MANAGEMENT PATHWAY FOR MALIGNANCY OF UNKNOWN ORIGIN (MUO) /CANCER OF UNKNOWN PRIMARY (CUP)

The aim of this pathway is to enable early identification of patients that would benefit from anti-cancer treatment and to prevent unnecessary investigations in those unfit for treatment.

Initial Assessment

Observations: Temperature, pulse, blood pressure, respiration rate, O2 saturation. Early warning score.

History: Full history including rate of change of symptoms.
Assess and record current performance status and co-morbidities.
Include any previous cancer history

Examination: Complete clinical examination (including a breast, PR, PV, testicular and skin examination)

Laboratory Investigations:
All patients: Full blood count , U&E, LFT, Creatinine, Calcium (bone profile), LDH.

- Men with midline disease: Serum α**FP** and β**hCG**
- Women with pelvic or peritoneal disease: **Ca125**
- Men with bone metastases: **PSA**
- Patients with liver only disease: α**FP**

Consider **myeloma screen** - for bone lesion seen on scan with no obvious primary
Urinalysis for bence jones protein

Note: Other tumour markers are generally not useful in diagnosis

Imaging:
CT thorax, abdomen and pelvis is the staging investigation of choice in most circumstances
Other investigations (including endoscopies) only as indicated by signs and symptoms

Pathology :
Patients with a solitary lesions should be referred to the appropriate local specialist team **BEFORE** biopsy.
All other patients who are considered suitable candidates for further treatment aim for **tissue biopsy (trucut if possible) for histology.**
Detailed clinical information including any past history of cancer should be stated on the request form.

Further Management:

- If clinical, radiological and pathological findings suggest a specific cancer primary refer to relevant MDT (please see guidance below)
- Otherwise refer to **local CUP MDT and/ or Acute Oncology Team (as per local protocol).**
- Please ensure patient is informed of results and plan for onward referral
- **EARLY** referral to **palliative care** for advice on symptom management and continuing care should be considered where appropriate

Patterns of disease requiring URGENT specific action:

- Malignant Spinal Cord Compression (MSCC) – requires urgent admission and commencement of the MSCC pathway
- Men with midline disease – requires urgent referral to urological oncologists (?germ cell)
- Superior Vena Cava Obstruction - requires urgent referral to interventional radiologists /cardiothoracics for consideration of stent (as per local guidelines)
- Suspected lymphoma, myeloma, plasmacytoma – requires urgent referral to haematology

Patterns of disease requiring specific action:

- Men with bone metastases and elevated PSA – referral to urology MDT
- Women with axillary nodes – referral to breast surgeons/ MDT
- Women with peritoneal disease – referral to gynaecology /MDT, unless histology suggests non gynaecology origin
- Solitary liver lesion – referral to hepatobiliary MDT
- Neck nodes – requires referral to head and neck MDT
- Isolated brain metastasis – referral to neuro-oncology MDT
- Isolated bone metastases – referral to sarcoma MDT

Please ensure early referral to the Acute Oncology Team to discuss further investigation and management, and possible early review of the patient.