Joint Trust Guidelines for Carcinoembryonic Antigen (CEA) Requests

A Clinical Guideline

For use in:	All Clinical Areas
By:	Doctors requesting Carcinoembryonic Antigen (CEA)
For:	Any patient for whom this investigation may be considered
Division responsible for document:	Medical
Key words:	Carcinoembryonic antigen, CEA, antigen, CGAP
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Assessed and approved by the:	Clinical Guidelines Assessment Panel (CGAP) If approved by committee or Governance Lead Chair's Action; tick here ☑
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Ratified by or reported as approved to:	Clinical Safety and Effectiveness Sub-Board
To be reviewed before: This document remains current after this date but will be under review	21/09/2025
To be reviewed by:	Dr I Fellows and Dr R Tighe
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Compliance links:	None
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	N/A

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes.

The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

1. Rationale

Considerable numbers of CEA estimations are being performed at the NNUH and it is important to ensure that these are not screening tests because of poor sensitivity and specificity when used for this purpose.

2. Broad recommendations

The laboratory will decline to process any sample for CEA which does not state an acceptable indication on the request form unless it has been discussed and agreed with a consultant.

Measurement of CEA will be confined to

- Patients with known colorectal cancer prior to treatment and during their follow-up.
- Patients with metastatic cancer to give guidance as to whether they have a Neoplasm of "epithelial" origin.

CEA will not be performed as a screening test on asymptomatic patients or patients with gastro-intestinal symptoms because of its very poor sensitivity and specificity in the detection of neoplasms.

Other requests will be considered after discussion with the individual consultant.

3. Summary of development and consultation process undertaken before registration and dissemination

The guideline was drafted by the Pathology Users' Committee, which has agreed the final content. During its development the guideline was circulated for comment to the Consultant Staff Committee, the LMC, Public Health Dept, ENHA, the GP Commissioning Group and the GP Clinical Effectiveness Group (the latter two at the suggestion of the LMC). There were no objections to the recommendations.

This version has been endorsed by the Clinical Guidelines Assessment Panel.

4. Distribution list/ dissemination method

- For distribution to all consultant and junior medical staff in the Norfolk & Norwich University Hospital. Copies will be sent to GPs with a covering letter from the Chairman of the Pathology Users' Committee.
- Trust Intranet

5. References/ source documents

American Society of Clinical Oncology. Clinical Practice Guidelines for the use of tumor markers in breast and colorectal cancer. Adopted on May 17, 1996 by the American Society of Clinical Oncology. J Clin Oncol 1996, 14, 2843 – 2877

Locker GY, Hamilton S, Harris J, Jessup JM, Kemeny N, Macdonald JS et al. ASCO 2006 update of recommendations for the use of tumor markers in gastrointestinal cancer. 2006, 24 5313 – 5327