PATHWAY FOR SUSPECTED METASTATIC MALIGNANCY OF UNKNOWN PRIMARY ORIGIN (no primary seen on CT chest, abdomen and pelvis)

CNS supports and signposts patient throughout.

GP refers for imaging – cancer suspected

Metastases diagnosed with no clear primary on CT scan.

Outpatient consultant referral for imaging – cancer suspected

Radiology Department

Accident & Emergency

Inpatient referral from another specialty

Inform local CUP team to advise on further tests and referral to book a fast-track out-patient appointment (local CUP team details to be inserted).

If the patient is of poor performance status and unlikely to have a chemo-sensitive tumour, the team may advise MDT discussion only and then referral to palliative care without further tests.

Metastases diagnosed with no clear primary on CT scan.

2ww Referral to Oncologist or other specialist consultant

Ward review by Acute Oncology Team if an inpatient – seen within 1 day of referral

Pre-consultation discussion in CUP MDT and other site specific MDT if appropriate*

- Abdo disease in female with raised CA125 – Gyneae MDT
- Enlarged neck lymph nodes only – Head and Neck MDT
- Isolated brain metastases – Neurosurgery MDT

*ownership of the patient remains with the CUP MDT until or unless a patient is accepted for treatment by a site specific MDT

Specialist review on ward or in clinic - takes a full history and undertakes an examination including breast and testicular where appropriate and arranges the following:

- Biopsy of metastatic lesion
- FBC, U&E, Cr, LFT, Ca++, CA125(women), PSA(men), LDH, CEA, AFP, BHCG, urinalysis.
- Serum electrophoresis, urine immunofixation and serum free light chain assay for solitary bone metastases.
- Isolated lymphadenopathy – refer for biopsy & consider haematology referral

Further MDT discussion with results of biopsy

Consider further diagnostic tests depending on the results of initial investigations

If primary cancer not identified - CUP Team review of results & investigations. If investigations identify a primary cancer - refer to the appropriate MDT or clinician.

Outpatient Appointment to discuss results and treatment options. With CUP CNS present. EITHER

Patient consultation with specially consultant in charge OR
Consultation with patient by Palliative Care OR
Consultation with patient by Palliative Care & Oncologist

Specific Presentations:
- Squamous carcinoma in neck nodes – refer to Head & Neck MDT
- Adenocarcinoma in axillary nodes in females – refer to Breast MDT
- Squamous carcinoma in groin nodes only – refer to specialist surgeon for lymphadenectomy followed by post-op DXT
- Solitary metastases (liver/brain/bone/lung/skin) could represent an unusual primary – do not biopsy, refer to appropriate MDT to consider radical management.

Tumour markers
- AFP and hCG - if presentation compatible with germ-cell tumours; AFP – if presentation compatible with hepatocellular cancer; PSA – if presentation compatible with prostate cancer; CA125 – if presentation compatible with ovarian cancer (including inguinal lymphadenopathy and chest, pleural, peritoneal and retroperitoneal disease)

This pathway has been produced by representatives of the Thames Valley Cancer of Unknown Primary (CUP) Working Group.

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