue</b>	Someone who has ever smoked/asbestos exposed 40+			CXR	
	With cough/SOB/chest pain/weight loss/appetite loss 40+			CXR	
	Persistent	FBC			
	In women <40			USS	
	In women 40+				CA-125
<b>Fever</b>		FBC			
	With splenomegaly/lymphadenopathy		Haematology		
<b>Finger clubbing</b>	40+			CXR	

## Glossary of terms

^: Raised

40+: Age above 40 etc

CXR: Chest X-ray

CA<sup>2</sup>: Calcium

DVT: Deep vein thrombosis

FBC: Full blood count

OGD: Upper GI endoscopy

SOB: Shortness of breath

USC: Urgent suspected cancer referral

USS: Ultrasound scan

## Additional information

Find more guidance for managing non-specific (NSS) symptoms on our [NSS webpage](#).

**CT/USS** – arrange urgent ultrasound scan if CT is not available.

**NOTE:** It's assumed that the symptoms listed are unexplained and require further investigation.

# Non-specific symptoms – part 2

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
<b>Infection</b>	Persistent/recurrent	FBC			
<b>Night sweats</b>	With splenomegaly/lymphadenopathy		Haematology		
<b>Pallor</b>		FBC			
<b>Pruritus</b>	With splenomegaly/lymphadenopathy		Haematology		
<b>Weight loss</b>	Unexplained, 60+: consider: lung, upper GI, lower GI, pancreatic, urological				Carry out assessment for additional symptoms, signs or findings that may help to clarify what investigation or referral is needed
	With abdominal pain 40+				FIT
	With rectal bleeding <50				FIT
	50+				FIT
	Someone who has ever smoked/asbestos exposed 40+			CXR	
	With cough/fatigue/SOB/chest pain/appetite loss 40+ someone who has never smoked			CXR	
	With splenomegaly/lymphadenopathy		Haematology		
	Upper abdominal pain, reflux or dyspepsia 55+		Upper GI		
	In women <40			USS	
	In women 40+				CA-125
With diarrhoea/nausea/vomiting/constipation/back pain/abdominal pain/new onset diabetes 60+				CT/USS	
With ^platelets/nausea/vomiting 55+					Routine OGD

## Glossary of terms

^: Raised

40+: Age above 40 etc

CXR: Chest X-ray

CA<sup>2</sup>: Calcium

FBC: Full blood count

OGD: Upper GI endoscopy

USC: Urgent suspected cancer referral

USS: Ultrasound scan

## Additional information

Find more guidance for managing non-specific (NSS) symptoms on our [NSS webpage](#).

**CT/USS** – arrange urgent ultrasound scan if CT is not available.

**FIT test** – NICE Quantitative FIT guidance for primary care (**DG56**) was published August 2023.

Be aware that a past negative screening test does not rule out cancer in symptomatic patients. Find more guidance on our [FIT symptomatic web page](#).

# Respiratory symptoms

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
<b>Chest infection</b>	Persistent or recurrent 40+			CXR	
<b>Chest pain</b>	40+ someone who has ever smoked/asbestos exposed			CXR	
	With cough/fatigue/SOB/weight loss/appetite loss 40+			CXR	
<b>Cough</b>	40+ someone who has ever smoked/asbestos expose			CXR	
	With chest pain/fatigue/SOB/weight loss/appetite loss 40+			CXR	
<b>Hoarseness</b>	Persistent 45+		Head + Neck		
<b>Chest signs</b>	Consistent with cancer/pleural disease 40+			CXR	
<b>Finger clubbing</b>	40+			CXR	
<b>Haemoptysis</b>	40+		Lung		
<b>Shortness of breath</b>	Someone who has ever smoked/asbestos exposed 40+			CXR	
	With cough/fatigue/chest pain/weight loss/appetite loss 40+			CXR	
	With lymphadenopathy/splenomegaly		Haematology		

## Glossary of terms

40+: Age above 40 etc

CXR: Chest X-ray

SOB: Shortness of breath

USC: Urgent suspected cancer referral

## Additional information

**Lung cancer** – Find more information and resources to support the earlier diagnosis of lung cancer on our [health professional lung cancer web page](#).

