



Summary of NICE Guidelines

Title	Metastatic malignant disease of unknown primary origin: Diagnosis and management of metastatic malignant disease of unknown primary origin
NICE Reference	CG104
Date of Review:	February 2014
Date of Publication	July 2010
Summary of Guidance (Max 250 words)	<p>Patients with Carcinoma of Unknown Primary (CUP) can be denied the care offered to patients with site-specific cancers because of a lack of dedicated clinical services.</p> <p>Patients with Malignancy of Undefined Origin should be referred to the CUP team using the rapid referral pathway for cancer.</p> <p>The initial diagnostic phase aims to identify a primary site or a non-epithelial malignancy, to guide treatment.</p> <p>Biochemical testing features alongside clinical examination and imaging investigations. The following test are recommended dependent on clinical presentation:</p> <ul style="list-style-type: none">• full blood count; urea, electrolytes and creatinine; liver function tests; calcium; urinalysis; lactate dehydrogenase• myeloma screen (when there are isolated or multiple lytic bone lesions) <p>In the second diagnostic phase, Tumor markers are not recommended during diagnosis except for:</p> <ul style="list-style-type: none">• AFP and hCG in patients with presentations compatible with germ-cell tumours (particularly those with mediastinal and/or retroperitoneal masses and in young men).• AFP in patients with presentations compatible with hepatocellular cancer.• PSA in men with presentations compatible with prostate cancer.• CA125 in women with presentations compatible with ovarian cancer <p>Gene-expression profiling is not appropriate for identifying primary tumors in patients with provisional CUP.</p> <p>Investigations should only be performed if results are likely to affect a treatment decision, and the patient understands why investigations are being performed; potential benefits and risks of Investigation and treatment; and is prepared to accept treatment. Further investigations should not be offered to patients who are unfit for treatment.</p> <p>Treatment should take into account the patient's prognostic factors.</p>
Impact on Lab (See below)	■ Moderate
Lab professionals to	✓ Laboratory Manager

be made aware	<ul style="list-style-type: none"> ✓ Chemical Pathologist ✓ Clinical Scientist ✓ Biomedical Scientist
Please detail the impact of this guideline (Max 150 words)	<p>Moderate: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.</p> <p>It is useful information when request for “tumour markers” arrive in the lab, with regard to appropriateness.</p>

Impact on Lab

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

Written by: Miss Ceri Parfitt

Reviewed by: Mrs Alexandra Yates