Pan-London Suspected Upper GI Cancer Referral Guide

Emergency presentations: Patients with **Haematemesis or Jaundice** require urgent stabilisation/ assessment. **These are emergencies and require a same day referral**

Criteria for offering diagnostics *(for non-urgent referral, see next page)*

Pancreatic

- Offer **Urgent Direct Access CT Scan** (if available within 2 weeks) for patients aged ≥ 50 and over with **weight loss** and any of the following:
- Abdominal pain, Back pain, Constipation, Diarrhoea, Nausea, Vomiting, New onset / rapidly worsening diabetes

Note: 10% of pancreatic cancers are missed by abdominal ultrasounds (tumours smaller than 3cm will not be visible using an ultrasound).

Liver & Gall Bladder

- Offer **Urgent Direct Access Ultrasound** for patients with upper abdominal mass consistent with an enlarged gall bladder or liver

Oesophagus/Stomach

- Offer **Urgent Direct Access Upper Gastrointestinal Endoscopy** (within 2 weeks) for patients with:
- **Dysphagia**
- **Weight loss** with any of the following: Upper abdominal pain, Reflux or Dyspepsia

Also consider pancreatic cancer

GP does not have urgent direct access imaging

Referral Criteria

- Abdominal CT/MRI/ultrasound scan suggestive of pancreatic, liver or gallbladder cancer
- Age ≥ 40 with Jaundice ***(see emergency presentations above)***

IF NO URGENT DIRECT ACCESS TO CT OR ULTRASOUND:

- Upper abdominal mass consistent with an enlarged liver
- Upper abdominal mass consistent with enlarged gall bladder
- Age ≥50 with weight loss **and** any one of the following: Abdominal pain, Back pain, Constipation, Diarrhoea, Nausea, Vomiting, New onset / rapidly worsening diabetes

See concerns that don't meet urgent clinical criteria overleaf

Referral Criteria

- Gastrointestinal endoscopy suggestive of oesophageal or stomach cancer
- Dysphagia
- Upper abdominal mass consistent with stomach cancer
- Age ≥50 with weight loss **and** any one of the following: Reflux, Upper abdominal pain, Dyspepsia
- Suspicious symptoms or signs but no GP direct access imaging

See concerns that don't meet urgent clinical criteria overleaf

SUSPECTED Upper GI CANCER REFERRAL

Straight to test pathway

All patients must have **up to date (within 3 months) eGFR / renal function** as they may be sent for a 'straight to test' and contrast is used for imaging

The WHO performance score should be entered on the referral form so the imaging department can decide if the patient is suitable for the 'straight to test' pathway.

Safety netting: The GP has clinical responsibility for ensuring appropriate follow up and onward referral is arranged for patients referred on direct access investigations. In many cases positive results may be forwarded directly to the cancer team but the GP must ensure a referral has been made and that appropriate safety-netting arrangements are in place.

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Transformation Partners in Health and Care

NHS

Oesophagus/stomach symptoms: diagnostics for non-urgent referrals

Offer Non-Urgent Gastrointestinal Endoscopy for patients with the following:

- Age 55 and over with any of the following:
  - Treatment-resistant dyspepsia
  - Upper abdominal pain with low haemoglobin levels
- Recent episode of haematemesis or non-acute bleed
- Raised platelet count with any of the following: nausea, vomiting, weight loss, reflux, dyspepsia or upper abdominal pain
- Nausea or vomiting with any of the following: weight loss, reflux, dyspepsia or upper abdominal pain, recurrent haematemesis or where there is clinical concern

Managing patients with Gastro-Oesophageal Reflux Disease

Adults with dyspepsia/reflux presenting to community pharmacists are given advice about lifestyle changes, using over-the-counter medicines and when to consult their GP.

- Adults with dyspepsia/reflux are referred for urgent direct access endoscopy to take place within 2 weeks if they have dysphagia, or age 55 and over with weight loss.
- Adults with dyspepsia/reflux have a 2 week washout period before a test for Helicobacter pylori if they are receiving proton pump inhibitor therapy.
- Adults age 55 and over with treatment resistant dyspepsia/reflux have a discussion with their GP about referral for non-urgent direct access endoscopy.

Non-specific symptoms

If no specific criteria are met, consider seeking Advice and Guidance from a specialist before referring urgently or consider referring patients who do not meet specific criteria to your local Rapid Diagnostic Service

RESOURCES:

1. Suspected cancer: recognition and referral NICE guidelines NG12 (Feb 2021) https://cks.nice.org.uk/topics/gastrointestinal-tract-upper-cancers-recognition-referral/
2. NICE Clinical Knowledge Summary: Iron Deficiency Anaemia. NICE, 2013 http://cks.nice.org.uk/anaemia-iron-deficiency
3. Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management. NICE guidelines [CG184], 2014 https://www.nice.org.uk/guidance/cg184
4. Pancreatic Cancer Action & RCGP Pancreatic Cancer: Early Diagnosis in General Practice http://elearning.rcgp.org.uk/course/view.php?id=103
5. BMJ Learning The diagnosis and management of gastric cancer https://learning.bmj.com/learning/search-result.html?moduleId=10046335