NICE guidelines for suspected cancer (NG12): Interactive symptoms guide

June 2025

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.

- Abdominal symptoms
- Bleeding symptoms
- Gynaecological symptoms
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- Neurological, skeletal and pain symptoms
- Non-specific symptoms
- Respiratory symptoms
- Skin and surface symptoms
- Urological symptoms
- Investigation findings
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- Safety netting support
- Resources to support you and your patients

Information presented is based on **NICE NG12 guidelines** as of June 2025. Local pathways may vary, and clinical judgement should be used in decision-making.

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Abdominal symptoms – part 1

Contents page

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
Abdominal/ pelvic mass	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			
Abdominal distension	Persistent or >12 times per month in women especially 50+				CA-125
Abdominal/ pelvic pain	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, ^platelets, nausea, vomiting in 55+				Routine OGD
	Abdominal/pelvic pain persistent or >12 times/month in women, especially 50+				CA-125
	Abdominal pain with weight loss in 60+			CT/USS	
	IBS symptoms within 12 months in women 50+				CA-125

Glossary of terms

^: Raised

40+: Age above 40 etc

<50: Age below 50 etc

CA^{2}: 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.

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

Abdominal symptoms – part 2

Contents page

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

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FIT: Faecal immunochemical test

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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**.

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

Bleeding symptoms

Contents page

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
Bleeding	Bruising, bleeding, petechiae	FBC			
	Haematemesis				Routine OGD
	Haemoptysis 40+		Lung		
	Post menopausal 55+		Gynaecology		
	Post menopausal <55				Consider a suspected gynaecological cancer referral
	Rectal with abdominal pain or weight loss <50				FIT
	Rectal 50+				FIT
	Vulval		Gynaecology		

Glossary of terms

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FBC: Full blood count

FIT: Faecal immunochemical test

USC: Urgent suspected cancer referral

Additional information

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

Gynaecological symptoms

Contents page

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
Gynaecological	Cervix – cancerous appearance		Gynaecology		
	Vaginal discharge – first presentation/^platelets/ haematuria 55+				Direct access USS
	Vaginal mass (palpable) in or at entrance to vagina		Gynaecology		
	Vulval bleeding/lump/ulceration		Gynaecology		
	Post menopausal bleeding 55+		Gynaecology		
	Post menopausal bleeding <55				Consider a suspected gynaecological referral

Glossary of terms

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40+: Age above 40 etc

CA^{2}: 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.

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

Lumps, masses and lymphadenopathy symptoms

Contents page

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
Lumps/masses	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		
Lymphadenopathy			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).

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

Neurological, skeletal and pain symptoms

Contents page

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

Glossary of terms

40+: Age above 40 etc

CXR: Chest X-ray

CA^{2}: Calcium

ESR/PV: Erythrocyte sedimentation rate or plasma viscosity

FBC: Full blood count

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.

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

Non-specific symptoms – part 1

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
Appetite loss	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 especially 50+				CA-125
DVT	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
Diabetes	New onset with weight loss 60+			CT/USS	
Fatigue	Someone who has ever smoked/asbestos exposed 40+			CXR	
	With cough/SOB/chest pain/weight loss/appetite loss 40+			CXR	
	Persistent	FBC			
	In women				CA-125
Fever		FBC			
	With splenomegaly/lymphadenopathy		Haematology		
Finger clubbing	40+			CXR	
Infection	Persistent/recurrent	FBC			
Night sweats	With splenomegaly/lymphadenopathy		Haematology		
Pallor		FBC			

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

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Glossary of terms

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40+: Age above 40 etc

CXR: Chest X-ray

CA^{2}: 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.

Non-specific symptoms – part 2

Contents page

Symptom group	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
Pruritus	With splenomegaly/lymphadenopathy		Haematology		
Weight loss	Unexplained: 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				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

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40+: Age above 40 etc

CXR: Chest X-ray

CA^{2}: 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**.

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

Respiratory symptoms

Contents page

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

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**.

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

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	

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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).

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

Urological symptoms

Contents page

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 (persistent or >12x per month) especially if 50+				CA-125

Glossary of terms

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CA^{2}: 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.

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

Investigation findings – part 1

Contents page

Test type	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
Blood tests	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 >35+IU/ml				Abdominal and pelvic USS
	CA-125 <35IU/ml or CA-125 >35IU/ml with normal ultrasound				Assess for other clinical causes/ monitor in primary care
	^CA^{2}+/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

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BJP: Bence-Jones protein urine test
CXR: Chest X-ray
CA^{2}: 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

Contents page

Test type	Symptom/additional information	Within 48 hours	USC referral	Within 2 weeks	Other action
Other tests and investigations	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		

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BJP: Bence-Jones protein urine test

CXR: Chest X-ray

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WBC: White blood cell

Children and young people – part 1

Contents page

Symptom group	Symptom/additional information	Immediate	Within 48 hours	Within 2 weeks	Other action
Abdominal symptoms	Hepatosplenomegaly (unexplained)	Referral to paediatrician			
	Abdominal mass or enlarged abdominal organ (unexplained)		Paediatrician appointment		
	Splenomegaly (unexplained)		Paediatrician appointment		
Bleeding/ bruising/ rashes	Petechiae (unexplained)	Referral to paediatrician			
	Bruising/bleeding (unexplained)		FBC		
Lumps/masses	Lymphadenopathy (unexplained)		Paediatrician appointment		
	Lymphadenopathy (generalised)		FBC		
	Lump (unexplained) increasing in size		USS		
Neurological	New abnormality of cerebellar or CNS function		Paediatrician appointment		
Non-specific symptoms	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

Contents page

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

Glossary of terms

FBC: Full blood count

SOB: Shortness of breath

USS: Ultrasound scan

Safety netting support

Contents page

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

Contents page

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**.

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