# Investigation of a metastasis or metastases from an unknown primary

**Descriptor:**

The local protocol for the (imaging) investigation of patients presenting with a metastasis or metastases from an unknown primary.

**Background:**

This audit is worth carrying out because patients presenting with a metastasis or metastases from an unknown primary account for 5–10% of those with malignant disease. CT scans of the abdomen and pelvis together with a CXR or CT thorax will identify the primary site in 30-35% of patients. Except in a few specific tumour types, the demonstration of the primary tumour does not provide a survival advantage. The management emphasis is best placed on identification of the tissue type and then (after a limited selection of focused investigations) commencing the appropriate treatment. Adopting a local protocol for investigation is not only sensible but also minimises the distress to the patient.

A local imaging protocol might be as follows (initial diagnostic phase):

• CT chest, abdomen and pelvis

• Mammogram

• Testicular ultrasound in males (if presentation suggestive of germ-cell tumour)

• Biopsy of the metastasis where appropriate

• Further investigations as indicated depending on the histology and after discussion with the oncologist or the consultant looking after the patient (secondary diagnostic phase)

## The Cycle

**The standard:**

The local protocol for the (imaging) investigation of patients presenting with a metastasis or metastases from an unknown primary should be adhered to in all cases

**Target:**

100%

## Assess local practice

**Indicators:**

Percentage of patients investigated as per the agreed protocol.

**Data items to be collected:**

Details of all imaging investigations performed on each patient before and after biopsy.

**Suggested number:**

Ten consecutive patients.

**Suggestions for change if target not met:**

• Circulate the protocol to the relevant clinicians

• Organise a meeting to agree that the protocol is adopted as hospital-wide policy

• Discuss those requests that do not conform to the protocol with the individual referrer

• Repeat date for commencing the next audit (following change): six months

• Identify staff member responsible for introducing change

**Resources:**

• Audit clerk to review notes and imaging records

• Consultant radiologist

• Consultant oncologist

• Six hours for audit clerk to review notes and two hours for each consultant

**References:**

1. [Royal College of Radiologists. Recommendations for Cross-Sectional Imaging in Cancer Management. Carcinoma of Unknown Primary Origin. 2014.  https://www.rcr.ac.uk/system/files/publication/field\_publication\_files/BFCR%2814%292\_24\_CUP.pdf](http://www.rcr.ac.uk/recommendations-cross-sectional-imaging-cancer-management-second-edition)
2. Husband JES, Reznek RH. Imaging in oncology (2nd Edition) London: Informa Health Care 2004, ISBN 1841844217.
3. Schapira DV. The need to consider survival, outcome and expense when evaluating and treating patients with unknown primary carcinoma. Arch Intern Med 1995; 155: 200-54.
4. Van de Pol M et al. Brain metastases from an unknown primary tumour: which diagnostic procedures are indicated? Journal of Neurology, Neurosurgery and Psychiatry 1996; 61: 321-3.

**Editor's comments:**

The local protocol should be drawn up jointly between the radiologists and the oncologists. This is a multidisciplinary audit and this regular audit for governance is best carried out in conjunction with the clinical oncology department.

**Submitted by:**

Taken from Clinical Governance and Revalidation 2000 RCR, updated by D Howlett

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