# Skin and surface symptoms

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
Skin or surface symptoms	Bruising	FBC			
	Pigmented lesion with a weighted 7 point score 3+		Skin		
	Lesion suggestive of nodular melanoma		Skin		
	Lesion suggestive of SCC		Skin		
	Lesion suggestive of BCC				Routine referral
	Lesion suggestive of BCC & concern that treatment delay may have a significant impact because of factors such as lesion site or size		Skin		
	Nipple: unilateral changes (including those "of concern") 50+		Breast		
	Skin change suggesting breast cancer		Breast		
	Pallor	FBC			
	Pruritus with splenomegaly/lymphadenopathy		Haematology		
	Penile lesions/masses (STI excluded)		Urology		
	Penile symptoms affecting the foreskin or glans		Urology		
	Vulval lump/ulceration		Gynaecology		
	Anal ulceration		Lower GI		
Jaundice 40+		Upper GI			
Oral lesions	Ulceration (>3w)		Head + Neck		
	Oral red/red and white patches			Dental appointment	

## Glossary of terms

40+: Age above 40 etc  
 BCC: Basal cell carcinoma  
 FBC: Full blood count  
 SCC: Squamous cell carcinoma  
 STI: Sexually transmitted infection  
 USC: Urgent suspected cancer referral

## Additional information

**Skin lesions** – Information on the different types of skin lesion, including their typical features, and the weighted 7 point checklist for melanoma can be found in our [skin cancer guide](#).

**Oral lesions** – A USC referral may be warranted by the GP for oral lesions which raise concern, and if there is concern that attending a dentist appointment prior to referral may delay investigation and diagnosis. More guidance can be found in our [Head and Neck Cancer Toolkit](#) (access requires registration with Doctors.net.uk).

# Urological symptoms

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
Urological symptoms	Erectile dysfunction				PSA + DRE
	Haematuria (visible) without UTI 45+		Urology		
	Haematuria (visible) with persistence/recurrence after treatment for UTI 45+		Urology		
	Haematuria (non visible) with dysuria/ ^blood test wbc 60+		Urology		
	Haematuria (visible) with low Hb/ ^platelets/ ^blood glucose/ unexplained vaginal discharge 55+			Direct access USS	
	Haematuria (visible) in men				PSA
	Testicular enlargement/shape change/texture change (non-painful)		Urology		
	Testicular symptoms (persistent)			Direct access USS	
	UTI (recurrent/persistent) 60+				Non-urgent referral via Urology pathway
	LUTS in men				PSA + DRE
	Prostate feels malignant			Urology	
	Urinary urgency and/or frequency in women <40 (persistent or >12x per month)				USS
	Urinary urgency and/or frequency in women 40+ (persistent or >12x per month)				CA-125

## Glossary of terms

^: Raised

40+: Age above 40 etc

CA<sup>2</sup>: Calcium

DRE: Digital rectal examination

LUTS: Lower urinary tract symptoms

PSA: Prostate specific antigen

USC: Urgent suspected cancer referral

USS: Ultrasound scan

UTI: Urinary tract infection

WBC: White blood cell

## Additional information

**PSA** – see our [PSA webpage](#) for age-specific thresholds and more guidance on PSA testing.

**Bladder and kidney cancers** – see our [guide to diagnosing bladder and kidney cancers earlier](#) for further support.

# Investigation findings – part 1

Test type	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
<b>Blood tests</b>	Anaemia (iron-deficiency)				FIT
	Anaemia (normocytic) 60+				FIT
	Anaemia (normocytic) visible haematuria women 55+			Gynae USS	
	Anaemia (normocytic) upper abdominal pain 55+				Routine OGD
	^blood glucose with visible haematuria in women 55+			Gynae USS	
	CA-125 above age specific range				Abdominal and pelvic USS
	CA-125 below age specific threshold, or CA-125 above age specific threshold with normal ultrasound				Assess for other clinical causes/ monitor in primary care
	^CA <sup>2+</sup> /low WBC and consistent with myeloma 60+	Urine Protein Electrophoresis and BJP			
	^ESR/PV and consistent with myeloma	Urine Protein Electrophoresis and BJP			
	New onset diabetes with weight loss 60+			CT/USS	
	^Platelets and haematuria/vaginal discharge 55+			Direct access USS	
	^Platelets with reflux/dyspepsia/upper abdominal pain 55+				Routine OGD
	^Platelets with nausea/vomiting/weight loss 55+				Routine OGD
	^Platelets 40+			CXR	
	PSA above age specific range			Urology	
WBC count raised with non-visible haematuria, 60+			Urology		

## Glossary of terms

^: Raised  
 40+: Age above 40 etc  
 BJP: Bence-Jones protein urine test  
 CXR: Chest X-ray  
 CA<sup>2</sup>: Calcium  
 DRE: Digital rectal examination  
 ESR/PV: Erythrocyte sedimentation rate or plasma viscosity  
 FBC: Full blood count  
 FIT: Faecal immunochemical test  
 OGD: Upper GI endoscopy  
 PSA: Prostate specific antigen  
 USC: Urgent suspected cancer referral  
 USS: Ultrasound scan  
 WBC: White blood cell

## Additional information

**PSA** – see our [PSA webpage](#) for age-specific thresholds and more guidance on PSA testing.

**FIT** – NICE Quantitative FIT guidance for primary care ([DG56](#)) was published August 2023. Be aware that a past negative screening test does not rule out cancer in symptomatic patients. Find more guidance on our [FIT symptomatic web page](#).


