

Top Tips Urgent Suspected Upper GI Cancer Referrals

1. Please indicate if there have been previous endoscopic investigations and their outcome.
2. Dysphagia that is **NOT** localised to the neck is more worrying than dysphagia localised to the neck.
3. Dysphagia and weight loss should always be investigated.
4. If weight loss or additional lower GI symptoms present:
 - a. Consider NSS pathway referral
 - b. Include FBC, U&E, LFT, TFT, HBA1C, Ca, CRP and FIT results in referral.
5. New symptoms especially **in the absence of a previous history** of acid reflux are concerning.
6. For patients presenting with other clinical pictures / other indications, consider referring for routine endoscopy either via direct access investigation pathway (if available) or routine referral.
7. A paragraph of history with the timeline of symptoms is much more useful than reproduction of recent consultations.

May 2023