NICE National Institute for Health and Care Excellence

Suspected Cancer: recognition and referral 2026

Consultation on draft guideline – deadline for comments 5pm, on Monday 2 February 2026 **email: SuspectedCancer@nice.org.uk**

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- **Do not submit further attachments** such as research articles, or supplementary files. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline. You are welcome to include links to research articles or provide references to them
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 comments form from each organisation**.
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting. Also, ensure you state in your email to NICE, and in the row below, that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate. Where comments contain confidential information, we will redact the relevant text, or may redact the entire comment as appropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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	Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment. In addition to your comments below on our guideline documents, we would like to hear your views on these questions. **Please include your answers to these questions with your comments in the table below.** 1. Would it be challenging to implement of any of the draft recommendations? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives. 2. Would implementation of any of the draft recommendations have significant cost implications? See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).	Royal College of General Practitioners
Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).	N/A
Confidential comments (Do any of your comments contain confidential information?)	No

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Name of person completing form	Dr Adrian Hayter

Comment number	**Document** [e.g. guideline, evidence review A, B, C etc., methods, EIA]	**Page number** **'General'** for comments on whole document	**Line number** **'General'** for comments on whole document	**Comments** • Insert each comment in a new row. • Do not paste other tables into this table, because your comments could get lost – type directly into this table. • Include section or recommendation number in this column.
1	Draft guideline	General	General	The College welcomes the updated draft guideline, which reflects evolving evidence and aligns well with contemporary primary care practice. We particularly value the explicit acknowledgement of areas of clinical uncertainty, for example in the assessment of younger people with suspected ovarian cancer and in cases of unscheduled bleeding in those using HRT. This recognition is both realistic and supportive for frontline clinicians, who frequently manage diagnostic ambiguity and would benefit from guidance that reflects the complexities of real-world decision making.
2			Section 2.1	We recognise that the guideline changes do not seem to take account of people with a learning disability who may not • have anyone to articulate their symptoms for them if they cannot • may not recognise symptoms mac16332-er-e06-signs-of-cancer.pdf • may experience diagnostic overshadowing • have earlier onset of these cancers and menopause, syndromic underlying causes • not have clear family history • evidence ○ Cancer diagnoses, referrals, and survival in people with a learning disability in the UK: a population-based, matched cohort study - The Lancet Regional Health – Europe Avoidable Cancer Deep Dive from LeDeR reviews
3	Draft guideline	4		The College agrees that the recommendation not to use CA125 in isolation in people aged 39 and under is appropriate and reflects valid concerns about the potential for false reassurance in this group.

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				We suggest that it would be helpful for the guideline to include a recommended timescale for ultrasound scanning in this context. Clear expectations around timing would support timely diagnosis and help ensure that commissioners and providers of ultrasound services can be held accountable for avoidable delays. As this referral appears to precede entry into a suspected cancer referral pathway, clarity on urgency is particularly important. We also recommend clarifying whether transvaginal ultrasound should be considered the preferred or more accurate initial investigation compared with transabdominal ultrasound, where appropriate. Providing this level of detail would support more consistent clinical decision making and optimise diagnostic accuracy in primary care.
4	Draft guideline	5		The College welcomes the recommendations on age-specific CA125 thresholds, which are clinically helpful and have the potential to improve risk stratification in primary care. However, we note that implementation may be challenging unless laboratory reporting systems clearly flag age-adjusted thresholds. NICE may therefore wish to emphasise the importance of aligned pathology reporting and decision-support prompts within GP clinical systems to support safe and consistent application in practice. We also welcome the emphasis on safety netting when CA125 levels do not meet referral thresholds. We suggest that the guideline could be strengthened by including a brief recommendation that practices document agreed follow-up timeframes, as variation in safety-netting practice is common and clearer documentation would support continuity and reduce the risk of delayed diagnosis. We remain concerned that delays in accessing ultrasound scans in primary care, once a raised CA125 has been identified, may contribute to delayed diagnosis. Given that the scan request appears to precede entry into a suspected cancer referral pathway, it would be helpful for the guideline to acknowledge this potential bottleneck and reinforce the importance of timely access to imaging.
5	Draft guideline	6		The College recognises that signposting to British Menopause Society (BMS) guidance is a pragmatic approach in the context of limited evidence. However, we note that reliance on external guidance may introduce variability in interpretation and application. NICE may therefore wish to consider including a

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				brief summary of key practical thresholds or principles within the guideline itself to support consistency for clinicians working in primary care. We also found that the wording in this section (line 25) could be clearer. It is currently ambiguous as to whether NICE is formally recommending that clinicians follow BMS guidance or whether this is intended as optional supplementary information. Greater clarity on NICE's position would be helpful to avoid uncertainty and support confident clinical decision making.
6	Draft guideline	8		The College welcomes the introduction of a defined threshold for unexplained weight loss (>5% over 6 months) in people aged 60 and over, as this provides helpful clarity for clinicians and supports more consistent decision making in primary care. It would be useful for the guideline to acknowledge the practical realities of assessing weight change in routine care, particularly the extent to which clinicians may need to rely on patient-reported weight loss rather than documented serial measurements. Clarifying how best to interpret and act on patient-reported changes, especially where objective data are unavailable, would enhance the applicability of this recommendation in everyday practice.

Insert extra rows as needed

Data protection
The information you submit on this form will be retained and used by NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Please do not name or identify any individual patient or refer to their medical condition in your comments as all such data will be deleted or redacted. The information may appear on the NICE website in due course in which case all personal data will be removed in accordance with NICE policies.

By submitting your data via this form you are confirming that you have read and understood this statement.

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