# Investigation findings – part 2

Test type	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
<b>Other tests and investigations</b>	BJP suggests myeloma		Haematology		
	Chest signs consistent with cancer/pleural disease 40+			CXR	
	CXR suggests lung cancer/mesothelioma		Lung		
	Dermoscopy suggests melanoma		Skin		
	DRE suggests prostate cancer		Urology		
	FIT >10µg Hb/g faeces		Lower GI		
	Urine protein electrophoresis suggests myeloma		Haematology		
	USS suggests ovarian cancer		Gynaecology		
	USS suggests soft tissue sarcoma		Sarcoma		
	X-ray suggests bone sarcoma		Sarcoma		

## Glossary of terms

Λ: Raised  
 40+: Age above 40 etc  
 BJP: Bence-Jones protein urine test  
 CXR: Chest X-ray  
 CA<sup>2</sup>: Calcium  
 DRE: Digital rectal examination  
 ESR/PV: Erythrocyte sedimentation rate or plasma viscosity  
 FBC: Full blood count  
 FIT: Faecal immunochemical test  
 OGD: Upper GI endoscopy  
 PSA: Prostate specific antigen  
 USC: Urgent suspected cancer referral  
 USS: Ultrasound scan  
 WBC: White blood cell

# Children and young people - part 1

Symptom group	Symptom/additional information	Immediate 	Within 48 hours	Within 2 weeks	Other action
<b>Abdominal symptoms</b>	Hepatosplenomegaly (unexplained)	Referral to paediatrician			
	Abdominal mass or enlarged abdominal organ (unexplained)		Paediatrician appointment		
	Splenomegaly (unexplained)		Paediatrician appointment		
<b>Bleeding/ bruising/ rashes</b>	Petechiae (unexplained)	Referral to paediatrician			
	Bruising/bleeding (unexplained)		FBC		
<b>Lumps/masses</b>	Lymphadenopathy (unexplained)		Paediatrician appointment		
	Lymphadenopathy (generalised)		FBC		
	Lump (unexplained) increasing in size		USS		
<b>Neurological</b>	New abnormality of cerebellar or CNS function		Paediatrician appointment		
<b>Non-specific symptoms</b>	Fatigue (persistent)		FBC		
	Fever with lymphadenopathy/splenomegaly (unexplained)		Paediatrician appointment		
	Fever (unexplained)		FBC		
	Infection (unexplained and persistent)		FBC		
	Night sweats with lymphadenopathy/ splenomegaly		Paediatrician appointment		
	Pruritus with lymphadenopathy/splenomegaly		Paediatrician appointment		
	Weight loss with lymphadenopathy/splenomegaly		Paediatrician appointment		
	Persistent parental concern				Consider referral to paediatrician


## Glossary of terms

FBC: Full blood count

SOB: Shortness of breath

USS: Ultrasound scan

# Children and young people - part 2

Symptom group	Symptom/additional information	Immediate 	Within 48 hours	Within 2 weeks	Other action
<b>Respiratory</b>	SOB with lymphadenopathy/splenomegaly (unexplained)		Paediatrician appointment		
<b>Primary care investigations</b>	USS/X-ray suggests sarcoma		Paediatrician appointment		
	Absent red reflex			Referral to ophthalmologist	
<b>Skeletal</b>	Bone pain (persistent or unexplained)		FBC		
	Bone pain/swelling (unexplained)		X-ray		
<b>Skin/surface</b>	Bruising (unexplained)		FBC		
	Pallor		FBC		
<b>Urological</b>	Haematuria (visible and unexplained)		Paediatrician appointment		

## Glossary of terms

FBC: Full blood count  
 SOB: Shortness of breath  
 USS: Ultrasound scan

# Safety netting support



Safety netting is an essential process to help manage uncertainty in the diagnosis and management of patients with signs and symptoms of suspected cancer. Continue to investigate a person's signs and symptoms until explained or resolved.

See our [summary of key safety netting actions](#) for a quick guide to effective safety netting and tips for communicating with patients whilst you manage and investigate their signs and symptoms.

Visit our [safety netting web page](#) for more resources to support best practice.

# Resources to support you and your patients

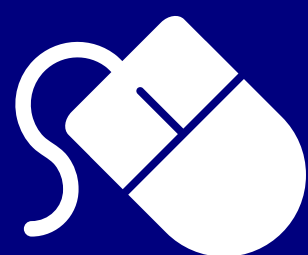


If you refer a patient along an urgent suspected cancer pathway, it's important to explain what this means and the process that will follow. Our range of patient-facing resources below provide relevant information to help support your patients:

- [Your urgent cancer referral explained web page](#)
- [Online guide](#) (PDF)
- [Printed wallet cards](#) (order for free)



For a visual summary of NICE NG12 guidelines, see our [NICE NG12 symptoms poster](#).



For more guidance and resources to support you with the recognition and referral of suspected cancer, visit our [health professional web pages](#).



---

Together we are  
beating cancer